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Spreading health far and wide

Just as a single drop of water creates a ripple effect, one small act of health, hope or healing can positively change so many lives.

When it comes to our work at Atrium Health, I can’t help but think about all the unique stories and the countless ripples that are connected to each of the lives we touch throughout the year. In fact, imagine the power of the more than 12 million patient encounters we experienced in 2017.

Whether it’s how we’re using virtual technology to connect at-risk patients with behavioral health resources when and where they need it most, how we’re partnering with others in unique ways to address food insecurity, or how we helped a former patient to run a half marathon one year after he was nearly paralyzed – incredible examples of the power of health, hope and healing can be found throughout the pages of this report.

As a ripple can also be easily followed to its source, it’s quite remarkable to think back to our system’s humble beginnings when a group of ambitious, young physicians relentlessly lobbied for a new hospital to better meet the needs of the community.

Today, nearly 80 years later, I’m proud to say we’re known as one of the nation’s leading healthcare organizations. And if you follow our ripples of health, hope and healing back to their source, you’ll find the very core of our identity: A place filled with light. A place where each and every heartbeat begins. A place where connections are made – and a place that immediately comes to mind when you hear our new name: Atrium Health.

So, with this report, it’s my honor to invite you to learn more about who we are and how we bring health, hope and healing to life each day through steady hands, innovative minds and open hearts.

sincerely

EUGENE A. WOODS
PRESIDENT AND CEO
In One Day at Atrium Health

- 31,750+ patient encounters (1 patient every 3 seconds)
- $5.56 million each day in uncompensated care and other benefits to our community
- 23,000 physician visits

- 600+ home health visits
- 20+ virtual care and eVisits
- 88+ babies delivered
- 550+ surgeries
- 85+ new primary care patients
- 4,200 ED visits
FIRST AND BEST
Choice for care
A Second Chance for Hope

First combined liver-kidney transplant performed at Levine Children’s Hospital

In 2011, Bailey Frair made Levine Children’s Hospital (LCH) history — for the second time.

Bailey first made hospital history when he was just 6 months old. Born with a rare liver disorder called biliary atresia, Bailey became LCH’s youngest patient to receive a liver transplant.

Years later, Bailey’s liver started to fail, and he also developed a rare kidney disorder that requires dialysis and causes kidney failure. In 2017, the now-teenage Bailey made LCH history for the second time. He became the hospital’s first liver-kidney transplant.

As few as 10 multiple-organ transplants are performed worldwide each year. Because Bailey’s treatment involved a re-transplant, the operation was as risky as it was rare.

“Complex cases like these highlight the collaboration that’s required for our care teams to give patients the very best chance at a good outcome,” says Jerome Menendez, MD, assistant vice president of transplant services.

Fortunately, the challenge was no match for Bailey’s medical team and the many doctors and nurses who’ve cared for him since he was an infant. Life after transplant has dramatically improved for Bailey, who now has more freedom and time to live the life he’s always dreamed of.
Ready to Roll

Screening bus is a first in the fight against lung cancer

In 2017, in a new effort to prevent and treat lung cancer—literally—in the spring, Levine Cancer Institute launched its “lung bus,” a first-of-its-kind mobile unit bringing lung cancer screening and care directly to the communities where it’s needed most. The goal: to catch the deadly disease earlier and save lives.

Developed by Samsung Neul ogies and with funding from Bristol-Myers Squibb, the mobile vehicle travels to underserved areas in North Carolina to provide:

- Free lung cancer screening for uninsured patients using an advanced low-dose CT scanning unit
- Treatment to help screened patients quit smoking
- Personalized help getting connected to more lung cancer treatment resources

People found to have lung cancer through the program are offered clinical care and education, plus access to patient navigators—special nurses who help guide them through their cancer-treatment decisions and fears.

“Whether it’s lack of transportation, finances or some other resources, we’re eliminating the barriers that prevent people from getting the early diagnosis and life-saving treatment they need,” says Melissa Wheeler, Levine Cancer Institute’s director of disparities and outreach. “And that means a better chance of surviving.”
A Heart for Kids

New program brings supportive care to kids with congenital heart diseases

Since 2013, Levine Children’s Hospital (LCH) and Sanger Heart & Vascular Institute have been partnering with The HEArt Yard. Founded by Carolina Panthers player Greg Olsen and his wife Kara, The HEArt Yard is an initiative that supports infants with congenital heart disease and their families at LCH.

In November 2017, we joined forces yet again to make a very exciting announcement: The HEArt Yard would be expanding its services and launching a new cardioneurodevelopmental program.

Thanks to modern medicine, children born with congenital heart diseases are living longer than ever before. But as they defy the odds, they’re facing many unexpected educational and behavioral challenges.

A first of its kind in our region, this program is designed to give these children the care and resources they need not just to survive, but to thrive into adulthood.

Services will include:

- Early diagnosis so that children can get the care they need when it matters most
- Thorough evaluation of the child’s overall well-being, including physical, mental and behavioral health
- Coordinated care through a single clinic
- Leading research to develop the most effective treatments

“A program like this brings everybody together in the same place, same time,” says Paul Kirshner, MD, chief of pediatric cardiac surgery at LCH and Sanger. “Having a cardioneurodevelopmental clinic for a child’s long-term care is going to set this program apart certainly in this region—and probably in the country.”

Children born with congenital heart diseases will get the care and resources they need not just to survive, but to thrive into adulthood.
IMPROVE HEALTH

 Delivering world-class clinical care
From Fighter to Survivor

Pediatric heart transplant makes hospital history

Just hours after Ella Kate was born, doctors at Levine Children’s Hospital discovered tumors throughout her heart. Although the tumors were benign, the tiny newborn’s heart was failing.

At less than a day old, Ella Kate was in the fight for her life, with only one chance of survival: a heart transplant.

In the U.S., about 450 pediatric heart transplant recipients take place each year—and only 15 percent of children 2 and younger are ABO-incompatible, which means they can accept organs from all blood types. Ella Kate was fortunate to be among the 15 percent and was added to a transplant waiting list.

When a heart became available, Ella Kate’s care team knew this transplant would be far from traditional—and not without risk. Heart tumors are incredibly rare in children, and her doctors faced the added challenge of working with different blood types. Yet at just a few months of age, Ella Kate became the recipient of the first pediatric ABO-incompatible heart transplant surgery in Levine Children’s Hospital history.

From the moment she was born, Ella Kate had to fight for her life. And thanks to a life-saving surgery at Levine Children’s Hospital, she’s now more than a fighter—she’s a survivor.
A Critical Connection

Telestroke virtually connects patients to lifesaving care

When 60-year-old Linda Cunningham arrived at the ER exhibiting stroke-like symptoms, the team at Carolinas HealthCare System Union leapt into action.

A neurological exam showed that Linda was likely having a stroke, but there wasn’t a neurologist on call to provide the expert care she needed. This prompted Linda’s team to activate telestroke, an emergency stroke protocol that sends a page out to affiliate neurologists for virtual care.

Telestroke ensures that every patient, no matter where they live, receives the specialized treatment they need as quickly as possible.

Within five minutes, neurologist Arvind Vasudevan, MD, responded. After reviewing Linda’s CT scan and interacting with her via two-way videoconferencing, he determined that she was a candidate for tPA (a clot-busting medicine) and suspected surgery would be needed.

Linda was transported by air to Carolinas HealthCare System NorthEast where Dr. Vasudevan successfully operated, removing the clot in her brain. An hour after surgery, Linda was recovering nicely, and by the next day, all of her stroke symptoms were gone.

According to Dr. Vasudevan, without the immediate of the expert care she received, Linda’s recovery wouldn’t have been possible. “These innovative advances in stroke treatment are proving to be extremely effective, to say the least.”

The Neurosciences Institute at Carolinas Medical Center (CMC) was recognized as a Comprehensive Stroke Center (CSC) by The Joint Commission in 2017 – one of only 100 CSC hospitals in the U.S. CMC is the first Atrium Health location to achieve this certification, which is given to select stroke centers that meet the highest standards for treating the most complex stroke cases.

The region’s largest and most advanced stroke network saved Linda’s life.
No Ordinary Outcomes

Surgery recovery program sees success soon after launch

When patients need surgery, it's not just about having a successful procedure—it's about having a successful recovery. That's where using protocols for Enhanced Recovery After Surgery (ERAS®) comes in—and in 2017, it's an area where we continued to make big strides.

ERAS®, an evidence-based, patient-centered approach, uses pathways from across different disciplines to eliminate variations in care. Key elements of the approach include empowering and engaging patients using education and technology, and using predictive analytics to identify ways to improve care.

In 2016, we became the nation's first ERAS® Society-accredited center of excellence. A year later, we've fully implemented ERAS® in three major complex abdominal surgeries: Whipple, Distal Pancreatectomies, and Hepatectomies (Liver resections).

We've seen some exciting results in these areas:

- Our overall length of stay in these three surgery types has dropped from an average of 7.0 days to 6.6 days
- The combined readmission rate for these three surgery types dropped 12.5%
- Our readmission rate for Whipple procedures—one of the most complex abdominal operations—decreased 20%

Spurred by our success, we're now expanding the program to even more areas.

“Within two years, ERAS® will be extended to all of our surgical programs,” says HPS surgeon Charles Vachon, MD. “The results have really been remarkable.”
ELEVATE HOPE
Bringing light to more lives
The Road to Hope

Hit by a truck, cyclist Dean Otto overcomes paralysis, runs a half-marathon

Husband, father and all-around athlete Dean Otto was cycling early one Saturday morning when he suddenly felt a huge impact crash into him. The worst had happened: he’d been hit from behind by a truck.

Right away, he knew something was wrong.

“I can’t feel anything below my waist,” Dean recalls saying when the driver ran to his side. “I think I’m paralyzed.”

Taken by ambulance to Carolinas Medical Center, Dean was diagnosed with minimal sensory function below the waist and no motor function.

The neurosurgeon on call, Matthew McGirt, MD, specializes in complex spinal surgery and rushed Dean into surgery—knowing that with each passing second, the nerve cells in his spine were in greater danger of expiring.

When Dean woke up, he saw Dr. McGirt smiling over him. The surgery had gone perfectly.

Working as hard as he could in rehab, Dean eventually made a full recovery. And one year to the day after his accident, he ran a half-marathon. Running beside him was his surgeon, Dr. McGirt—and Will, the driver of the truck that struck him down.

For Dean, getting support from his doctor and forgiving Will made all the difference. "I wanted to really recover—not just physically, but emotionally," Dean says. "I knew I wasn’t going to let this stop me."
From
Recovering to
Climbing

Groundbreaking brace helps veteran defy the odds

In 2006, Benjamin Breckheimer was on patrol in Afghanistan when he suffered severe injuries from an IED explosion, nearly losing his right leg. Ben needed extensive limb salvage surgery to save his leg—and if that didn’t work, he’d need an amputation.

Joseph Hsu, MD, his orthopedic trauma surgeon, performed dozens of irrigation surgeries on Ben, reconstructing his leg while saving as much tissue and bone as possible. The outcome was a success, but Ben had the difficult task of relearning to use his leg.

As luck would have it, there was a rehab program designed to help patients, just like Ben, regain function after severe limb injuries—and it was led by Dr. Hsu.

The key to the program’s effectiveness? A brace known as a passive dynamic ankle-foot orthosis (AFO), which stores and returns energy to the limb while providing stability and support for pain relief and improved functionality.

With Dr. Hsu’s guidance, the AFO brace and Ben’s determination, Ben learned how to walk again. And eventually, he set his sights on a new challenge: climbing the seven tallest summits in the world. So far, he’s climbed four, including Mount Everest.

Ben nearly lost his right leg in an IED explosion. Now, he’s pursuing a new challenge: climbing the seven tallest summits in the world.
Heartbeat in a Bottle

Final heartbeats form a cherished keepsake for bereaved families

Losing a loved one is one of the hardest things a family can go through. As a trauma nurse in the ICU, Charis Mitchell, R.N., witnessed the pain firsthand – and she wanted to do something to help.

After some searching, she found an idea that felt right: she’d give families a small medicine bottle containing an EKG strip of their loved one’s last heartbeat – a keepsake she calls a “heartbeat in a bottle.”

“We explain, This is one of the last heartbeats of your mom, one of the last heartbeats of your daughter, while they were still here with us on earth,” she says. “I know you’re going to carry them with you wherever you go, but this way you have a piece of their heart with you as well.”

Daniel Hauk received a heartbeat in a bottle on the day his wife, Nelia, passed away from cancer.

“We were married for 31 years,” Daniel says. “Even though she’s not in our world today, we’re still one. She’s with me at all times. It means a lot to me.”

Mitchell has since created a toolkit to teach other nurses how to create the momento.

“It’s emotional for us, and it’s certainly emotional for our families,” she says. “But it feels like it brings healing, and that makes it worth it.”
ADVANCE HEALING
Powering breakthroughs in research & innovation
Top of Mind

New app offers an easy, intuitive way to track migraines

The process of tracking migraines, usually in a paper diary, has long been a pain point for migraine sufferers.

Enter MigrnX™ app, a new app developed by Atrium Health Vice President of Therapeutics Research and Development, George McLendon, PhD.

Released in 2017 by McLendon’s company SensorRX, MigrnX helps patients track their headaches and migraines in real-time via their smart phone and makes it easy for them to share that data with their neurologist — which is key to identifying the most effective treatments for better outcomes.

The MigrnX app helps users track:

- Headache/migraine frequency
- Levels of severity
- Medications taken during an episode
- Environmental triggers
- Other possible triggers, like whether they’re menstruating, sleep deprived, or have eaten something unusual

The MigrnX app is the first automated migraine management tool to directly impact patient care. Almost as soon as it launched, our neurologists started encouraging patients to use the game-changing app, and now over 500 Atrium Health patients are actively using it.

“SensorRX and Atrium Health share the largest clinically integrated electronic database,” says McLendon. “This innovative collaboration creates an optimal integration where patients can send data directly to their electronic medical records and receive the highest quality care.”
Unbreakable

Doctor’s invention keeps patients strong after open-chest surgery

Cardiothoracic surgeon Jeko Madjarov, MD, knew that open-chest surgery was a life-saving procedure for many patients. But he also saw just how tough it could be on the body. Supporting a patient’s bone structure after open heart surgery was critical – not only to their recovery, but for lessening the damage from any future trauma.

So he came up with a solution. Instead of the traditional titanium and wire that holds the breastbone together horizontally after surgery, he developed a device that could close and hold the sternum together with additional support.

The eternal closure device was developed entirely in-house at Atrium Health, and in 2016, it was approved by the FDA as the only device of its kind to use a high-quality polymer.

Four days after Dr. Madjarov implanted the device for the first time, it was put to the ultimate test: a car crash. And while the patient suffered rib and back injuries, his chest closure remained rock solid. For Dr. Madjarov – and the patient – the closure device was validated as a true life-saver.

“This device has helped save multiple patients’ lives,” says Dr. Madjarov. “Now it’s available nationally – and it’s been used in over 7,000 cases.”

While the patient suffered rib and back injuries, his chest closure remained rock solid.
Filling the Gap

Virtual care brings patients greater access to behavioral health services

Studies have shown that up to 70 percent of primary care visits involve a psychosocial component. But primary care doctors at times find it challenging to treat and manage these complex issues.

To fill this gap, we’ve brought behavioral health services into the primary care setting via teledmedicine.

Arriva Health’s Behavioral Health Integration (BHI) program provides primary care patients, who may be struggling with mental health or substance use issues, the opportunity to interact with behavioral health specialists and get the support they need from the convenience of their doctor’s office. This support can come in the form of real-time assessments and consults as well as ongoing support such as health coaching over the phone.

In 2017:
- 84 percent of patients who reported suicidal thoughts at the start of our program no longer reported suicidal thoughts after receiving health coaching
- 51 percent of patients receiving BHI services showed a 50 percent reduction in depression screening scores
- 36 percent of patients receiving BHI services achieved total remission

Our plan, already well underway, is to integrate behavioral health services into our primary care locations over the next eight years, providing the more than one million patients actively managed in our primary care network with the expanded care offerings they need.
FOR ALL

Making strides to enhance population health
Community Benefit in Action
Atrium Health’s 2017 investment tops $2 billion

$2.03 billion
Total investment in the community
That’s $5.66 million per day in community benefit

$107 million
Investments in medical education, research, and data analysis, and in-kind contributions to local nonprofits and charities

$306 million
Financial assistance to the uninsured

$28 million
Investments in community-building activities and other services that meet a strong community need

$855 million
Unpaid costs incurred by serving Medicare patients

$362 million
Care for uninsured and underinsured patients who do not qualify for financial assistance

$369 million
Unpaid costs incurred by serving Medicaid patients

$3.63 million
Contributed by Atrium Health employees to charitable organizations and other community-based entities

40,000
Work hours volunteered in service projects by Atrium Health employees

2,800+
Individuals and families received distributions of holiday food through our Holiday Chest project

5,000+
Comfort kits assembled and delivered by Make-A-Care to support disaster victims impacted by Hurricane Harvey, Irma, and Maria

5,500+
Backpacks of nutritious food prepared for low-income children and families across the region during New Teammate Orientation

Outreach and collaboration drive fresh successes in boosting community health
Our commitment to health reaches far beyond our walls to bring health, hope and healing to underserved corners of our community:

- Building Uplifted Families – a community collaboration between Atrium Health, Renaissance West Community Initiative, Novant Health, UNC Charlotte, and the Mecklenburg County Health Department was awarded a $500,000 BUILD Health Challenge grant to improve the health and overall well-being of Renaissance West residents and neighbors along Charlotte’s West Boulevard corridor.

- To combat hunger in our communities, we launched a new program to check patients’ “hunger vital signs” and connect those in need with SNAP (Supplemental Nutrition Assistance Program) benefits.

- We re-committed our partnership with the YMCA of Greater Charlotte, establishing new ways to work together to improve health.

Atrium Health’s Faith Community Health Ministry continued to bridge faith and medicine for better health:

- 157 faith partners across 13 counties
- 2,000+ nurses and health promoters embedded in faith communities
- 14,000+ nurse visits in 2017

Casting a Wide Net of Caring
Employees give generously to spread health and hope across a wide footprint
Making Care Count

New Accountable Care Organization helps enhance care for Medicare patients

We're always working to enhance the quality of care for our Medicare patients. In 2017, that work got a boost when we established our own Accountable Care Organization (ACO) – a group of doctors, hospitals and other healthcare providers who come together voluntarily to make sure Medicare patients have coordinated, high-quality care.

In addition to creating our ACO, we applied for and participated in the Medicare Shared Savings Program (MSSP). Through this program, we earn:

- Better use actionable data, which gives us opportunities to engage with our patients in new and different ways
- Provide coordinated care for all patients, including between Atrium Health providers, regional partners and affiliate providers
- Continuously evaluate value-based care as one of the largest ACOs in the country, with over 99,000 Medicare beneficiaries assigned to our MSSP

We're staying true to our mission of improving health, elevating hope and advancing healing for all. And by taking advantage of the MSSP structure, we're able to deliver high-quality, low-cost care to all the communities we serve.

On the Job

HEALTHWORKS scores new wins in employer health

The Atrium Health HEALTHWORKS division teams up with employers to assess the healthcare needs of employees and their family members, and then develops customized programs that improve health and reduce healthcare costs, for everyone.

45,000+ lives

In 2017, the HEALTHWORKS health promotion and wellness teams touched 45,724 lives at health fairs and biometric screenings. This represents an increase of nearly 1,000 more lives compared to 2016.

21%

Of the 14,331 participants screened, 21 percent had abnormal results and were referred to appropriate care.

2,600+ encounters

Health coaches had 2,644 encounters with participants and client retention for 2017 was 93 percent.

up 8%

Biometric screenings for 2017 were up 8 percent compared to 2016.
Breaking Barriers

ONE Charlotte Health Alliance makes strides in tackling critical community needs

We know it takes our entire community working together to dismantle disparities and keep our community strong. In 2017, inspired by a shared commitment to improving community health, Atrium Health and Novant Health came together to form the ONE Charlotte Health Alliance with the support of the Mecklenburg County Public Health Department.

The group's initial focus is on improving access to coordinated health services and resources for Mecklenburg County's public health priority areas: six zip codes identified as having the highest level of disparities in health and quality of life.

The coalition’s key accomplishments include:

- Working to develop a ONE Charlotte-branded mobile health unit to bring medical, dental, and behavioral health services to some of Charlotte’s most underserved areas
- Beginning to build an online-facing IT platform to share real-time community health status information with local organizations

By June 2020, ONE Charlotte Health Alliance aims to increase access to high quality and advanced primary care, increase appropriate care to reduce unnecessary Emergency Department utilization and readmissions, and increase school-based entry vaccination rates.

Committing to provide $1 million in financial resources to the public health priority areas
Transforming Healthcare Together

Carolinas Physician Alliance drives new efforts to impact quality and cost

Our work to transform how healthcare is delivered continues to bring new wins. In 2017, our physicians participating in Carolinas Physician Alliance (CPA) worked together to come up with new ways to improve the health of our communities.

Through collaboration among more than 2,600 participating clinicians and 300 physician practices, we’ve implemented several initiatives that improve quality and reduce overall costs for our patients.

As the healthcare model continues to change, CPA continues to work to enhance the patient experience, elevate the quality of care, and make care more affordable – for all the communities we serve.

- **2,600+** participating physicians
- **300+** physician practices
- **19** counties covered
- Created patient 360 tool to pilot with providers to give us a broader view of each patient
- **$5 million+** generated savings through the Hospital Quality and Efficiency Program (HQEP), a partnership between CPA and Atrium Health
- **$400,000+** in savings for low-cost prescription alternatives
GIVING FOR GOOD

Advancing care through the generosity of donors
Gifts That Keep on Giving

Philanthropic gifts lay the foundation for next-level care

We couldn’t make the impact we do without the generosity of others. 2017 brought a number of philanthropic gifts that allowed us to continue providing exceptional care and develop the treatments of the future.

1. Cutting-edge cardiac care gets a boost with a $1 million gift from the Mattei Foundation.

The Mattei Cardiovascular Innovations Fund will support the advancement of research, innovative medicine and technology at Atrium Heart & Vascular Institute. As an initial project, Sanger will advance its cardiac MRI imaging infrastructure to enable further collaboration with other cardiac MRI centers of excellence. The gift brings the Mattei family’s total support of Atrium Health programs to more than $4 million.

2. Sandra and Leon Levine give $4 million to Levine Children’s Hospital and Levine Cancer Institute.

Each facility received $2 million to be allocated to areas in the most critical need of support. “Sandra and Leon Levine continue to inspire us by their generosity,” says Atrium Health President and CEO Gene Woods. “Not only have they been instrumental in bringing world-class healthcare to this region, but they’re faces of hope in our community. Their dedication to serving patients from all walks of life has been unwavering.”

3. Four physician leaders are named endowed chairs.

Through philanthropic gifts, the following endowed chairs were established in 2017:

- The Hemby Family Foundation Endowed Chair in Supportive Oncology
  Chair Holder: Declan Walsh, MD
- Edward N. Halley, Jr., MD, Endowed Chair for Orthopaedic Surgery
  Chair Holder: Claude Moorman, MD
- Francesco Robbiano, MD, PhD, Endowed Chair in Cardiovascular Surgery
  Chair Holder: Joseph McGinn, MD
- Jeff Gordon Children’s Foundation Endowed Chair in Cancer & Blood Disorders
  Chair Holder: Javier Oesterheld, MD

Naming endowed chairs allows us to attract the brightest minds in medical research, and it’s one of the highest honors a physician leader can receive.

4. The Isabella Santos Foundation helps fund a new treatment for pediatric cancer patients.

A longtime supporter of Levine Children’s Hospital’s pediatric oncology program, the Isabella Santos Foundation pledged $1 million over two years to fund a state-of-the-art MIBG treatment room at the hospital. MIBG, which stands for Metaiodobenzylguanidine, is a type of therapy used to treat advanced neuroblastoma, a type of brain cancer that most commonly occurs in infants and young children. This newly funded MIBG treatment room will be the first of its kind in the region.
KEY STATS

Leadership, facilities & financial information
Atrium Health Leaders

Eugene A. Woods, MBA, MHA, FACHE
President and Chief Executive Officer

Jim D. Dunn, PhD, DHA, DAST, FACHE
System Chief Human Resources Officer

Anthony C. DiFurio, MBA, MHA
Executive Vice President and Chief Financial Officer

Ken Haynes, MBA, MHA, FACHE
Executive Vice President and Chief Operating Officer

Carol A. Lovin, MHSA, MN
Executive Vice President and System Chief of Staff

Roger A. Ray, MD, MBA, FACPE
Executive Vice President and Chief Physician Executive

Keith A. Smith, JD
Executive Vice President and General Counsel

Armando L. Chardiet, MSW
President of Carolinas Healthcare Foundation

This list includes the names of leaders serving the organization as of June 1, 2018.

2017 Board of Commissioners and Board of Advisors

EXECUTIVE COMMITTEE
Edward J. Brown III, Chair
Malcolm E. Everett III, First Vice Chair
William C. Cannon, Jr., Vice Chair
Vicki S. Sutton, Vice Chair
Gloria P. Coleman, Secretary
Albert L. McAtulay, Jr.
Eugene A. Woods

BOARD OF ADVISORS
Felicia Hall Allen
Charles F. Bowman
Swati V. Daji
Pamela S. Lewis Davies, PhD
John R. Georgius, Jr.
G. Bryon Gragg
Mark E. Reed

BOARD OF COMMISSIONERS
Donnie R. Baucom
Amy Woods Brinkley
Marshall Carlson
Michael R. Coltrane
Rush S. Dickson III
Nancy J. Gitter, MD
May Beverly Hornby
Hal A. Levinson
James E. Mattei
Thomas C. Nelson
William T. Niblock
Edward K. Prowitt, Jr.
Elizabeth G. Reigel
Michael D. Rucker
Felix S. Sabatini, Jr.
Angeliique R. Vincent-Hamacher
Donaldson G. Williams
Richard “Stick” Williams
Ronald H. Wrenn

This list includes the names of board members who were in office as of December 11, 2017.
2017 Statistics and Locations

- 65,000+ teammates
- 46 hospitals across 3 states
- 27 urgent care locations
- 35 EDs
- 25+ cancer care locations
- 3,000+ physicians
- 16,000+ nurses
- $9.9 billion net operating revenue
- $2.9 billion in last 5 years

Invested into renovations, new care locations, equipment upgrades and other capital projects.

PRIMARY ENTERPRISES
1. Carolina HealthCare System Anson
2. Carolina HealthCare System Cleveland
3. Carolina HealthCare System Kings Mountain
4. Carolina HealthCare System Lincoln
5. Carolina HealthCare System Northeast
6. Carolina HealthCare System Pineville
7. Carolina HealthCare System Stanley
8. Carolina HealthCare System Union
9. Carolina HealthCare System University
10. Carolinas Medical Center
11. Carolinas Medical Center Mercy
12. Carolinas Rehabilitation
13. Carolina Rehabilitation-Mt. Holly
14. Carolina Rehabilitation-Northeast
15. CHS Behavioral Health-Charlotte
16. CHS Behavioral Health-Davidson
17. CHS Rehabilitation (Pineville)
18. Levine Children’s Hospital

REGIONAL ENTERPRISES
10. Atrium Health Regional Medical Center
11. Atrium Health Medical Center
12. Atrium Health Health Forward Hospital
13. Atrium Health Women’s and Children’s Hospital
14. Atrium Health Pinder Hospital
15. Behavioral Health Hospital (Concord Health)
16. Eno Healthcare/Alliance for Children’s Health
17. Cannon Memorial Hospital
18. CHS Blue Ridge-Morganton
19. CHS Blue Ridge-Valdese
20. Columbia Regional Healthcare System
21. Moses H. Cone Memorial Hospital
22. Mount Pleasant Hospital
23. Randolph Hospital
24. Scotland Memorial Hospital
25. St. Luke’s Hospital
26. Wesley Long Hospital
27. Women’s Hospital (Concord Health)

AFFILIATED ENTERPRISES
38. Kathy H. Carman Women’s and Children’s Hospital
39. New Hanover Regional Medical Center
40. New Hanover Regional Medical Center Behavioral Health
41. New Hanover Regional Orthopedic Hospital
42. New Hanover Regional Rehabilitation Hospital
43. Pender Memorial Hospital
44. Southeastern Health
Charlotte Metro Market

Cabarrus College of Health Sciences
Dianne O. Snyder, BSN, MSHA, DHA
Chancellor

Carolina College of Health Sciences
T. Hampton Hopkins, MS, EdD
President

CarolinaCare System
Gary A. Henderson, MBA
Assistant Vice President & Facility Executive

CarolinaCare System Behavioral Health
a facility of CarolinaCare Center
• Charlotte Campus
  • Mindy Hunter-Lavoie, RN (Davidson, NC)
  • Martha Whitecotton, R.N., MSN, FACHE
    Senior Vice President

CarolinaCare System Cleveland and
CarolinaHealth System Kings Mountain
Britt D. Gwyr, MBA
President

CarolinaCare System Lincoln
Peter W. Acker, NHA, FACHE
President

CarolinaCare System NorthEast
Phyllis A. Wengert, NHA, FACHE
President, CarolinaCare System NorthEast
Senior Vice President, Northern Division

CarolinaCare System Pineville
Christopher R. Hamner, NHA
President, CarolinaCare System Pineville
Senior Vice President, Southern Division

CarolinaCare System Stanly
• Stanley Manor
  • Brian L. Freeman, NHA, FACHE

CarolinaCare System Union
• Jesse Home Nursing Center
  • Michael J. Lucas, NHA
    President, CarolinaCare System Union
    Senior Vice President, Southeastern Division

CarolinaCare System University
William H. Leonard, NHA, FACHE
President

Carolina Medical Center
W. Spencer Lilly, NHA
President, Carolina Medical Center
Senior Vice President, Central Division

Carolina Medical Center-Marcy
Scott R. Jones, MBA, FACHE
Vice President, Faculty Executive

Carolina Rehabilitation
• Carolina Rehabilitation
  • Carolina Rehabilitation-Mount Holly
  • Carolina Rehabilitation-NorthEast
  • CarolinaCare System Rehabilitation, a facility of CarolinaHealthcare System Pineville
    Robert G. Luttrell Jr., MBA, FACHE
    President

Cleveland Pines Nursing Center
Brad Myers, MA, NHA
Executive Director

Continuing Care Services
• Healthy@Home
  • Home Health
  • Home Medical Equipment
  • Home Infusion
  • Hospice & Palliative Care Network
  • Skilled Nursing Facilities
  • Sleep Services
  • Pain Services
  • Wound Care
  • YMCA, Sports & Event Medicine
  • Collin H. Lane, MS, PhD, NHA
  Senior Vice President

Huntersville Oaks
Sharon Lee, NHA, NHA
Executive Director

James G. Cannon Research Center
George L. McLeod, PhD
Vice President, Research

Levine Children’s Hospital
Gail F. Dobinos, RN, MSN
Vice President & Facility Executive

Sardis Oaks
Colin C. Cideci, NHA
Executive Director

Other Markets

AnMed Health
• AnMed Health Medical Center
• AnMed Health Rehabilitation Hospital
• AnMed Health-Women’s and Children’s Hospital
• Elbert Memorial Hospital
  • William T. Maxey, III, FACHE
    Chief Executive Officer

AnMed Health Cannon
Brandon P. Clary, MHA
President & Chief Executive Officer

CarolinaCare System Blue Ridge
• CarolinaCare System Blue Ridge-Morganton
  • CarolinaCare System Blue Ridge-Vaughn
  • CarolinaCare System Blue Ridge-College Pines
  • CarolinaCare System Blue Ridge-Grae Heights
  • Grace Ridge Retirement Community
  • Kathy C. Bailey, FACHE
    President & Chief Executive Officer

Columbus Regional Healthcare System
Carla Parker Holts, NHA
President & Chief Executive Officer

Cone Health
• Allegheny Regional Medical Center
  • Allegheny Presbyterian Hospital
  • Behavioral Health Hospital
  • Edward Memorial Hospital at the Village at Broadwood
  • Moses H. Cone Memorial Hospital
  • Wesley Long Hospital
  • Women’s Hospital
  • Penn Nursing Center
  • Tammy E. Akin, CFAE
    Chief Executive Officer

Murphy Medical Center
• Murphy Medical Center Nursing Home
  • J. Michael Stevenson, CPA
    President & Chief Executive Officer

Roger St. Francis Healthcare
• Bon Secours St. Francis Hospital
  • Roger St. Francis Mount Pleasant Hospital
  • Roger St. Francis Hospital
  • Roger St. Francis Berkeley
  • Repair Rehabilitation Hospital
  • Lorraine J. Lott, FACHE
    President & Chief Executive Officer

Scotland HealthCare System
• Scotland Memorial Hospital
  • Gregory C. Wood, FACHE
    President & Chief Executive Officer

St. Luke’s Hospital
James E. Bivas
Chief Executive Officer

The facility names, personnel and titles listed here are those that were in effect on December 31, 2017.
# Atrium Health

## Financial Performance

Schedule of Income and Expenses For The Year Ended December 31, 2017 (dollars in thousands)

<table>
<thead>
<tr>
<th></th>
<th>Primary Enterprise and Atrium Health Foundation (previously Carolina HealthCare Foundation)</th>
<th>Regional Enterprise</th>
<th>Total Enterprise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DOLLAR TOTAL</td>
<td>PERCENTAGE OF TOTAL</td>
<td>DOLLAR TOTAL</td>
</tr>
<tr>
<td>Tertiary &amp; Acute Care Services</td>
<td>$4,344,688</td>
<td>65%</td>
<td>$3,073,370</td>
</tr>
<tr>
<td>Continuing Care Services</td>
<td>$356,956</td>
<td>5%</td>
<td>$172,345</td>
</tr>
<tr>
<td>Specialty Services</td>
<td>$75,191</td>
<td>1%</td>
<td>$22,887</td>
</tr>
<tr>
<td>Physician/Services</td>
<td>$484,944</td>
<td>8%</td>
<td>$74,485</td>
</tr>
<tr>
<td>Other Services</td>
<td>$305,486</td>
<td>4%</td>
<td>$85,485</td>
</tr>
<tr>
<td>Operating Income</td>
<td>$502,359</td>
<td>7%</td>
<td>$3,572,348</td>
</tr>
<tr>
<td>Non-Operating Activities</td>
<td>$760,948</td>
<td>11%</td>
<td>$159,043</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>$4,950,232</td>
<td>100%</td>
<td>$4,264,718</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Total Enterprise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DOLLAR TOTAL</td>
<td>PERCENTAGE OF TOTAL</td>
<td>DOLLAR TOTAL</td>
</tr>
<tr>
<td>Wages, Salaries &amp; Benefits</td>
<td>$3,054,007</td>
<td>55%</td>
<td>$2,014,395</td>
</tr>
<tr>
<td>Materials, Supplies &amp; Other</td>
<td>$781,901</td>
<td>14%</td>
<td>$334,534</td>
</tr>
<tr>
<td>Depreciation &amp; Amortization</td>
<td>$302,905</td>
<td>5%</td>
<td>$209,880</td>
</tr>
<tr>
<td>Financing Costs</td>
<td>$252,359</td>
<td>4%</td>
<td>$44,266</td>
</tr>
<tr>
<td>Funding for Facilities, Equipment &amp; New Programs</td>
<td>$268,948</td>
<td>5%</td>
<td>$55,843</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$5,339,002</td>
<td>100%</td>
<td>$4,004,630</td>
</tr>
</tbody>
</table>

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1. Only the Primary Enterprise and Carolina HealthCare Foundation, including those in the Charlotte/Lake Norman Service Area and Regional Enterprise are included in Atrium Health Financials.
2. Regional Enterprise includes all Atrium Health facilities located outside of Charlotte/Lake Norman Service Area.
3. Consists primarily of investment income including realized and unrealized gains and losses.