



MISSION
MOTIVATED

VISION
DRIVEN

2015 ANNUAL REPORT



Carolinus HealthCare System



Carolinas HealthCare System True North:

TRANSFORMING TO BE CHOSEN FOR VALUE

- 1 Enable Teammates
- 2 Deliver on Strategic Priorities
- 3 Provide Differently Better Value to Customers



I have spent a large part of my adult life – 35 years to be exact – living in Charlotte and helping to develop the Carolinas HealthCare System that we know today. This organization and the people who work here are incredibly important to me, and that is why my emotions are so mixed as I introduce the final Annual Report of my Carolinas HealthCare System tenure.

By the time this report is printed and posted online, I will have turned my position of stewardship over to Gene Woods. Gene will have the great privilege, and unique responsibility, of leading this organization into the future.

As I reviewed the stories in this report, I was reminded of the many landmark achievements witnessed during my career at Carolinas HealthCare System.

They represent the hard work and skill of thousands of individuals, working in hundreds of care locations, to enhance the health and well-being of people throughout the Carolinas.

Some of the major highlights I have seen during my tenure have been the development of top-level trauma services and provision of life-saving disaster response efforts throughout the country. Others include a nationally ranked children's hospital; a remarkably well-integrated cancer network; and pioneering endeavors in behavioral health, virtual care and on-demand services. We have laid the groundwork for many important firsts in cardiology and cardiovascular surgery, and done important developmental work in neurosciences.

I could go on for many pages and still not come close to providing the necessary and appropriate acknowledgments. Suffice it to say that Carolinas HealthCare System has always been committed to providing the best possible care to all of the communities we serve.

It's hard to know exactly what the future landscape of healthcare will look like, given the changes now taking place. One thing I know, however, is that our System will always be steadfast in pursuing our "True North" goals. These include having a highly engaged and committed work force; providing excellent value to our customers; and achieving the many strategic priorities necessary to sustain our mission and achieve our vision.

sincerely

Michael C. Tarwater

MICHAEL C. TARWATER

PRESIDENT & CEO

Carolinas HealthCare System

is one of the leading healthcare organizations in the Southeast and one of the most comprehensive public, not-for-profit systems in the nation.

As 2015 drew to a close, the System owned or managed 39 hospitals, serving patients at 940 care locations.

The System operated nearly 7,400 beds, employed more than 62,000 people and had an estimated 12.5 million patient encounters.

Satellite emergency departments
Outpatient surgery centers
Physician practices
Urgent care centers
Imaging centers
Nursing homes
Laboratories
Pharmacies

Carolinas HealthCare System's mission is to create a comprehensive system to provide healthcare and related services, including education and research opportunities, for the benefit of the people it serves.



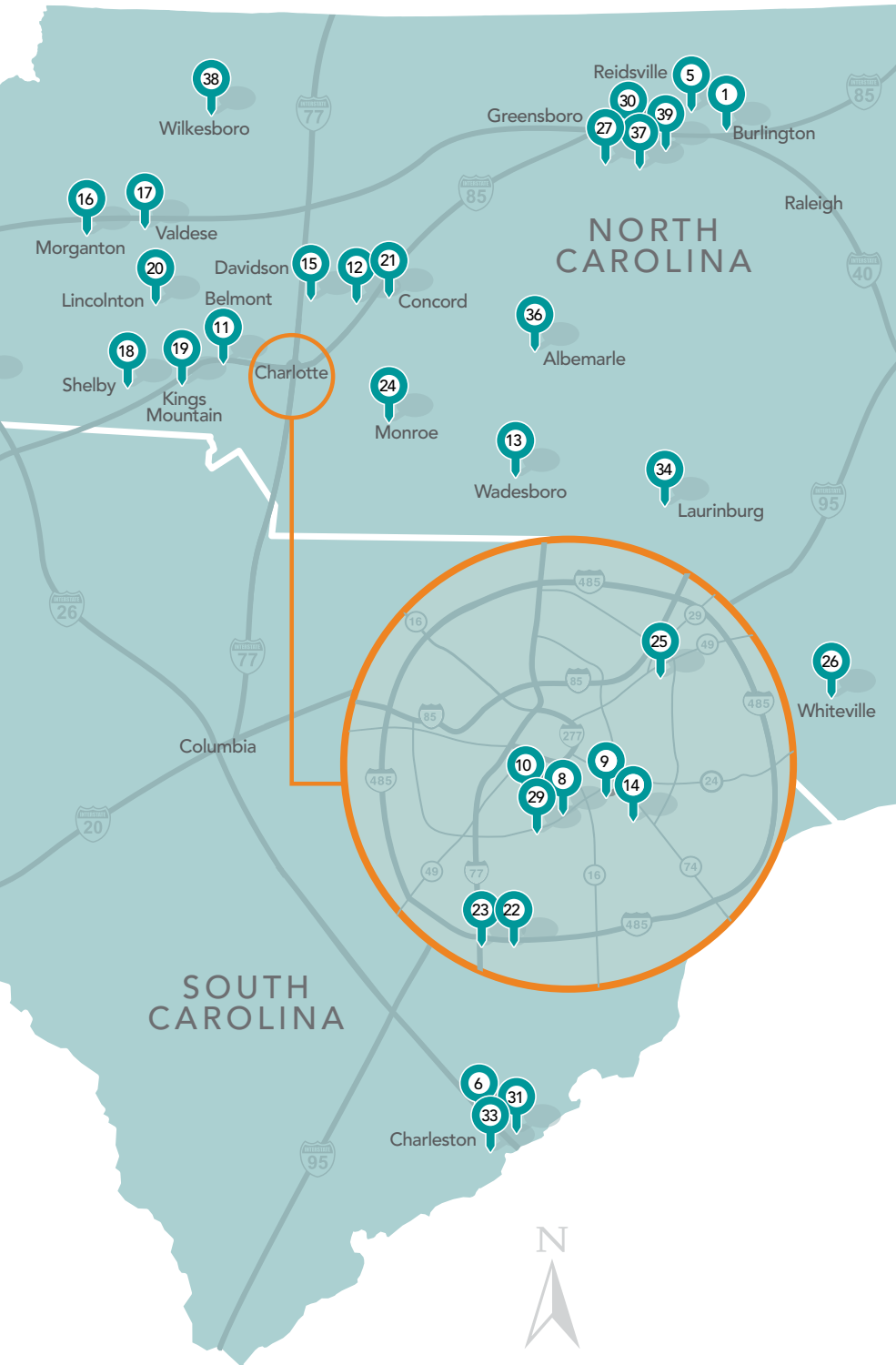
12.5M

patient encounters

940

locations

FACILITY LOCATIONS



1. Alamance Regional Medical Center
2. AnMed Health Medical Center
3. AnMed Health Rehabilitation Hospital
4. AnMed Health Women's and Children's Hospital
5. Annie Penn Hospital
6. Bon Secours/St. Francis Hospital
7. Cannon Memorial Hospital
8. Carolinas Medical Center
9. Carolinas Medical Center-Mercy
10. Carolinas Rehabilitation
11. Carolinas Rehabilitation-Mount Holly
12. Carolinas Rehabilitation-NorthEast
13. Carolinas HealthCare System Anson
14. Carolinas HealthCare System Behavioral Health-Charlotte
15. Carolinas HealthCare System Behavioral Health-Davidson
16. Carolinas HealthCare System Blue Ridge-Morganton
17. Carolinas HealthCare System Blue Ridge-Valdese
18. Carolinas HealthCare System Cleveland
19. Carolinas HealthCare System Kings Mountain
20. Carolinas HealthCare System Lincoln
21. Carolinas HealthCare System NorthEast
22. Carolinas HealthCare System Pineville
23. Carolinas HealthCare System Rehabilitation
24. Carolinas HealthCare System Union
25. Carolinas HealthCare System University
26. Columbus Regional Healthcare System
27. Cone Health Behavioral Health Hospital
28. Elbert Memorial Hospital
29. Levine Children's Hospital
30. Moses H. Cone Memorial Hospital
31. Mount Pleasant Hospital
32. Murphy Medical Center
33. Roper Hospital
34. Scotland Memorial Hospital
35. St. Luke's Hospital
36. Stanly Regional Medical Center
37. Wesley Long Hospital
38. Wilkes Regional Medical Center
39. Women's Hospital



Adapting the way care is **DELIVERED** to patients.

Evolving care offerings in the **DIGITAL** space.

Making time with a healthcare provider
more **EFFICIENT** and **EFFECTIVE**.

Expansive Strides in On-Demand Care

Carolinas HealthCare System's efforts to provide the care consumers demand stems from a single goal: providing access to care in a way that fits the way our patients live.

Face Time

Parents Connect to Baby Via Webcam

Parents facing the tough prospect of leaving a newborn in the hospital when Mom is discharged are now able to “visit” with baby via webcam any time.

Levine Children’s Hospital’s webcam system in the neonatal progressive care nursery allows parents to watch their baby on a live feed via their phones, computers or tablets.

“Because Levine Children’s Hospital is the referral center for the region, we have a lot of families that travel hours to come here,” says Ashleigh Fritz, RN, nurse manager for the hospital’s progressive care unit. Now, those families can check on their baby from a distance.

The webcam system also gives out-of-town relatives the chance to meet their newest family member. In order to keep babies in the neonatal intensive care nursery from getting sicker, neonatal nurseries have limited sibling visits during cold and flu season. The webcam makes all of those situations easier for Mom and Dad to navigate.

For first-time parents Edwin and Audrey Vincent, the new system offered great reassurance. It allowed them to check in on their newborn baby girl. Audrey is pictured at left with baby Karissa.

Mental Health Meets Primary Care

Carolinas HealthCare System has developed a way to connect patients virtually to behavioral health experts from their primary care doctor’s office.

“One of the reasons people with behavioral health conditions do not get help is they have to wait too long to get an appointment with a psychologist,” says John Santopietro, MD, chief clinical officer for behavioral health.

Through the telemedicine program, the patient speaks with a behavioral health professional via computer screen in the primary care office. The professional – a psychiatrist, counselor or licensed clinical social worker – assesses the patient and coordinates the care, including helping with medication issues and making referrals to outside services.

“When mental health is integrated into a primary care visit, people can access mental health services immediately, in a setting where stigma is minimized,” says Martha Whitecotton, senior vice president and co-leader of behavioral health for the System.

A Welcome Prescription for Improved Care

Care Redesign is a Carolinas HealthCare System program aimed at improving care delivery within the primary care office. With Care Redesign, a clinical assistant (CA) accompanies the physician during every patient appointment. While the CA enters notes into the computer, the physician focuses on interacting with the patient.

“This allows our doctors the time to listen to our patients and involves other members of the healthcare team in detailed reporting,” says Zeev Neuwirth, MD, senior medical director, Primary Care Division. “The old model of care is unsustainable. It is our desire not to just react to these changes, but to lead them.”

Care Redesign will be implemented at primary care practices across the System, impacting 650 providers across 136 practices, and should be completed in 2017.

The Reality of Virtual Healthcare

Virtual Visit Expands Reach Across North Carolina

In 2015, even more patients across North Carolina could access 24/7 online care from the comfort of home. Carolinas HealthCare System expanded eligibility for its Virtual Visit service, and patients no longer need to have a System provider to take advantage. All that's needed to connect to a medical professional is a smart phone, tablet or computer. Patients with minor conditions such as seasonal allergies, skin irritations and the flu can receive care whenever and wherever they like.

In 2015, 1,699 patients experienced a Virtual Visit. The number of enrollments into the program was 6,978.

"Patients are really enjoying the convenience of Virtual Visit, and the ability to get care from our providers at any time of the day or night," says Charles Rich, MD, an internist at Mecklenburg Medical Group-Uptown, who has helped lead the development of Virtual Visit.

Technology Put to Good Use MyCarolinas Tracker App Debuts

In order to partner with patients in a way that makes sense for how they live, Carolinas HealthCare System has refined an app that makes it easier to track personal health information, keep tabs on wellness goals and even communicate with a doctor.

MyCarolinas Tracker streamlines tracking of personal health and medical information and allows users to sync data from select exercise trackers, blood pressure cuffs, glucometers, scales, heart rate monitors, pulse oximeters and thermometers. Patients' personal medical records – test results, prescriptions and doctor's notes – are securely stored along with that data in MyCarolinas, making it easy for patients to track their health status and share information with their doctor.

Tablet for One Scotland Health Care System Puts Technology in Patients' Hands

Scotland Health Care System's emergency center, in partnership with Bioscape Digital and ER Express, launched a program in 2015 that puts tablets in the hands of patients in the emergency department.

The tablet informs and engages patients by:

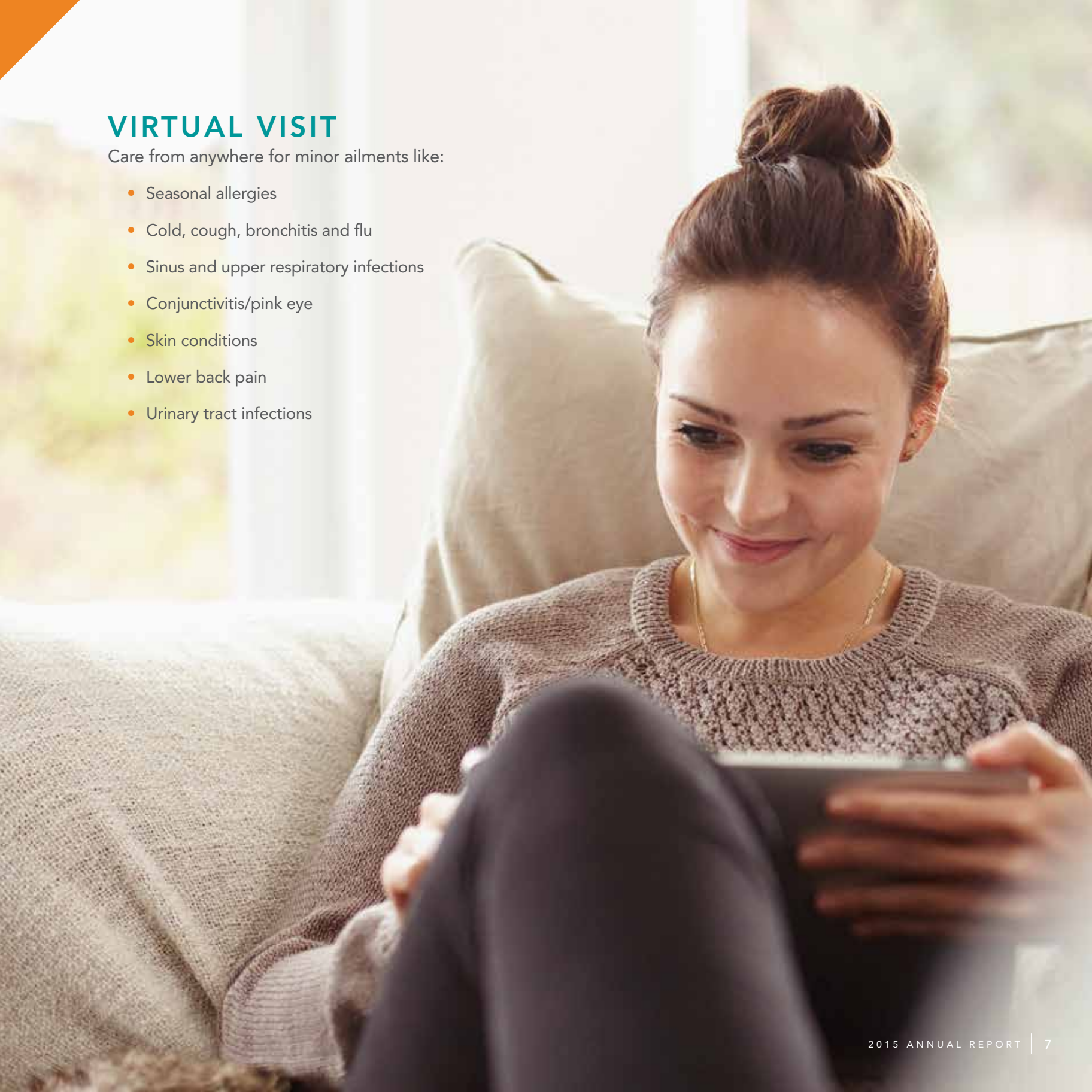
- Enabling them to give real-time feedback to the hospital
- Allowing them to better understand their health conditions and discharge instructions
- Encouraging them to request information regarding a primary care provider
- Providing games and other content while waiting in the ER

"This innovative tablet-based platform allows us to increase the amount of information available to patients, be responsive to changing patient needs and provide the best possible patient experience," says Jennifer Isenhour, MD, an emergency physician at Scotland Memorial Hospital.

VIRTUAL VISIT

Care from anywhere for minor ailments like:

- Seasonal allergies
- Cold, cough, bronchitis and flu
- Sinus and upper respiratory infections
- Conjunctivitis/pink eye
- Skin conditions
- Lower back pain
- Urinary tract infections





Pushing the **BOUNDARIES** of medicine.

Using data to drive **INNOVATION**.

COLLABORATING across disciplines.

Fighting everyday **ALONGSIDE**
patients who, in many cases,
are fighting for their lives.

Clinical Innovation and Breakthrough Treatment

Carolinas HealthCare System's focus on clinical excellence is singularly aimed at achieving one thing: world-class care for patients across our geographic footprint.


Sanger's Transplant Program is Among Best in the Nation

Sanger Heart & Vascular Institute celebrated the 30th anniversary of its heart transplant program in January 2015. The program also announced it had exceeded national one-year and three-year survival rates, as reported by the Scientific Registry of Transplant Recipients.

Sanger's one-year survival rate for transplant patients is 94.9 percent, compared to the national average of 90.4 percent. The three-year survival rate is 95.7 percent, compared to the national average of 84.3 percent.

Part of the Institute's success may be attributed to the growth of its left ventricular assist device (LVAD) program over the past decade. A kind of mechanical heart, the LVAD is implanted in a patient's chest. It doesn't replace the heart; it helps the heart do its job. An LVAD can be permanent, but it can also be used as a temporary device for patients waiting for a transplant.

"This new technology is not only extending lives, but it's doing so more comfortably and more reliably than ever before," says Sanjeev K. Gulati, MD, a heart failure specialist with Sanger Heart & Vascular Institute. "It can even let the heart recover a bit by not taxing it so much. That's big."



A kind of mechanical heart, the LVAD is implanted in a patient's chest. It doesn't replace the heart; it helps the heart do its job.

Carolinas HealthCare System University Certified in Cord Blood Bank Program

In 2015, Carolinas HealthCare System University became the second hospital in the Charlotte area certified as a participant in a free, public umbilical cord blood donation program. Carolinas HealthCare System NorthEast was the first.

Cord blood, taken from the human umbilical cord as a source of stem cells, is growing in prominence as an alternative and addition to bone marrow transplants. Currently, fetal cells from cord blood may be used to treat more than 60 malignant and genetic diseases, including leukemia, lymphoma and sickle cell anemia.

Strides in Stroke Specialists Continue to Refine Treatment

Carolinas HealthCare System's Neurosciences Institute's outcomes for endovascular procedures to treat stroke are among the best in the country. During mechanical thrombectomy, the doctor sends a wire stent into the brain to remove a blood clot or blocked blood vessel.

Data from clinical trials has been overwhelmingly positive, proving that this is the best treatment for carefully selected stroke patients.

"The data from these trials demonstrate that what we have already been doing at Carolinas Medical Center for the last 20 years is the right treatment for patients having an acute stroke," says Joe Bernard, MD, director of neuro-interventional services at Carolinas Medical Center.

Even after a serious stroke, the odds of having a good outcome are greatly improving. Ongoing studies and clinical trials, along with the collection of additional data, will ensure that these trends continue.

TAPUR Trial Brings Hope to Patients with Advanced Cancer

As part of Levine Cancer Institute's ongoing mission to bring patients increased access to the newest therapies and treatment options, the Institute will be one of only three centers nationwide enrolling patients in a first-of-its-kind clinical trial.

In June 2015, the TAPUR (Targeted Agent and Profiling Utilization Registry) study was announced at the American Society of Clinical Oncology's annual meeting. The study gives patients with various forms of advanced-stage cancer access to targeted drug therapies, while providing oncologists with the possibility of treating a wider range of patients more precisely and effectively.

"TAPUR signifies an important milestone toward our continued effort to better understand the emerging field of personalized medicine," says Edward S. Kim, MD, chair of solid tumor oncology and investigational therapeutics at the Institute. "For patients who have stopped responding to traditional treatments, this trial will offer unprecedented access to other, potentially life-saving, options."

Clinical Excellence Meets Patient Experience

Health systems and physicians are increasingly looking at ways to improve not just the care patients receive, but also the experience they have while receiving it. In a merge of technology, clinical excellence and patient-centered care, Moses H. Cone Memorial Hospital in Greensboro outfitted two of its MRIs with "caring suite" additions in 2015.

An MRI scanner looks like a doughnut standing on its end. The patient lies on a table and slides through the hole of the doughnut where the scan is performed. The result is a 3-D image that can give doctors a clearer picture of a person's heart, brain, lungs or skeletal system. With the caring suite additions, patients may now select colored lights, music and video for the room, to make the MRI scan – a test that can be overwhelming and even frightening for some – more relaxing.

More than 700 MRI scans are performed each month at Moses Cone.

New Nonsurgical Fix for Pediatric Hearts

Joseph A. Paolillo, MD, director of pediatric interventional cardiology for Levine Children's Hospital and Sanger Heart & Vascular Institute, was the first physician in the country to implant the newly FDA-approved septal occluder device. On the first day it was available for use, Dr. Paolillo performed three procedures to correct atrial septal defects – all of which were successful.

An atrial septal defect is a congenital heart defect that allows blood to flow between the left and right atria by way of a hole, creating a surplus of blood in the right side of the heart and lungs. The more blood that is diverted, the harder the heart and lungs need to work. This leads to additional stress and possible weakening or enlargement of the right side of the heart, as well as an abnormal heartbeat. The new device presents a nonsurgical option to correct this abnormality.

Joshua Chapman, 10, pictured here, was the first patient in the country to receive the newly approved device for treating an atrial septal defect.





Allowing students access to **WORLD-CLASS** facilities.

Facilitating **MENTORSHIPS** with renowned clinicians.

Providing opportunity for advanced clinical **RESEARCH**.

Educating Tomorrow's Healthcare Providers

Carolinas HealthCare System educates today's promising students to turn out tomorrow's brilliant healthcare providers.

Psychiatry Residency Program Solidifies Focus on Mental Health

A \$3 million gift from the Leon Levine Foundation in 2015 will help Carolinas HealthCare System launch a psychiatry residency program at Carolinas Medical Center, positioning the System to operate the most comprehensive, integrated behavioral health delivery system in the region.

The four-year accredited program, which will be named The Sandra and Leon Levine Psychiatry Residency Program, will instruct 12 medical residents. The first cohort will begin residency in 2017.

Hospital Internship Inspires High School Graduate

As a junior at Zebulon B. Vance High School, Wendy De Leon Hernandez knew she wanted to pursue a career in healthcare, but didn't know where to focus her education. Through a partnership between Carolinas HealthCare System and MeckEd, an independent nonprofit that supports public education, Hernandez interned for two years at Carolinas HealthCare System University.

As part of Career Pathways, a program that gives interns hands-on experience in the hospital and physician practices, Hernandez found her passion in the emergency department. She became the first in her family to graduate from high school, and she's currently enrolled at Central Piedmont Community College.

New Hanover Joins Medical School

In 2015, New Hanover Regional Medical Center, in Wilmington, NC, became a branch campus of the University of North Carolina School of Medicine. The UNC School of Medicine Wilmington program allows third- and fourth-year medical students to study internal medicine, surgery, family medicine, obstetrics and gynecology, pediatrics, neurology, psychiatry, and a number of other subspecialties. Carolinas Medical Center already serves at that city's campus for UNC School of Medicine.

Passion and Service Merge at UNC School of Medicine

Exemplifying the desire to do good work, students at the UNC School of Medicine Charlotte Campus helped launch two community health initiatives in 2015.

Charlotte native Rebecca Flint, a fourth-year medical student, developed SALUD, a program to help uninsured Latinos manage chronic diseases through healthy living counseling classes. Her program, an acronym that means "health" in Spanish, stands for Support and Awareness for Latinos Undertaking Disease Management.

Kyle Roedersheimer, a fourth-year student, co-founded PATCH (Propelling Adolescents Towards Careers in Health). His program allowed two dozen Charlotte high school students to spend two hours a week for nine weeks shadowing medical professionals within Carolinas HealthCare System. Over the course of the program, high school students also are placed in a mentorship program with medical students, who help them identify and complete a public health project in their community.



Researching the **CAUSES** for
hospital readmissions.

Forming **TASK FORCES** to
address in-hospital infections.

Creatively ensuring
COMPLIANCE
after discharge.

Quality Measures Always Top of Mind

Carolinas HealthCare System continually puts
quality at the top of its list of priorities.

Data Makes a Difference Lowering Readmission Rates

Data is critical to understanding disease and identifying trends to improve the quality of care we provide to our patients. Determining – and working to prevent – unplanned readmissions is an important part of this work and a priority for Carolinas HealthCare System.

With information from more than 200,000 patient discharges, the System's data analytics group created a readmissions risk model to help predict a patient's 30-day readmission risk with nearly 80 percent statistical accuracy. Forty patient variables deemed highly predictive of unplanned readmission are pulled daily from electronic medical records. These variables are analyzed and delivered in real-time to healthcare providers who then can prioritize high-risk patients and customize their care. This model has been applied to more than 100,000 patients, making it possible for our providers to use evidence-based care and review factors tied to a patient's risk of unplanned readmission.

Transitioning to Better Care

Through the use of analytics and the readmissions risk model, Carolinas HealthCare System established a team called transition services. This team of clinical navigators manages complex medical patients during the first 30 days after hospitalization, helping patients understand their health issues and obtain services they may need after hospitalization.

In 2015, Carolinas HealthCare System transition services helped more than 69 patients and prevented more than 65 unplanned patient readmissions.

Sepsis and Readmission: An Undeniable Link

A major factor in the readmission equation is sepsis, one of the top five infections that result in a patient being readmitted to the hospital. Sepsis – more common than heart attack and more harmful than stroke – is the body's overwhelming reaction to an acute infection. Annually, sepsis kills 258,000 people in the US alone, according to the US Department of Health and Human Services.

In 2015, Carolinas HealthCare System was named one of six national Sepsis Heroes – the only healthcare organization to be cited – by the Sepsis Alliance. The System's Code Sepsis emergency response program is a multi-team approach to diagnosing and providing a treatment plan within the first hours of care. Working in tandem, the Sepsis Collaborative, made up of clinical and administrative representatives from 17 facilities, ensures proper communications and plans are shared across the System for Code Sepsis.

In addition, Carolinas HealthCare System NorthEast participated in a sepsis early detection pilot program in 2015. This nurse-led initiative is a program that reviews electronic medical records to identify patients most susceptible for sepsis. When certain criteria are met, the nursing staff is alerted and orders are started to provide early intervention. The pilot began May 2015 and, to date, 815 sepsis alerts have been triggered, representing 450 patients.



Mission-Driven to Community Outreach

Carolinas HealthCare System has, as part of its mission and values, a commitment to improving the health – and the very lives – of the people it serves in communities across the Carolinas. Many of those proactive efforts and partnerships in 2015 focused on combatting childhood obesity, reducing stigma around mental health, and improving access to quality care here and abroad.

Fighting Childhood Obesity

Carolinas HealthCare System and its community partners are taking childhood obesity down through a fun and educational campaign that encourages healthy habits for the whole family.

North Carolina's childhood obesity rates are among the worst in the country, with 34 percent of the state's children between 2 and 18 categorized as overweight or obese. These children are at greater risk for a number of health conditions, including heart disease, stroke, diabetes and certain types of cancer.

Called Healthy Together, the campaign features Cam Newton as a healthy superhero and promotes the healthy habits of 5-2-1-0: having 5 servings of fruits and vegetables, 2 hours or less of screen time, 1 or more hours of physical activity, and 0 sugary drinks each day.

In 2015, more than 1,800 families pledged to follow 5-2-1-0 and get "Healthy Together."

Cam Newton, Carolina Panthers quarterback, pictured at left, helped kick off the community campaign for 5-2-1-0.

Recognizing When Someone Needs Help

In 2015, Carolinas HealthCare System continued to promote strong mental health in the community by engaging teammates, providers, patients and community members through health initiatives such as access to Mental Health First Aid (MHFA) courses. In 2015, the System:

- Certified 56 people to teach the MHFA program
- Taught the MHFA program to 1,786 community members and teammates
- Hosted its first Mental Health First Aid Summit

Improving Minority Access to Hospice

African Americans and other ethnic minorities use palliative and hospice care at a far lower rate than others – often preventing them from receiving the care they need at a difficult time. In 2013, Carolinas HealthCare System set out to change this. As one of only six healthcare organizations in the country awarded \$4.6 million to improve patient safety and outcomes, Carolinas HealthCare System was tasked with increasing minority numbers for hospice by 20 percent.

In 2015, the System announced it had met that goal: minority hospice referrals had increased by 20.38 percent. A key to this success is a multidisciplinary executive steering committee, formed to research and understand the existing barriers to care and find solutions.

Providing Quality Healthcare with International Reach

In 2015, Carolinas HealthCare System continued to provide world-class care on a global scale through the International Medical Outreach (IMO) program and Team Rubicon, a volunteer rescue organization that combines the skills of first responders with military veterans.

In Belize, IMO opened the only breast cancer diagnostic unit in a public hospital. Thousands now have access to this life-saving service at low or no cost.

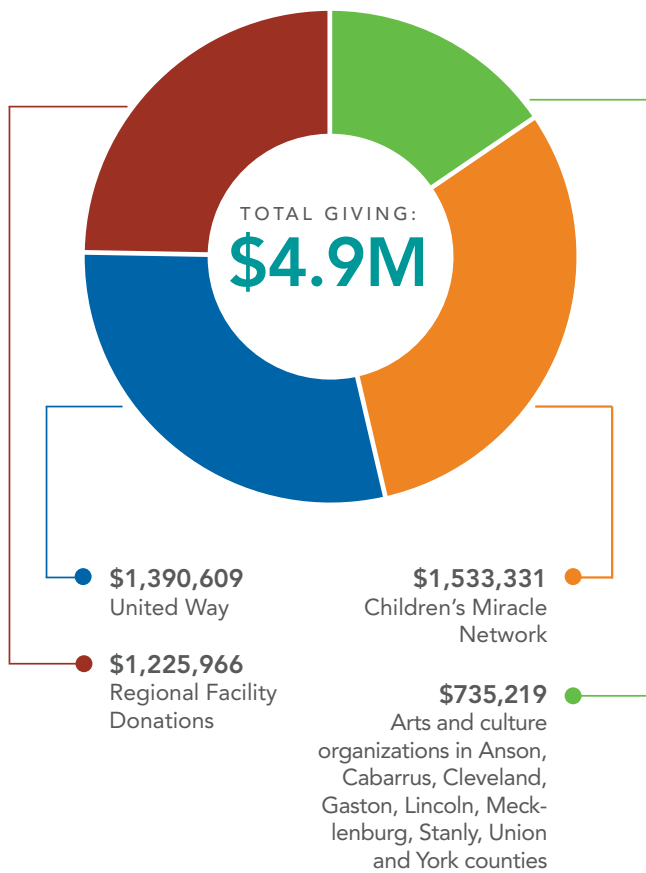
In Guatemala, IMO opened a neonatal intensive care unit (NICU) in Cobán. Before the opening of the NICU, which included donations of infant beds, warmers and monitors, the infant mortality rate was 56 percent. Within three months, that rate was cut in half.

In Nepal, four emergency physicians from Carolinas Medical Center joined Team Rubicon to provide medical care to thousands following the devastating earthquake that killed more than 8,000 people and injured more than 21,000.



Giving Beyond Hospital Walls

Carolinas HealthCare System's overall financial giving totaled more than \$4.9 million to benefit local communities. Within the primary enterprise, employees contributed nearly \$3.7 million to the annual Community Giving Campaign, benefiting local arts organizations, Children's Miracle Network and United Way partner agencies. The System was awarded a 2015 Spirit of North Carolina Award from the United Way of North Carolina for campaign excellence and distinction.



Carolinas HealthCare System

teammates in 2015 volunteered for more than **200 nonprofits** and donated nearly **50,000 hours** to community service projects that address employment, education, housing and hunger needs.





January

Martin Luther King, Jr. Week of Service

- More than 500 teammates donated 1,230 service hours
- Employees donated nearly 3,700 coats, blankets, gloves, scarves and hats to Share the Warmth program

April

Volunteer Month/Earth Day

- Performed 50 community service projects focused on healthy environments
- Nearly 375 teammates donated 508 hours

October

Make a Difference Month

- More than 500 teammates participated in 90 projects
- Completed 75,000 cards to send to active and veteran military
- Built a playground
- Planted 200 trees in low-income neighborhoods

December

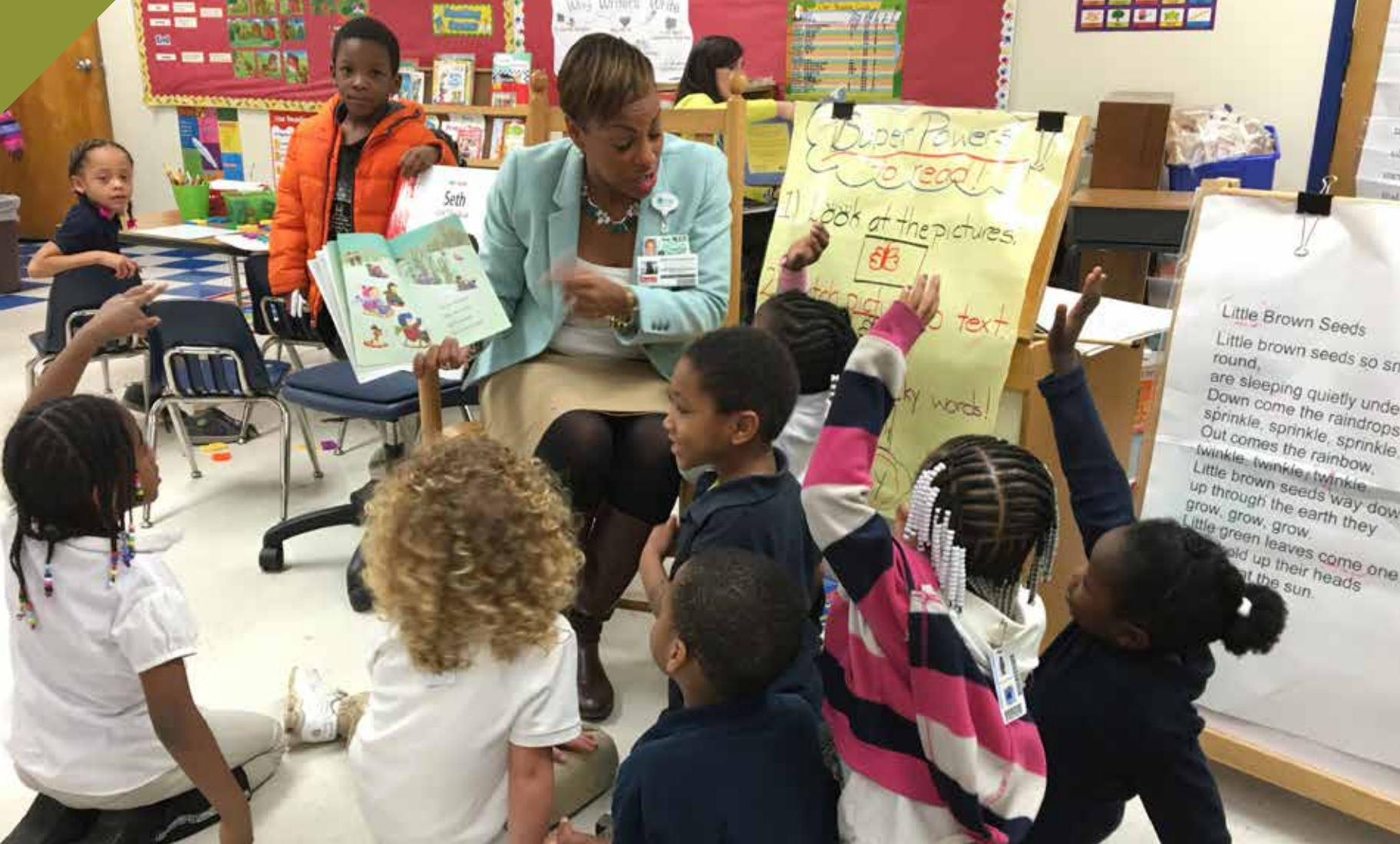
Holiday Cheer

- Adopted 1,200 children and seniors for the Angels and Silver Bells gift-buying program
- Filled 1,300 stockings with gifts for children and adults

Outstanding Outreach

Carolinas HealthCare System employees are committed to improving the communities in which they live and work.

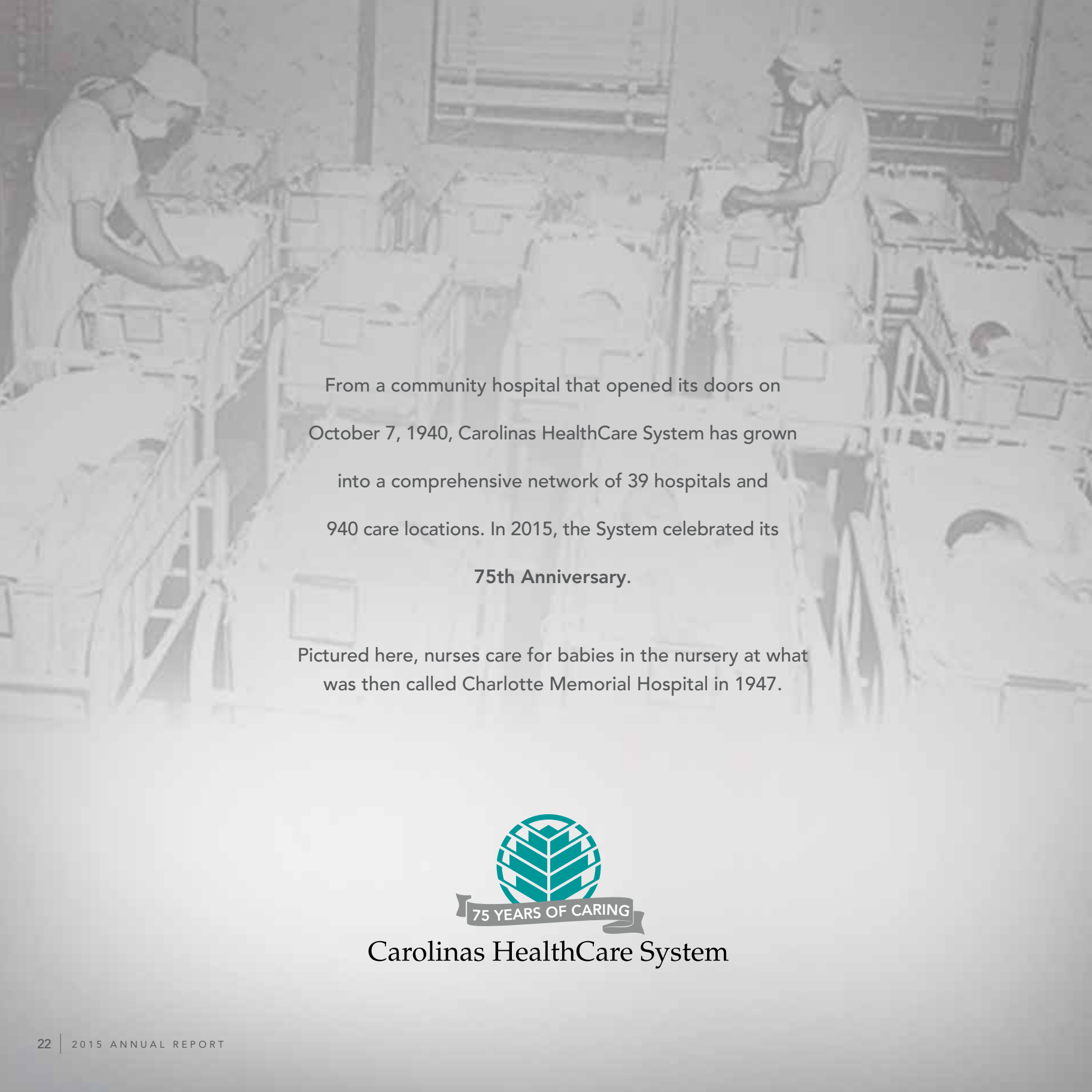
From planting trees to collecting clothes to reading to local school children, hundreds of staff volunteer thousands of hours each year in their communities across the Carolinas.



An Investment Worth Making

Carolinas HealthCare System aims to improve the quality of medical care and the quality of life in the communities it serves. In 2015, the System invested \$1.65 billion in community benefit:

- Providing financial assistance to uninsured and underinsured patients
- Subsidizing Medicare and Medicaid reimbursements
- Financing graduate medical education and research
- Funding behavioral and community health clinics
- Placing an increased focus on outreach programs that address pressing community health issues such as diabetes, childhood obesity and mental health intervention



From a community hospital that opened its doors on October 7, 1940, Carolinas HealthCare System has grown into a comprehensive network of 39 hospitals and 940 care locations. In 2015, the System celebrated its **75th Anniversary.**

Pictured here, nurses care for babies in the nursery at what was then called Charlotte Memorial Hospital in 1947.



Carolinas HealthCare System

NET REVENUE AND EXPENSES

For the Year Ended December 31, 2015

(dollars in thousands)

NET REVENUE

	Primary Enterprise, The Carolinas HealthCare Foundation A		Regional Enterprise B		Total Enterprise	
	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL
Tertiary & Acute Care Services	\$3,881,137	70%	\$2,996,259	84%	\$6,877,396	76%
Continuing Care Services	209,920	4%	72,160	2%	282,080	3%
Specialty Services	30,443	1%	51,612	1%	82,055	1%
Physicians' Services	1,118,580	21%	447,045	12%	1,565,625	17%
Other Services	213,539	4%	18,366	1%	231,905	3%
Totals	\$5,453,619	100%	\$3,585,442	100%	\$9,039,061	100%

NET EXPENSES

	Primary Enterprise, The Carolinas HealthCare Foundation A		Regional Enterprise B		Total Enterprise	
	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL
Wages, Salaries & Benefits	\$3,133,201	57%	\$1,848,491	52%	\$4,981,692	55%
Materials, Supplies & Other	1,659,851	30%	1,350,600	37%	3,010,451	34%
Depreciation & Amortization	275,323	5%	226,622	6%	501,945	6%
Financing Costs	85,649	2%	37,195	1%	122,844	1%
Non-Operating Investment Losses C	95,944	2%	24,584	1%	120,528	1%
Funding for Facilities, Equipment & New Programs	203,651	4%	97,950	3%	301,601	3%
Totals	\$5,453,619	100%	\$3,585,442	100%	\$9,039,061	100%

A Only the Primary Enterprise and The Carolinas HealthCare Foundation, collectively known as the Obligated Group, have a direct obligation to pay amounts due with respect to CHS bonds.

B Regional Enterprise includes all CHS managed facilities

C Consists primarily of investment results including realized and unrealized gains and losses.

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Richard "Stick" Williams**

Ronald H. Wrenn

* Executive Committee

** Board of Advisors

NOTE: This list includes the names of board members who were in office at the conclusion of calendar year 2015.

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Senior Vice President & Chief Patient Experience Officer

Sara J. Mikus, RN, MPH, CHC
Senior Vice President & Chief Compliance Officer

Craig D. Richardville, MBA, FACHE, FHIMSS
Senior Vice President & Chief Information Officer

Robert H. Wiggins Jr., CPA
Senior Vice President, Financial Services

Mary Ann Wilcox, MS, RNC, NEA-BC
Senior Vice President, System Nurse Executive

Phyllis A. Wingate, MHA, FACHE
Division President, Northern Group
President, Carolinas HealthCare System NorthEast

Zachary J. Zapack, M. Arch
Senior Vice President, Facilities Management Group

NOTE: This list includes corporate staff in office on December 31, 2015, and titles in effect at that time.

PRIMARY ENTERPRISE FACILITIES

Cabarrus College of Health Sciences

Dianne O. Snyder, BSN, MSN, DHA
Chancellor

Carolinas College of Health Sciences

V. Ellen Sheppard, BS, MEd, EdD
President

Carolinas HealthCare System Anson

Gary A. Henderson, MBA
Assistant Vice President-Facility Executive

Carolinas HealthCare System Behavioral Health, a facility of Carolinas Medical Center

- Charlotte Campus
- Mindy Ellen Levine Campus (Davidson, NC)
Martha Whitecotton, RN, MSN, FACHE
Senior Vice President
John Santopietro, MD, DFAPA
Chief Clinical Officer

Carolinas HealthCare System Lincoln

Peter W. Acker, MHA, FACHE
President

Carolinas Medical Center

W. Spencer Lilly, MHA
President, Carolinas Medical Center
Senior Vice President, Central Division

Carolinas Medical Center-Mercy

Scott R. Jones, MBA, FACHE
Vice President-Facility Executive

Carolinas HealthCare System NorthEast

Phyllis A. Wingate, MHA, FACHE
President, Carolinas HealthCare System North East,
Senior Vice President, Northern Division

Carolinas HealthCare System Pineville

Christopher R. Hummer, MHA
President, Carolinas HealthCare System Pineville,
Senior Vice President, Southern Division

Carolinas HealthCare System Union

- Jesse Helms Nursing Center
Michael J. Lutes, MHA
President, Carolinas HealthCare System Union
Senior Vice President, Southeastern Division

Carolinas HealthCare System University

William H. Leonard, MHA, FACHE
President

Carolinas Rehabilitation

- Carolinas Rehabilitation
- Carolinas Rehabilitation-Mount Holly
- Carolinas Rehabilitation-NorthEast
- Carolinas HealthCare System Rehabilitation,
a facility of Carolinas HealthCare System Pineville

Robert G. Larrison Jr., MBA, FACHE
President

Carolinas HealthCare System Cleveland

Carolinas HealthCare System Kings Mountain

Brian D. Gwyn, MBA
President

Cleveland Pines Nursing Center

Brad Myers, MA, LNHA
Executive Director

Continuing Care Services

- Healthy@Home
 - o Home Health
 - o Home Medical Equipment
 - o Home Infusion
- Hospice & Palliative Care Network
- Skilled Nursing Facilities
- Sleep Services
- Pain Services
- YMCA, Sports and Event Medicine
Collin H. Lane, MSPH, MHA
Senior Vice President

Huntersville Oaks

Scharee Majeed, MHA, NHA
Executive Director

James G. Cannon Research Center

George L. McLendon, PhD
Vice President, Research

Levine Children's Hospital

Callie F. Dobbins, RN, MSN
Vice President & Facility Executive

Sardis Oaks

Colin C. Clode, NHA
Executive Director

Stanly Regional Medical Center

- Stanly Manor
Alfred P. Taylor, MHA, FACHE
President & Chief Executive Officer

REGIONAL ENTERPRISE FACILITIES

AnMed Health

- AnMed Health Medical Center
- AnMed Health Rehabilitation Hospital
- AnMed Health Women's and Children's Hospital
- Elbert Memorial Hospital

William T. Manson III, FACHE
Chief Executive Officer

Cannon Memorial Hospital

Norman G. Rentz, MHA
President & Chief Executive Officer

Carolinas HealthCare System Blue Ridge

- Carolinas HealthCare System Blue Ridge-Morganton
- Carolinas HealthCare System Blue Ridge-Valdese
- Carolinas HealthCare System Blue Ridge-College Pines
- Carolinas HealthCare System Blue Ridge-Grace Heights
- Grace Ridge Retirement Community

Kathy C. Bailey, FACHE
President & Chief Executive Officer

Columbus Regional Healthcare System

Carla Parker Hollis, MHA
President & Chief Executive Officer

Cone Health

- Alamance Regional Medical Center
- Annie Penn Hospital
- Behavioral Health Hospital
- Edgewood Place at The Village at Brookwood
- Moses H. Cone Memorial Hospital
- Wesley Long Hospital
- Women's Hospital
- Penn Nursing Center

Terry Akin
Chief Executive Officer

Murphy Medical Center

- Murphy Medical Center Nursing Home

J. Michael Stevenson, CPA
President & Chief Executive Officer

Roper St. Francis Healthcare

- Bon Secours St. Francis Hospital
- Roper St. Francis Mount Pleasant Hospital
- Roper Hospital
- Roper Hospital-Berkeley
- Roper Rehabilitation Hospital

David L. Dunlap, FACHE
President & Chief Executive Officer

Scotland Health Care System

- Scotland Memorial Hospital

Gregory C. Wood, FACHE
President & Chief Executive Officer

St. Luke's Hospital

Kenneth A. Shull, FACHE
Chief Executive Officer

Wilkes Regional Medical Center

J. Gene Faile, FACHE
President & Chief Executive Officer

NOTE: The list of Primary and Regional Enterprise facilities includes the names and titles of facility executives who were in office December 31, 2015.







Carolinan HealthCare System

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