



WWW.LSUHOSPITALS.ORG

- BOGALUSA MEDICAL CENTER - BOGALUSA
- EARL K. LONG MEDICAL CENTER - BATON ROUGE
- HUEY P. LONG MEDICAL CENTER - PINEVILLE
- LALLIE KEMP REGIONAL MEDICAL CENTER - INDEPENDENCE
- LEONARD J. CHABERT MEDICAL CENTER - HOUMA
- MEDICAL CENTER OF LOUISIANA - NEW ORLEANS
- UNIVERSITY MEDICAL CENTER - LAFAYETTE
- W.O. MOSS REGIONAL MEDICAL CENTER - LAKE CHARLES

IN THE NEWS

[[HTTP://WWW.LSUHOSPITALS.ORG/MEDIA-RELATIONS/IN-THE-NEWS.HTM](http://www.lsuhs.org/media-relations/in-the-news.htm)]

[THURSDAY, JULY 19, 2007]

Louisiana Diabetes Stakeholders Meeting
La Dept of Health & Hospitals | 07.30.07

Oncology workshop planned for August
Shreveport Times | 07.18.07

More families to get help with child health insurance
The Advocate | 07.19.07

FEMA tries to pre-empt health hearing
Times – Picayune | 07.19.07

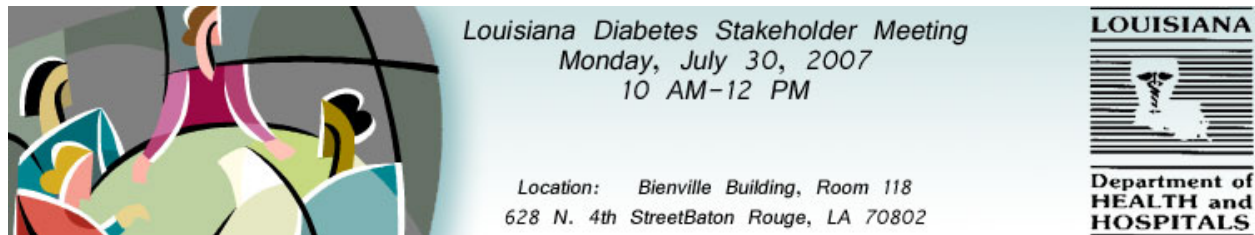
Start-Up: Mouth in the South
GBR Business Report | 07.18.07

Letter: Children need fluoride back, pediatrician says
Times – Picayune | 07.19.07

Health centers offer safety net, but rising demand a strain
USA Today | 07.18.07

The 100 Most Wired Hospitals and Health Systems
Hospitals and Health Networks | 07.19.07

Louisiana Diabetes Stakeholders Meeting La Dept of Health & Hospitals | 07.30.07



Baton Rouge --- Diabetes is a serious health issue in Louisiana affecting nearly 385,000 (nine percent) of Louisiana's residents.

The Louisiana Diabetes Program is rebuilding its infrastructure and reaching out to diabetes stakeholders statewide to develop new initiatives and provide support for current diabetes efforts. Program staff seeks to develop partnerships with national, state and local agencies, community partners and individuals to prevent complications such as hyperglycemia, hypoglycemia, kidney disease, heart disease and diabetic retinopathy among residents with diabetes.

The Louisiana diabetes stakeholders meeting is scheduled for Monday, July 30, 2007, from 10:00 am to 12:00 pm in Room 118 at the Louisiana Department of Health and Hospitals' Bienville Building, 628 N. 4th Street, Baton Rouge, Louisiana. The meeting will focus on program activities, provide an update on 2007 diabetes legislation and initiate discussions on the diabetes strategic plan and statewide council. Additional information can be obtained on the Louisiana Department of Health and Hospitals website at <http://www.dhh.la.gov/events.asp?detail=5404>.

The Louisiana Diabetes Program is funded through a cooperative agreement with the Centers for Disease Control and Prevention - Division of Diabetes Translation.

For more information contact Natasha McCoy at (225) 342-2663 or by e-mail at nmccoy@dhh.la.gov.
<http://www.dhh.la.gov/events.asp?detail=5404>.

[\[BACK TO TOP\]](#)

Oncology workshop planned for August Shreveport Times | 07.18.07

From Staff Reports

The 24th oncology workshop will be from 8 a.m. to 4:15 p.m. Aug. 3 at Northwestern State University Nursing Education Center in Shreveport.

The program, "The New Age," will include presentations on: "Delivering Bad News in a Good Way" by Dr. Jay M. Marion; "Ground Breaker: Therapeutic Monoclonal Antibodies" by Dr. Phillip Haddad; "Nursing Care of the Client Receiving Monoclonal Antibodies" by Evelyn Anderson; "The American Cancer Society – You Know Our Name, But..." by Lisa Clark; "Cervical Cancer and HPV Vaccine" by Dr. G. Patrick Connor; "Ethical Issues in Oncology for End of Life Care" by Kate Young; and "Documenting in the Clinical Record for the Oncology Client" by Patsy McHan.

Registered nurses and other healthcare professionals who care for the client with cancer in the hospital, outpatient, or home settings are invited to attend. Cost is \$70 for one participant or \$55 for three or more participants from the same agency. Registration is required and the deadline is July 27. For registration details, contact Lisa Clark or Glynnna Poole at the American Cancer Society at (800) ACS-2345.

The workshop is sponsored by the American Cancer Society, Northwestern State University of Louisiana Nursing Continuing Education, and the Northwest Louisiana Chapter of the Oncology Nursing Society.

<http://www.shreveporttimes.com/apps/pbcs.dll/article?AID=/20070718/BREAKINGNEWS/70718021>

[\[BACK TO TOP\]](#)

More families to get help with child health insurance

The Advocate | 07.19.07

By MARSHA SHULER

Louisiana children from families with incomes higher than poverty levels are getting access to health insurance through expansion of a state program.

State government will start an insurance program by January — if not earlier — that would help working families with incomes up to triple the federal poverty level buy insurance for their children. That means a family of four with \$62,000-a-year income — triple the federal poverty level — qualifies for the state subsidized insurance. The state still is determining how much the parents would have to contribute toward the premium costs. Families in states with similar programs contribute \$35 to \$50 per month per family. The state pays the rest.

Under the Louisiana program, children in families of four with income of up to double the federal poverty level — about \$41,300 — can get free insurance. Above the \$41,300 level, the new plan would allow families to contribute on a sliding scale toward the cost of insurance. The remaining premium costs would be paid with state and federal health insurance funds. Benefits would include doctor visits, hospital care, shots and prescriptions.

The Legislature appropriated \$7.3 million for the insurance “buy-in” program as it approved expansion of the Louisiana Children’s Health Insurance Program. LaCHIP provides coverage for children who do not qualify for traditional Medicaid.

State Department of Health and Hospitals Secretary Fred Cerise said most of the parents in higher income categories already insure their children. “This is for those who haven’t; to provide some incentive for them to provide coverage,” Cerise said. He said parents can decide whether they want to participate or not.

DHH estimates about 9,000 uninsured children are eligible with the program expansion. Another 68,000 Louisiana children, who already are eligible under the program, are not insured, he said. A new marketing effort will begin soon to try to enroll the children who fall into that category, Cerise said. The LaCHIP expansion will also benefit several thousand families who suddenly find themselves with too much income to qualify for the current program, Cerise said. Because the numbers are so low, a pay raise for one of the parents could put family income just over the current level — double the federal poverty level — and then the children lose the health insurance, Cerise said.

“This way they can pay a contribution and maintain their benefits,” he said.

Cerise said safeguards will be written into the new subsidy program to discourage parents from dropping insurance coverage for their children and enrolling in the state program. In states with similar programs, children must not have been insured for between three months and a year prior to becoming eligible for the subsidy program, DHH spokesman Bob Johannessen said. Federal health officials must also sign-off on the subsidy program, Cerise said. Approval is anticipated because it fits into current federal children’s health program rules and regulations, he said.

<http://www.2theadvocate.com/news/8589467.html?showAll=y&c=y>

[\[BACK TO TOP\]](#)

FEMA tries to pre-empt health hearing

Times – Picayune | 07.19.07

Formaldehyde fears in trailers are cited

WASHINGTON -- One day before a House oversight committee holds a hearing on whether the federal government is doing enough to protect residents displaced by Hurricanes Katrina and Rita now living in trailers with large amounts of gaseous formaldehyde, FEMA said it has asked the Centers for Disease Control and Prevention to do a public health assessment.

The Federal Emergency Management Agency announced Wednesday in a news release that although its own tests of air samples in travel trailers on the Gulf Coast show that ventilating the units is effective in reducing levels of formaldehyde, the agency believes more research is needed to address "recently raised inquires and concerns."

The "health and safety of residents," the news release said, is "FEMA's primary concern."

Becky Gillette, co-chairwoman of the Mississippi Chapter of the Sierra Club, said she had heard a month ago that FEMA was looking for help from the Centers for Disease Control and Prevention.

"FEMA is obviously trying to divert attention from this hearing Thursday because it is going to show that FEMA acted shamefully instead of dealing directly with the problem," Gillette said.

Today's hearing by the House Oversight and Government Reform Committee comes after complaints from Gulf Coast lawmakers that some of their constituents have suffered serious and minor health consequences because of exposure to formaldehyde. On May 29, Julie Louise Gerberding, director of the Centers for Disease Control and Prevention, said agency inspections found that levels of formaldehyde inside some trailers caused "irritation to eyes, nose and/or throat."

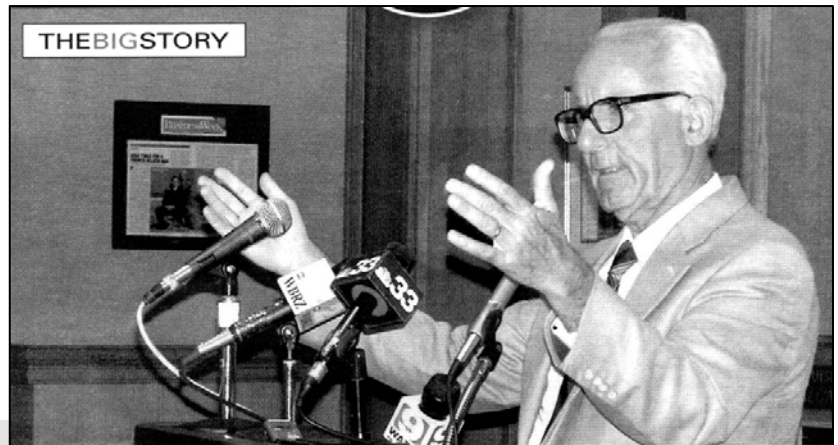
Rep. Bobby Jindal, R-Kenner, one of those who requested today's hearing, said the "apparent lack of oversight and federal government response to the known exposure of thousands of Gulf Coast residents to a dangerous carcinogen is unacceptable."

"We must determine the extent that federal government agencies were aware of the toxic living conditions in FEMA trailers, identify when they became aware of the problem and examine the steps taken to inform affected individuals and adequately assist residents in alleviating formaldehyde exposure in trailers," Jindal said. "This situation must never be allowed to occur again, and we must ensure that those affected have the proper resources available to fix this problem."

<http://www.nola.com/news/t-p/washington/index.ssf?base/news-2/1184833046296930.xml&coll=1>

[\[BACK TO TOP\]](#)

Start-Up: Mouth in the South
GBR Business Report | 07.18.07



Mouth in the South

John V. Lombardi's storied Yankee-style directness may be forgiven if he rocks the LSU system presidency.

So says former LSU law Chancellor John Costonis, who, upon his arrival at LSU in 1998, ruffled a few feathers himself with his less-than-oblique personal style.

Costonis doesn't know Lombardi personally, though he's known him by reputation since the mid-1990s when Costonis was running a foundation in Florida and Lombardi (*above*)—a Los Angeles native—was University of Florida president. That was only a couple of years before Lombardi called Adam Hebert, the Florida system's first black chancellor an "Oreo" and had to step down, and more than a decade before Lombardi was ousted from UMass Amherst in a bloody system-wide shakeup.

Now that Lombardi's personality and UMass system politics have cost him his latest job, Costonis thinks LSU will come out the winner. Lombardi's work as provost at Johns Hopkins was impressive, Costonis says, as was his Florida tenure. Same with his performance at UMass, where he became chancellor in 2002.

"As a Bostonian, watching the University of Massachusetts at Amherst—that was one of the greatest success stories," Costonis says. "It's become a hell of a school. It really has."

Lombardi, a historian, has plenty of detractors. He's been called immature, a bully and somebody unwilling to work within a university system. A chairman of the Florida Board of Regents called Lombardi "a very talented educator who has difficulty working as a team player." Lombardi disagrees with that assessment.

He's also got plenty of supporters. Jules Chametzky, emeritus professor of English at Amherst, says the university lost a passionate fighter for its autonomy within the UMass system when he was forced out.

"Everybody said he was too brusque," Chametzky says. "But he knows a great deal about higher education. He's very knowledgeable. The (UMass) board of trustees is not knowledgeable about higher education."

Costonis calls Lombardi a higher-ed veteran who understands large, complex state institutions, and knows how to apply metrics to achieve measurable goals. Though critics wonder why his was the only name presented to the Board of Supervisors, another candidate with his credentials is unlikely to come along anytime soon—especially considering the difficulty of overseeing a university *and* a health system.

Speaking to his tendency not to mince words, Lombardi says he expresses himself clearly "so people can tell me when I'm wrong."

"I feel that while clarity has some disadvantages in political life at a university, the advantages clearly outweigh them. I don't think it's going to be a disadvantage. In any case, I can't change it."

—Steve Clark

Letter: Children need fluoride back, pediatrician says

Times – Picayune | 07.19.07

Re: "N. O. water hasn't had fluoride since storm," Page 1, July 12.

After reading this article, I was confused as to what the health care message to the public was. I would like to give the pediatrician's health care concerns about the situation.

Fluoride is an important defense against cavities and can stop early cavities. It helps in three ways: by strengthening the protective tooth coating enamel, by strengthening weakened enamel and by fighting bacteria responsible for cavities.

Fluoride is useful when it enters the body, working through the blood and in the saliva, and when it touches the teeth directly.

It is a proven fact that fluoride added to drinking water is responsible for a decrease in cavities. It is not enough to just use fluoridated toothpaste.

A major risk factor for cavities is poverty, and fluoridated water has been shown to be most effective for this population.

The pediatric recommendation for communities that do not fluoridate their water is to give children older than 6 fluoride drops or vitamins with fluoride. Both are obtained by prescription from your dentist or medical doctor.

Pediatricians agree with the comment from the CDC that if the water system went without fluoride for less than six months there would be no harm.

The pediatric community can base a plan of fluoride supplementation for New Orleans children if we know how long the situation will persist. We encourage the city to ask the surrounding communities that have been successful in obtaining fluoride supplies for advice on how to restore fluoride to our water.

It should be a priority for the children of New Orleans.

Keith Perrin, M.D.

President

American Academy of Pediatrics

Louisiana Chapter

New Orleans

<http://www.nola.com/news/t-p/letterstoeditor/index.ssf?/base/news-9/1184832166296930.xml&coll=1>

[\[BACK TO TOP\]](#)

Health centers offer safety net, but rising demand a strain

USA Today | 07.18.07

By Larry Wheeler, Gannett News Service



Nurse Practioner Stanley Koleszar, talks with Eugene Redfern and Karen Johnson about their son, Anthony, at the Belair-Edison Family Health Center in Baltimore on June 7, 2007, five days after Anthony was born there.
By Heather Wines, Gannett News Service

Americans are used to hearing bad news about their health care system — that millions of people lack health insurance and medical costs are spinning out of control. But amid those trends is evidence that a vital and often overlooked health care safety net is performing effectively and efficiently.

That national network of 952 federally approved community health centers serves more than 14 million poor and uninsured patients who otherwise might go without prenatal care, cancer screenings, diabetes treatment and a long list of other services.

"I have no idea where else I would go for health care," said Shirley Dorsey, 51, a patient at Baltimore Medical System's health center. "It's important to have some place where poor people who don't have insurance can come and not be afraid of being turned away."

Since 2000, the Bush administration and Congress have nearly doubled annual spending on community health centers, to almost \$2 billion. That's the largest increase in the history of the public health program, born during the 1960s War on Poverty.

Over the same period, the number of centers has increased by more than 200 and the number of patients they treat has risen by 4.5 million, or 53%.

The centers, located in areas deemed medically underserved, rely heavily on Medicaid payments and federal grants and must meet a number of requirements to qualify for federal funding. Most of their patients are minorities, with Hispanics far outpacing other racial and ethnic groups in growth.

Since 2000, the number Hispanic patients has surged to 4.8 million, a 52% increase. How many of those patients are in the country illegally isn't known. Community health centers are required to treat everyone, regardless of ability to pay or immigration status.

Taxpayer-subsidized services for illegal immigrants is a focus of contentious debate nationwide. So far, community health centers appear to have escaped the controversy, perhaps because much of their care is delivered to pregnant women and newborns.

By fall, an additional 120 health centers in high-poverty counties will get federal start-up grants. "We've been able to make health centers available to a lot more people in places that have never had health centers," said Elizabeth Duke, administrator of the Health Resources and Services Administration. "In the very best sense, (this) is what's right about America."

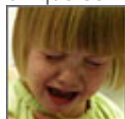
[\[BACK TO TOP\]](#)

LIFELINE FOR THE UNINSURED



Health care centers provide safety net but struggle with rising demand

Hispanics, uninsured drive growth
Baltimore's most at-risk find unique service



Videos: Patients find care and 'caring' | Hispanic-targeted center a 'one-stop' shop

Database: Find a health center closest to you

On the Web: Sources for more information

Studies show community health centers are more cost-effective than other treatment options. But rising demand for their services underscores their limitations.

The number of people treated at community health centers represents less than a third of those who need such services, according to the National Association of Community Health Centers.

Demand far exceeds the number of available doctors.

"We're looking for clinicians to work in our centers and we can't find them," said Alvin Jackson, director of the Ohio Department of Health and former medical director of Community Health Services in Fremont, Ohio. "It's a tragedy."

The centers focus on preventive care and don't offer surgery or specialty care for heart disease, cancer or other serious problems.

"We oftentimes have clinicians who, frankly, beg specialists to take on patients," said internist and pediatrician Kyu Rhee, chief medical officer for Baltimore Medical System.

Help wanted

About 56 million people, including many with health insurance, live in places where there are acute shortages of primary care physicians and little prospect for improvement, according to the National Association of Community Health Centers.

Without a community health center, they lack clear options for treating problems — such as an infected tooth or high blood pressure — that can develop into more serious conditions.

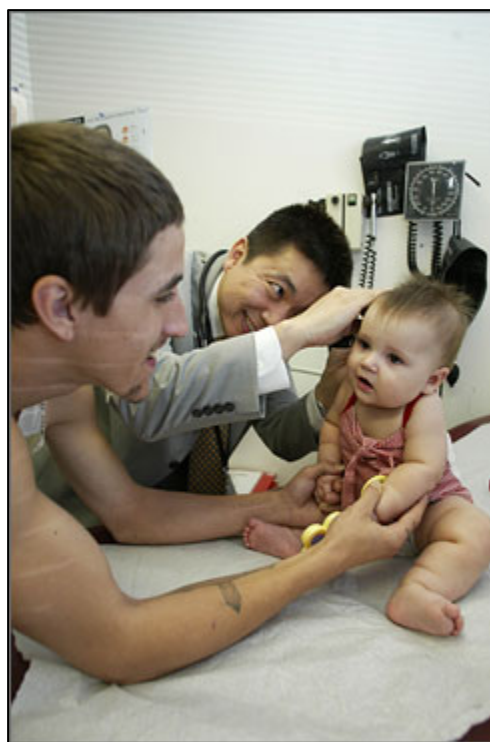
"The toll of unmet health care needs among these health care have-nots is incalculable, and the tragic outcomes they experience are appalling," Joseph Feaster, a board member of the Whittier Street Community Health Center in Boston said at a congressional briefing this spring.

Family practitioners, pediatricians and obstetrician-gynecologists are in short supply, especially in urban neighborhoods and rural towns where the centers are located.

There are more than 2,500 clinical vacancies at community health centers across the country, according to the National Health Service Corps. It offers grants, scholarships and student loan repayments to those who agree to work in medically underserved settings.

The number of doctors, dentists and other medical professionals employed at community health centers through the corps has increased by 74% since 2002, but that hasn't been enough.

Some of the reasons have to do with money.



Dr. Kyu Rhee, chief medical officer for Baltimore Medical System, examines 7-month-old Sabrina Paige as her father, Brian Paige, 19, of Baltimore holds her at Middlesex Health Center in Baltimore.

[\[BACK TO TOP\]](#)

Funding for the National Health Service Corps, a vital source of medical professionals for community health centers, has not kept pace with the growing need.

Because community health centers depend so heavily on federal, state and local government money — and to a lesser extent on grants from hospitals and charities — doctors at the centers make less than they would in private practice.

And fewer medical school graduates are choosing to go into primary care, one of the lowest-paying disciplines.

WHO DEPENDS ON COMMUNITY HEALTH CENTERS?

- About **40%** of people who seek treatment at community health centers have no health insurance.
- **Two-thirds** of patients are racial and ethnic minorities.
- Approximately **70%** have family incomes below the federal poverty level of \$20,650 for a family of four.
- Health center patients are predominantly **female**, relatively **young**.
- About the same number of patients are treated at health centers in **rural** communities and **urban** neighborhoods.

Source: National Association of Community Health Centers

Those who choose to work at a health center say they're motivated by a sense of public service.

"During residency, I realized I didn't necessarily like taking care of the worried well," said Jessica Osborn, medical director of the school-based health program at Baltimore Medical System. "You see where there's need and I don't know that you can actually turn your back."

Focus on efficiency
Despite their problems finding doctors, community health centers deliver better continuity of care than private physicians or hospital outpatient facilities, according to a 2000 study published in the Journal of the American Medical Association.

Other studies show community health centers can outperform private physicians, hospitals and emergency rooms in price, quality of care and efficiency.

The centers give expectant mothers greater access to prenatal care, increase childhood vaccinations,

lower infant mortality rates and improve the prognosis of patients living with chronic conditions such as diabetes and high blood pressure.

Health centers also reduce the disease gap between whites and minority populations.

African-American women who receive care at community health centers, for example, deliver significantly fewer low-birth-weight babies than the national average, according to a 2004 analysis published in the Journal of Public Health Policy.

Patients at community health centers also are less likely to use a hospital emergency room for non-emergency treatment, saving money for hospitals and patients.

A 2001 study of 50,000 Medicaid beneficiaries concluded that patients who got most of their care at community health centers were significantly less likely than other patients to be hospitalized or seek emergency room care.

"Emergency rooms all over the country are providing too much primary care," said David Sjoberg, vice president of strategic services for the Baptist Health Care hospital system in Pensacola, Fla. "You have people coming in sick because they have not taken their insulin, people with the flu. Instead of going to a \$40 primary care visit at a health care center, they're spending \$1,500 to \$3,000 to get treated in an emergency room."

http://www.usatoday.com/news/health/2007-07-17-health-main_N.htm

[\[BACK TO TOP\]](#)

**The 100 Most Wired Hospitals and Health Systems
Hospitals and Health Networks | 07.19.07**

Hospital / Health System	Website	Years on Most Wired	Ownership Model	Number of Hospitals	Total Number Beds
Advocate Health Care Oak Brook, Ill.	www.advocatehealth.com	7	NFP	10	2,960
Akron General Medical Center Akron, Ohio	www.akrongeneral.org	3	NFP	1	499
Altru Health System Grand Forks, N.D.	www.altru.org	3	NFP	1	288
Aurora Health Care Milwaukee	www.aurorahealthcare.org	4	NFP	13	2,935
Avera Health Sioux Falls, S.D.	www.avera.org	9	NFP	27	1,605
Baptist Health Little Rock, Ark.	www.baptisthealth.com	5	NFP	5	728
Baptist Health South Florida, Coral Gables, Fla.	www.baptisthealth.net	7	NFP	5	1,465
Beth Israel Deaconess Medical Center, Boston	www.bidmc.harvard.edu	2	NFP	2	600
Billings Clinic Billings, Mont.	www.billingsclinic.com	2	NFP	1	230
Bridgeport Hospital Bridgeport, Conn	www.bridgeporthospital.com	4	NFP	1	378
Camden-Clark Memorial Hospital, Parkersburg, W.Va.	www.ccmh.org	1	NFP	1	340
Carolinas HealthCare System, Charlotte, N.C.	www.carolinashealthcare.org	4	NFP	9	1,978
Central DuPage Health Winfield, Ill.	www.cdh.org	3	NFP	1	261
Children's Hospital Boston, Boston	www.childrenshospital.org	5	NFP	1	368
Children's Medical Center of Dallas, Dallas	www.childrens.com	4	NFP	1	310
Clarian Health Partners, Indianapolis	www.clarian.org	6	NFP	5	1,800
Community Health Network, Indianapolis	www.ecommunity.com	7	NFP	5	846
Concord Hospital Concord, N.H.	www.concordhospital.org	3	NFP	1	209
Covenant Health Knoxville, Tenn.	www.covenanthealth.com	5	NFP	5	1,556
Crittenton Hospital Medical Center, Rochester, Mich.	www.crittenton.com	2	NFP	1	290
Crozer-Keystone Health System, Springfield, Pa.	www.crozer.org	7	NFP	5	1,000
Deaconess Medical Center, Spokane, Wash.	www.deaconessspokane.org	3	NFP	1	388
Denver Health and Hospital Authority, Denver	www.denverhealth.org	1	GN	1	500
Detroit Medical Center	www.dmc.org	1	NFP	8	2,000

Detroit					
Duke University Health System, Durham, N.C.	www.dukehealth.org	3	NFP	3	1,479
El Camino Hospital Mountain View, Calif.	www.elcaminohospital.org	5	GN	1	395
ETMC Regional Healthcare System, Tyler, Texas	www.etmc.org	8	NFP	14	1,200
Evanston Northwestern Healthcare, Evanston, Ill.	www.enh.org	4	NFP	3	750
Geisinger Health System, Danville, Pa.	www.geisinger.org	5	NFP	4	826
Genesis Health System Davenport, Iowa	www.genesishealth.com	4	NFP	3	537
Greenville Hospital System, Greenville, S.C.	www.ghs.org	3	NFP	6	1,110
Greenwich Hospital Greenwich, Conn.	www.greenhosp.org	7	NFP	1	176
H. Lee Moffitt Cancer Center & Research Institute, Tampa, Fla.	www.moffitt.org	2	NFP	1	162
Hackensack University Medical Center, Hackensack, N.J.	www.humc.com	9	NFP	1	781
Hamot Medical Center Erie, Pa.	www.hamot.org	5	NFP	1	336
Hartford Hospital Hartford, Conn.	www.harthosp.org	1	NFP	1	750
Health First Rockledge, Fla.	www.health-first.org	3	NFP	3	750
HealthEast Care System, St. Paul, Minn.	www.healtheast.org	1	NFP	4	675
Henry County Health Center, Mt. Pleasant, Iowa	www.hchc.org	1	GN	1	25
Holy Family Hospital Spokane, Wash.	www.holy-family.org	5	NFP	1	272
Hunterdon Healthcare System. Flemington, N.J.	www.hunterdonhealthcare.org	7	NFP	1	178
Intermountain Healthcare, Salt Lake City	www.intermountainhealthcare.org	8	NFP	21	2,217
Kootenai Medical Center, Coeur d'Alene, Idaho	www.kmc.org	8	GN	1	246
Legacy Health System, Portland, Ore.	www.legacyhealth.org	4	NFP	5	989
Lehigh Valley Hospital and Health Network, Allentown, Pa.	www.lvh.org	6	NFP	3	805
Loyola University Medical Center, Maywood, Ill.	www.lumc.edu	5	NFP	1	507
Madigan Army Medical Center, Tacoma, Wash.	www.mamc.amedd.army.mil	4	GF	1	190
Maimonides Medical Center, Brooklyn, N.Y.	www.maimonidesmed.org	7	NFP	1	705
MedStar Health Columbia, Md.	www.medstarhealth.org	4	NFP	7	2,700
Memorial Health University Medical Center, Savannah, Ga.	www.memorialhealth.com	8	GN	1	530
Memorial Hermann Healthcare System, Houston	www.memorialhermann.org	3	NFP	16	3,529

Memorial Sloan-Kettering Cancer Center, New York	www.mskcc.org	3	NFP	1	426
MemorialCare, Long Beach, Calif.	www.memorialcare.org	8	NFP	5	1,515
Mercy Health Partners Cincinnati, Ohio	www.e-mercy.com	1	NFP	5	1,100
Meridian Health Neptune, N.J.	www.meridianhealth.com	8	NFP	3	1,219
MeritCare Health System, Fargo, N.D.	www.meritcare.com	9	NFP	2	646
Methodist Hospital System, Houston	www.methodisthealth.com	8	NFP	4	1,500
Mountain States Health Alliance, Johnson City, Tenn.	www.msha.com	3	NFP	10	1,200
North Mississippi Health Services, Tupelo, Miss.	www.nmhs.net	7	NFP	6	882
Northeast Health Troy, N.Y.	www.nehealth.com	5	NFP	4	685
Northwestern Memorial Hospital, Chicago	www.nmh.org	7	NFP	1	750
Ochsner Health System New Orleans	www.ochsner.org	4	NFP	2	500
Ohio State University Medical Center, Columbus, Ohio	www.medicalcenter.osu.edu	8	GN	5	1,050
Park Nicollet Health Services, St. Louis Park, Minn.	www.parknicollet.com	2	NFP	1	426
Parkview Health Fort Wayne, Ind.	www.parkview.com	3	NFP	5	787
Partners HealthCare Boston	www.partners.org	9	NFP	10	2,400
Piedmont Hospital, Atlanta	www.piedmont.org	4	NFP	1	500
Poudre Valley Health System Fort Collins, Colo.	www.pvhs.org	4	NFP	3	417
Presbyterian Healthcare Services, Albuquerque, N.M.	www.phs.org	4	NFP	8	900
ProMedica Health System, Toledo, Ohio	www.promedica.org	4	NFP	8	1,272
Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis	www.va.gov	3	GF	1	150
Riverside Health System Newport News, Va.	www.riversideonline.com	3	NFP	4	804
Rush University Medical Center, Chicago	www.rush.edu	6	NFP	1	650
Sacred Heart Medical Center, Spokane, Wash.	www.shmc.org	6	NFP	1	623
Saint Clare's Hospital Weston, Wis.	www.saintclarehospital.org	2	NFP	1	86
Saint Luke's Health System, Kansas City, Mo.	www.saintlukeshalthsystem.org	7	NFP	11	965
Sharp HealthCare San Diego	www.sharp.com	9	NFP	4	1,870
Sisters of Mercy Health System, Chesterfield, Mo.	www.mercy.net	6	NFP	19	4,083
Spartanburg Regional Healthcare System, Spartanburg, S.C.	www.srhs.com	5	GN	2	588

St. Luke's Rehabilitation Institute, Spokane, Wash.	www.stlukesrehab.org	4	NFP	1	101
St. Vincent's Hospital Birmingham, Ala.	www.stv.org	6	NFP	1	334
Susquehanna Health System, Williamsport, Pa.	www.susquehannahealth.org	8	NFP	3	225
Texas Health Resources, Arlington, Texas	www.texashealth.org	8	NFP	13	2,600
ThedaCare Appleton, Wis.	www.thedacare.org	6	NFP	2	285
UAMS Medical Center, Little Rock, Ark.	www.uams.edu	6	GN	1	290
University Health Systems of Eastern Carolina, Greenville, N.C.	www.uhseast.com	6	NFP	6	1,084
University of California San Diego Medical Center, San Diego	www.health.ucsd.edu	2	GN	2	540
University of Illinois Medical Center at Chicago, Chicago	www.uillinoismedcenter.org	2	GN	1	453
University of New Mexico Hospitals, Albuquerque, N.M.	http://hospitals.unm.edu	5	GN	5	470
University of Pennsylvania Health System, Philadelphia	www.pennhealth.com	7	NFP	3	1,632
University of Pittsburgh Medical Center, Pittsburgh	www.upmc.com	9	NFP	19	4,000
VA Heartland Network, Kansas City, Mo.	www.visn15.med.va.gov	2	GF	7	2,190
VA Northeast Region 4 Healthcare Network, Bronx, N.Y.	www1.va.gov/visns/visn03	6	GF	37	10,800
VA Palo Alto Health Care System, Palo Alto, Calif.	www.palo-alto.med.va.gov	5	GF	3	893
Valley Health System, Ridgewood, N.J.	www.valleyhealth.com	6	NFP	1	450
Valley Hospital and Medical Center, Spokane Valley, Wash.	www.valleyhospital.org	3	NFP	1	95
Vanderbilt University Medical Center, Nashville, Tenn.	www.mc.vanderbilt.edu	3	NFP	2	966
Vassar Brothers Medical Center, Poughkeepsie, N.Y.	www.health-quest.org	1	NFP	1	365
Wake Forest University Baptist Medical Center, Winston-Salem, N.C.	www.wfubmc.edu	5	NFP	4	1,238
Yale-New Haven Hospital, New Haven, Conn.	www.ynhh.org	8	NFP	1	944

http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/Article/data/07JUL2007/0707HHN_CoverStory_07Winners&domain=HHNMAG

[\[BACK TO TOP\]](#)