compassionate people

extraordinary Care



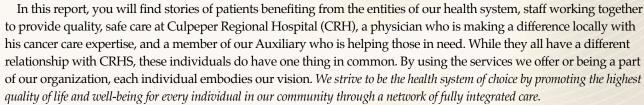
Dr. Thomas Reynolds, and T. I. Martin at the Auxiliary's Lights of Love Tree Lighting Ceremony

dear friends,

People are the heart of Culpeper Regional Health System (CRHS). Without the dedication, expertise, and devotion of each staff member, physician, auxilian, board member, and donor, CRHS could not provide the range and quality of healthcare services we do today. Equally important to CRHS are our patients and visitors,

who support us and help us continue to grow. In honor of our passionate team and supportive community, we are featuring individuals and their roles within our health system in this year's report.

Our *Pillars of Excellence* – Quality, People, Service, Finance, and Growth – remain our focus day in and day out and are ingrained in everything we do. The following firsthand accounts reflect our pillars and our desire to provide the best possible healthcare to you and your family.



As we evolve and grow to fulfill our vision and to meet the needs of the communities we serve, we promise to provide the same compassionate service and highest-quality, safe care that you and your family have come to expect from us. Culpeper Regional Health System is *compassionate people*, *extraordinary care*. Thank you.

H. Lee Kirk, Jr., FACHE
CRHS/CRH President and CEO

Thomas Reynolds, MD
CRHS/CRH Chairman of the Board

Culpeper Regional Health System Vision

We strive to be the health system of choice by promoting the highest quality of life and well-being for every individual in our community through a network of fully integrated care.

CRHS Entities

Culpeper Regional Hospital
Culpeper Regional Hospital Foundation
Culpeper Medical Associates
Culpeper Physician Group, L.L.C.
Culpeper Physician Hospital Organization

Culpeper Regional Health System Auxiliary Culpeper Surgery Center Free Clinic of Culpeper Powell Wellness Center

compassionate people extraordinary care



committed to patient Safety The story of Ashley Brushwood, Scrub Tech, and Claire Labrie, RN

At Culpeper Regional Hospital (CRH), providing safe, quality care is our top priority. As part of our commitment to improve the safety and quality of care delivered at CRH, we implemented LifeWings. LifeWings specializes in applying aviation-based teamwork training and safety tools to help healthcare facilities save lives.

Using crew resource management, LifeWings focuses on reducing human error through effective communication and improved processes. The program includes leadership development training, teamwork training, mock situations and simulations, and the use of aviation safety tools, such as standard procedures and checklists.

"It's about providing better patient safety, better communication between departments and in your own department, and actually giving yourself a voice – not being scared to speak up if you feel something is wrong or could endanger the patient," says Ashley Brushwood, a scrub tech in the Operating Room (OR), who has worked at CRH for ten years.

In April 2012, the OR and Family Birth Center (FBC) were two of the first departments to go through the LifeWings training. In addition to the group training, an implementation team of five to six individuals was chosen from each department to develop tools to reduce medical errors and improve communication and efficiency.

providing
better patient
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and in your
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Ashley, a member of the OR's team, says they added a morning huddle to increase communication, developed a hand-off communications sheet to provide important information about surgical patients to floor nurses, and created a safety checklist from start to finish for surgical procedures. Perhaps the most important addition to the checklist is a safety statement made by the surgeon before beginning a procedure.

"The surgeon will say, 'If anyone sees anything they think is unsafe, I expect you to speak up.' In the OR, it's intimidating. You may not necessarily want to say anything, but just knowing that the support from the surgeon is there makes people more aware," says Ashley. "Speak up, even if it's just a little thing."

Similarly, FBC Nurse Claire Labrie said her team recognized an issue with physician communication over the phone. To solve the problem, they created report cards with essential information that a physician needs

about a new patient and information a pediatrician needs about a newborn. Both have been well received.

"When patients see us communicating openly with a physician about a plan of care or concerns, and also involving them in that process, it's going to really improve their experience and their outcome," adds Claire.

In addition to department tools, Ashley and Claire are working together to improve communication and procedures between the OR and FBC.

A major focus has been improving the process of transferring a labor patient to the OR, especially for emergency C-sections, which must be done immediately. After hours, the OR is on call, and while staff make every effort to arrive at the hospital as soon as possible, precious minutes pass before a procedure can begin.

"There's no time for a delay; we can't wait for people to come in," says Ashley. "When we're not in house, we actually have 30 minutes to respond to a call, and that could be life or death for a patient."

By training the FBC staff on how to start a case, they can begin the process immediately and eliminate any delay.

health system awards and accolades

AVATAR PATIENT SATISFACTION AWARDS:

CRHS was honored with the following awards based on scores from our patient satisfaction surveys:

- Exceeding Patient Expectations Culpeper Regional Hospital
- Exceeding Patient Expectations Culpeper Surgery Center

OTHER PRESTIGIOUS AWARDS:

- CRH earned an "A" grade for Hospital Safety ScoreSM from The Leapfrog Group.
- CRH Family Birth Center scored 98 out of 100 on the CDC's survey of Maternity Practices in Infant Nutrition and Care.

"Those who have completed the training reported they really felt much more comfortable in the situation, and anytime you feel comfortable, it's going to go more smoothly," says Claire.

The FBC staff has also improved their pre-op checklist for C-sections, making it more accessible and efficient. In addition, a labor patient status monitor was added in the OR to keep staff easily informed of the possibility of needing an operating room. By improving these processes, holding a department breakfast to get to know one another, and helping FBC staff feel more comfortable in the OR, Claire and Ashley say the relationship between their departments has strengthened significantly.

"We all want the same thing. We all want to improve our patient safety to have healthy moms and healthy babies," states Claire. "I can't think of a single person I've worked with, either in the OR or the Family Birth Center, who doesn't have absolutely overwhelming compassion for a patient. And when you care, you're automatically going to want to have the best practices, procedures, policies, and experience to provide extraordinary care." \$\mathbb{S}\$

department highlights & accreditations

2012 HIGHLIGHTS AND ADDITIONS:

- Breast Surgery Clinic opened in partnership with UVA.
- CRH demonstrated STEMI/Stroke program in collaboration with UVA.
- CRH completed the Admitting/Emergency entrance renovation.
- CRH Board of Trustees approved major power plant and infrastructure upgrade.
- CRH adopted "Committed to Zero" campaign, focusing on zero hospital acquired conditions.
- CRH was featured in "The Referral," published by LifeNet, the Virginia Organ Procurement Organization, for successfully coordinating an organ donor harvest.
- CRH was featured in "Together for Quality," published by the Virginia Health Quality Center, for our hand hygiene monitoring program.
- CRH partnered with the Josie King Foundation to provide a "mini" Care Journal for patients and their families to record important details.
- CRHS Thrift Shop was renovated and expanded.
- Culpeper Surgery Center (CSC) added a new procedure, laparoscopic hysterectomies, with excellent outcomes.
- Free Clinic of Culpeper celebrated its 20th anniversary.
- Human Resources added behavioral assessment software to identify top applicants, making our hiring process more efficient and productive.
- Information Systems met the measures for Stage 1 of Meaningful Use for our Electronic Health Record (EHR),

- which is part of the Medicare and Medicaid EHR Incentive Program.
- Information Systems also reached Stage 6
 of the Electronic Medical Record Adoption
 Model (EMRAM), a program to measure the
 progress of the Electronic Medical Record.
 Only 7.8% of all hospitals reached this level
 as of O3 2012.
- Marketing began brand rollout, including the tag line "compassionate people, extraordinary care."
- Pharmacy Department processed over 281,000 prescriptions.
- Powell Wellness Center celebrated its 5th anniversary.
- CRHS employees donated almost \$34,000 to CRH and the Free Clinic through the Compassion 2 Care Employee Engagement Program and the Piedmont United Way Campaign, nearly tripling the amount given in 2011.
- CRHS donated \$91,951 to local nursing education and allied health programs through the 2012 Drop it! Challenge.
- CRHS presented checks to local rescue squads of the Culpeper Volunteer Fire and Rescue Association to support the vital service EMS provides to our community.
- With the help of the community, Pepperberries and CRHS raised \$27,043 for the Pamper Me Pink Fund, which provides mammograms for individuals in our service area unable to afford them.

ACCREDITATIONS:

- CRH Mammography Department earned the American College of Radiology (ACR) Gold Seal of Accreditation.
- CRH received confirmation that The Joint Commission granted our hospital full accreditation effective October 19, 2012.

world-class Care The story of Dr. Shiv Khandelwal

adjation Oncol

Through our partnership with the University of Virginia Health System, Culpeper Regional Hospital (CRH) has gained access to expertise, capital, and technology, which allows us to expand and enhance our local services. This is perhaps most evident through our Radiation Oncology Service in Partnership with UVA Health System. Offering world-class radiation therapy, the new facility is equipped with the revolutionary TomoHD unit and a highly specialized medical team from the University of Virginia (UVA). But what makes the department

truly successful is the dedication and compassion of Medical Director Dr. Shiv Khandelwal and his staff.

Dr. Khandelwal, an associate professor of radiation oncology at UVA and an associate editor of the journal *Radiology*, became the Medical Director in 2010.

"The community has been very, very welcoming, as have the physicians here, and I think the patients really appreciate having this service available locally," he says.

Before its opening in March 2011, local patients were traveling long distances to receive radiation therapy, which usually requires weeks of daily treatments, often while a patient is ill due to his or her cancer or side effects of the treatment. Studies have shown traveling long distances has a drastic effect on the approach a patient may take. For example, patients with breast cancer, who may be candidates for lumpectomy and radiation therapy rather than a mastectomy, are more likely to choose a mastectomy if they have to travel a long distance for radiation therapy.

Dr. Khandelwal gets to know each patient as a person. Focusing on what's best for his patients, he encourages them to be active participants in the decision-making process.

"Of course, for almost all patients that I'm seeing, radiation therapy would be one of their options, but it's not necessarily the right answer for everybody," says Dr. Khandelwal. "So I try to educate them about their options and the realistic goals of their treatment."

To help ensure optimal care, patients' radiation treatment plans are discussed at a twice-weekly conference with UVA. CRH has also started a multidisciplinary tumor board to enhance decision-making and coordination of care for all aspects of cancer treatment at our hospital.

"It's something that improves the quality of care – to be able to have those types of discussions and make sure we're doing the best that we can for our patients," he adds.

And nothing is more important to Dr. Khandelwal than the quality of care for his patients. He attributes his department's success to his staff and their compassionate nature.

"I do think caring about the patient as a person, which everyone who works here does, goes a long way in providing extraordinary care."

new practitioners

John Barcia, MD
Joy Bradley, MD
David Brenin, MD
Raymond Costabile, MD
Stella Debrah-Siriboe, MD
Mubasher Fazal, MD
Elizabeth Gaughan, MD
Jennifer Harvey, MD
Michael Hehman, MD
James Henick, MD
Scott Heysell, MD

Pediatric Nephrology Pathology Breast Surgery Urology Pediatrics Sleep Medicine Hematology/Oncology Radiology Emergency Anesthesia Infectious Disease Rodney Jamil, MD
Beth Jensen, MD
Joshua King, MD
Robert J. Laughlin, DDS
Vaibhav Mangrulkar, MD
Christopher McCullough, MD
Maritza Romero-Gutierrez, MD
Trushar Sarang, MD
Anneke Schroen, MD
Misty Shoemaker, DO
Shayna Showalter, MD
Jayson Tappan, MD
John T. Vengal, MD
Ostranda Williams, MD
Pearl Yu, MD

Hematology/Oncology
Family Practice
Hospitalist
Pediatric Dentistry
Radiology
General Surgery
Pathology
Radiology
Breast Surgery
OB/GYN
Breast Surgery
Emergency
Nephrology
Pediatrics
Pediatric Pulmonology

allied health providers

Charles Akerberg, PA
Melissa Alsbergas, CRNA
Barrie Brown, CRNA
Melissa Connolly, ACNP
Krystin Farrell, AuD, CCC-A
Amy Hull, PA-C
Robert Meskunas, CRNA
Terry Nitz, CRNA
Martin O'Connor, CRNA
Holly Price, CRNA
Kristen Qumsieh, PA
Nancy Roberts, PA
Leigh Ann Smith, ANP-C
Stephen Winfrey, CRNA

Hospitalist
Anesthesia
Anesthesia
Cardiology
Audiologist
Family Practice
Anesthesia
Anesthesia
Anesthesia
Emergency
Family Practice
Family Practice
Anesthesia

transforming the body &mind

The story of Judy McKinney

In 2007, Powell Wellness Center (PWC) opened in Culpeper as the area's first medically integrated wellness center offering fitness, health education services, and rehabilitation. Over the years, PWC has helped thousands of individuals, and for Judy McKinney, 64, it has truly made a difference.

Judy was first introduced to PWC as a patient in Physical Therapy & Outpatient. Years of working in an administrative position left Judy's neck and shoulders tense and sore, and the nagging, chronic neck pain began taking a toll on her everyday life.

"It was affecting my driving. I was on the road maybe five minutes, and the pain would start. And I couldn't do my running because I was holding my shoulders and my neck really stiffly, so that caused pain," says Judy.

In May 2012, Judy saw Physical Therapist Karen Cole for an initial evaluation and found she was in worse condition than she realized.

"I had no range of motion on the left side at all. I thought it was just my neck, but it went down into my shoulder," she says.

Twice a week, Judy received treatment from Karen, who worked diligently to loosen and elongate her neck muscles. The pain was still too intense, so she also had steroid injections from local pain management physician Dr. Daniel

Halpert. After the injections and three months of hard work with Karen, Judy finally gained mobility and freedom from the pain.

"Karen is an excellent therapist and really was in tune with my body," says Judy. "They want you to get better, and they'll help you any way that they can."

After her physical therapy ended in August, Judy joined Powell Wellness Center, Health & Fitness. Judy had been an avid race walker and runner since the mid-1980s. But when her sister passed away in 2011, Judy went into a deep depression and found nothing, including running, could help.

"That threw me into a real bad place for almost a year...being there in that environment twice a week got me back to where I knew I had to be. I knew I was going to join, and it was the best thing I did for myself."

During therapy, Judy took a foam roller class with Certified Personal Trainer Angie Thoreson. Wanting to avoid injury while working out, she decided to train with Angie.

"Angie just has me doing things that I didn't know I could do. I know that I need the discipline of an instructor, and she is just exceptional."

Almost a year later, Judy is still pain free, thanks to the tools and education Karen provided during therapy, and the training Angie continues to provide.

"The whole thing has turned me around emotionally and physically," says Judy. "Powell Wellness Center means the world to me, and I know I can count on PWC for anything that comes along." \$\infty\$





improving our future

In addition to providing therapy and fitness services, our Physical Therapy Departments and PWC Health & Fitness have added new programs and equipment to improve the health of our community.

PWC PHYSICAL THERAPY & OUTPATIENT AND MADISON PHYSICAL THERAPY & REHAB

- Partnered with PWC Health & Fitness to educate high school athletes in Madison and Culpeper counties on ACL tear prevention.
- Provided opportunities for high school and college students to shadow therapists and developed a strong student mentoring program.
- Added rehab reversible treadmills to both clinics to help a variety of patients, including athletes.

PWC HEALTH & FITNESS

- Launched Exercise is Medicine Program[™] "FITscripts" to improve the health of our community.
- Added Nutritional Coaching to better serve our membership's needs and goals.
- Developed a sports-specific program for 10- to 18-yearolds designed to improve speed, strength, stamina, and agility.
- Expanded the Corporate Wellness Program and its services by creating relationships with local businesses. Added on-site screenings to improve the health of employees.



project UPSTART Saves lives

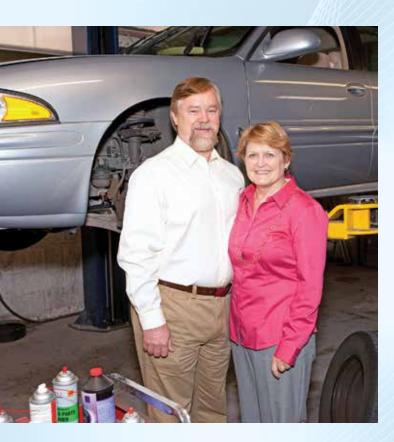
The story of Keith and Diane Morris

As a community hospital, we work with our partner, the University of Virginia (UVA) Health System, to treat patients with advanced medical conditions, such as a major heart attack. In 2009, we collaborated with UVA to bring a lifesaving program, known as Project UPSTART, to our Emergency Department.

Project UPSTART is a quality initiative designed to improve care and increase survival rates of patients suffering an ST-elevation myocardial infarction (STEMI). This severe type of heart attack results from a blocked artery, which can cause heart muscle damage or death. Seconds count during a STEMI, because as time passes more damage occurs to the heart. By combining medical best practices with the principles of systems engineering and crisis management, this program uses a systematic approach to reduce the amount of time between a patient's diagnosis and treatment.

Before May 2011, Keith and Diane Morris of Culpeper had not heard of Project UPSTART. With four children, seven grandchildren, and their local family business Integrity Automotive, they were busy but in seemingly good health. After a trip to the gym the previous night and a morning doctor's appointment, Keith, 54, was mowing his lawn when he felt a sharp, stabbing pain in his chest. He sat down on a

If they know a STEMI is coming in, it's all hands on deck to get the patient prepped and ready to go to UVA to get whatever treatment is needed...



bench, thinking it was just a muscle spasm, but suddenly became nauseous and began sweating profusely.

Feeling like a five-gallon bucket of water was being dumped on him, Keith, a former Emergency Medical Technician (EMT), recognized the signs of a heart attack and quickly called 911. Thunderstorms in the area grounded helicopter transport, so an ambulance came to his home instead. The EMTs recognized Keith's heart attack as a STEMI and drove him to Culpeper Regional Hospital (CRH) for stabilization.

"If they know a STEMI is coming in, it's all hands on deck to get the patient prepped and ready to go to UVA to get whatever treatment is needed," says Keith. "Everybody was all in it together. It felt like a fluid team that knew what to do and how to do it to get the patient fixed."

Keith's wife of 31 years, Diane, was working at their shop in Orange when it happened. She quickly made her way to the CRH Emergency Department where Keith was already being treated.

"Have you ever seen one of those movies where the person is standing there and it's like slow motion, but everything around them is going really fast," Diane asks. "That's what it felt like. Everyone was running and doing their job, and I was just kind of standing there in shock. I didn't know what to do. I was just in awe at how much attention he was getting."

Once he was prepped, Keith was immediately taken in an ambulance to UVA, where he said the transition was seamless.

"As soon as we arrived at the University, the lady at the door said, 'Where are you from? Ok, second door on the right. Angioplasty is waiting for you.' The staff was already in the room, waiting and prepped, ready to go," he recalls.

Keith needed percutaneous coronary intervention (PCI), also referred to as angioplasty. During PCI, a cardiologist feeds a deflated balloon on a catheter from the femoral artery through the blood vessels until it reaches the blockage. The balloon is then inflated to open the artery and allow blood flow. The national goal, from an emergency room door to balloon inflation at a cardiac catheterization lab, is 90 minutes, which CRH always strives to meet in coordination with UVA. Due to the fast, efficient and concerted effort by EMS, CRH, and UVA, Keith received balloon inflation at UVA.

Although he stayed at UVA for three days after his procedure, Keith was ready to walk his first night there and was eager to pick up the pace when he started cardiac rehab at CRH, shortly after his release. Diane

credits this fast recovery to his good health, but also to the care he received through Project UPSTART.

"Because they reacted so quickly and everybody knew what to do, he didn't have any long-term damage to his heart," she says. "He's up and running as if he never had a heart attack."

Today, Keith's good health is testimony to the care he received, as well as his own swift, decisive action. Immediately calling 911 after the onset of his symptoms, along with the collaboration between the EMTs and both hospitals to ensure he received the quickest treatment possible, made the difference between life and death.

"If you looked at one of my before pictures when I had the blocked artery, you'd actually see one of my vessels had ballooned up to about an inch and a half in diameter, ready to explode," says Keith. "So without the STEMI program, I may not be here today. If I had gone to another hospital, it could have been a whole different ball game." \$\mathbb{S}\$

special recognitions

PHYSICIAN OF THE YEAR



Rashid Ehsan, MD

EMPLOYEE OF THE YEAR



Lillian Clark Intensive Care Unit

BOARD MEMBER OF THE YEAR



Michael H. Armm

2012 RETIREMENTS



Helena Burns Employee Wellness 22 years



Janet Jacobs Intensive Care Unit 22 years



Susan Saunders Stepdown 24 years

2012 SERVICE AWARDS

This year's annual awards banquet celebrated 87 employees' 965 years of combined service.

helping hands

The story of CRHS Auxilian Ernie Liberatore

On the cover of the Culpeper Regional Health System Auxiliary's handbook is a quote by anthropologist Margaret Mead, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." It is extremely fitting for the group of local community members who volunteer throughout our health system each day, focusing on the needs of our patients and their families. The Culpeper Regional Health System (CRHS) Auxiliary has been adding comfort, care, and happiness to our hospital since 1959.

Each member of the CRHS Auxiliary began volunteering at a different time in his or her life, and for our beloved auxilian, Ernie Liberatore, it was 2007. A retired photo scientist, Ernie moved to Culpeper 18 years ago with his wife Louise. He was enjoying retired life in Culpeper while she worked as a nurse for Culpeper Family Practice, but in 2006, after ten years of living in Culpeper and 48 years of marriage, Louise passed away.

Devastated, Ernie began thinking about what he wanted to do to fill his time. Bea Ramer, an auxiliary



member who had worked with Ernie's wife at Culpeper Family Practice, suggested he try volunteering with the CRHS Auxiliary.

"I got to thinking about Louise, and I said, 'Well it would be nice if I volunteered for the hospital because she worked her last ten years at Culpeper Family Practice,'" Ernie remembers.

So in 2007, Ernie joined the CRHS Auxiliary and soon found he was interested in more than one service area. Today, at 74, he spends his Tuesdays in the Surgical Waiting Area and his Thursdays at the Thrift Shop. On Fridays, he helps in the Emergency Department for eight to nine hours before putting in two more hours at the hospital's front desk. Showing no signs of slowing down, Ernie volunteers over 780 hours a year and has graciously given 2,827 hours of his time since he first began working with the Auxiliary.

"It's the idea of helping people. That's what my wife did. She had an affinity for helping people, and she worked in just about all parts of nursing, from Children's Hospital in Massachusetts to OB/GYN, to outpatient," he says. "She liked to help people, and that's why I joined the Auxiliary, because I can help people."

With 216 adult and 45 junior members, the Culpeper Regional Health System Auxiliary volunteered over 37,400 hours of service in 2012. In addition, through proceeds earned from the Gift Shop, Coffee Shop, and Thrift Shop this year, the Auxiliary contributed more than \$200,680 to our hospital and health system. Ernie likens the success of the organization to the "Helping Hands" pin he wears on his red volunteer vest each day.

"It's successful because that's what the Auxiliary does," says Ernie. "People who enter the hospital have a feeling of a helping hand. The Auxiliary supports that."

The Auxiliary allows Ernie the opportunity to continue the legacy of Louise, whose care and compassion touched each individual who knew her. Following in Louise's footsteps, Ernie's dedication and devotion to patients and visitors, his ongoing support of staff, and the funds he raises through his work at the Thrift Shop, truly encompass all aspects of how the CRHS Auxiliary makes a difference in our health system and community.

"It's a way for me to serve people. I can take them around the hospital, and I can show them things. I can help the 200-plus member Auxiliary. It's a very worthwhile, satisfying thing for me to do, and it's a big part of my life." \$\mathscr{S}\$

community benefit

CULPEPER REGIONAL HOSPITAL
COMMUNITY BENEFIT INFORMATION (FY 2012)

COMMONTT BENEFIT INFORMATION (FF 2012)				
Charity Care:	\$	6,053,241		
Medicare Shortfall:	\$	6,131,969		
Medicaid Shortfall:	\$	1,283,991		
Free Clinic Support:	\$	1,727,068		
Ambulance Supplies Given to Local Squade	s: \$	113,520		
Total Community Benefit:		\$15,309,789		

financials

income, expenses, & margin

income, expenses, & margin			
definition	2012	2011	2010
Total of all patients' billed charges.	\$224,010,554	\$195,610,939	\$182,033,156
Charity care and other deductions not paid by insurance or patients.	6,053,241	4,585,368	4,235,264
Discounts or amounts of charges not paid by Insurers, Medicare, and Medicaid.	137,894,973	116,410,499	104,712,768
Bad debt and recoveries (netted) not paid by patients.	10,650,994	10,594,369	11,932,320
Money collected for non-medical services such as cafeteria services.	660,658	928,225	522,126
Actual money collected for services.	70,072,004	64,948,928	61,674,930
Wages and benefits for all hospital employees.	36,182,790	33,892,700	33,249,786
Non-wage costs such as supplies, drugs, utilities, and insurance.	26,698,427	24,618,632	22,554,060
Current costs of buildings, property, equipment, and interest.	4,722,959	4,069,566	3,964,233
Total of the above three items.	67,604,176	62,580,898	59,768,079
Revenues remaining after expenses are paid from operations.	2,467,828	2,368,030	1,906,851
Revenues earned from non-patient services such as investments, contributions, and ownership in affiliates.	443,962	1,163,735	1,145,628
The sum of Operating Margin/Surplus and Non-Operating Revenue.	2,911,790	3,531,765	3,052,479
	definition Total of all patients' billed charges. Charity care and other deductions not paid by insurance or patients. Discounts or amounts of charges not paid by Insurers, Medicare, and Medicaid. Bad debt and recoveries (netted) not paid by patients. Money collected for non-medical services such as cafeteria services. Actual money collected for services. Wages and benefits for all hospital employees. Non-wage costs such as supplies, drugs, utilities, and insurance. Current costs of buildings, property, equipment, and interest. Total of the above three items. Revenues remaining after expenses are paid from operations. Revenues earned from non-patient services such as investments, contributions, and ownership in affiliates. The sum of Operating Margin/Surplus and	definition2012Total of all patients' billed charges.\$224,010,554Charity care and other deductions not paid by insurance or patients.6,053,241Discounts or amounts of charges not paid by Insurers, Medicare, and Medicaid.137,894,973Bad debt and recoveries (netted) not paid by patients.10,650,994Money collected for non-medical services such as cafeteria services.660,658Actual money collected for services.70,072,004Wages and benefits for all hospital employees.36,182,790Non-wage costs such as supplies, drugs, utilities, and insurance.26,698,427Current costs of buildings, property, equipment, and interest.4,722,959Total of the above three items.67,604,176Revenues remaining after expenses are paid from operations.2,467,828Revenues earned from non-patient services such as investments, contributions, and ownership in affiliates.443,962The sum of Operating Margin/Surplus and2,911,790	definition20122011Total of all patients' billed charges.\$224,010,554\$195,610,939Charity care and other deductions not paid by insurance or patients.6,053,2414,585,368Discounts or amounts of charges not paid by Insurers, Medicare, and Medicaid.137,894,973116,410,499Bad debt and recoveries (netted) not paid by patients.10,650,99410,594,369Money collected for non-medical services such as cafeteria services.660,658928,225Actual money collected for services.70,072,00464,948,928Wages and benefits for all hospital employees.36,182,79033,892,700Non-wage costs such as supplies, drugs, utilities, and insurance.26,698,42724,618,632Current costs of buildings, property, equipment, and interest.4,722,9594,069,566Total of the above three items.67,604,17662,580,898Revenues remaining after expenses are paid from operations.2,467,8282,368,030Revenues earned from non-patient services such as investments, contributions, and ownership in affiliates.443,9621,163,735The sum of Operating Margin/Surplus and2,911,7903,531,765

^{*}Certain amounts in the consolidated financial statements have been reclassified for comparative purposes.

operating indicators

	definition	2012	2011	2010
Patient Admissions	Number of hospital patients who stay overnight.	3,133	3,287	3,419
Emergency Visits	Patient visits to the emergency department.	31,797	29,417	28,898
Births	Number of live births.	383	354	417
Outpatient Visits	Patient visits in the outpatient setting.	43,405	29,765	30,202
Surgical & GI Procedures	Number of surgical & gastrointestinal procedures that were performed at CRH.	2,174	2,052	2,295
Culpeper Surgery Center Procedures	Number of surgical & gastrointestinal procedures that were performed at Culpeper Surgery Center.	4,077	3,737	3,374
Total Surgical Procedures	Total number of surgical & gastrointestinal procedures that were performed at Culpeper Surgery Center & CRH.	6,251	5,789	5,669

assets, liabilities, & equity

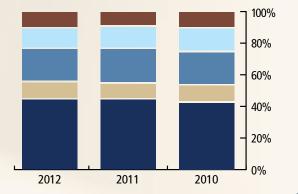
assets, nabilities, & equity				
	definition	2012	2011	2010
Assets	Things of value held by the hospital.			
Current Assets	Those assets which may mature into cash in one year or less.	\$17,588,185	\$17,030,031	\$15,933,749
Assets Whose Use Is Limited	Those assets (reserves) whose use is limited by trustees.	3,471,235	3,191,720	3,312,824
Property Plant & Equipment	The purchase price of the land, building, and equipment less the accumulated depreciation.	29,638,794	29,654,740	25,675,321
Pledged Assets	Hospital's beneficial interest in the net assets of the Foundation from Foundation fundraising activities.	1,537,053	941,583	1,168,823
Other Assets	Other assets that are related to notes held by the hospital or other assets from related organizations.	37,225,322	37,511,320	37,543,659
Total Assets	Total of the above five items.	89,460,589	88,329,394	83,634,376
Liabilities and Net Assets	Amounts owed for supplies, drugs, salaries, and debt.			
Current Liabilities	What the hospital owes which must be paid within one year.	8,424,809	9,384,458	6,671,331
Non-Current Liabilities	The portion of the debt that does not have to be paid within the next year.	2,796,846	4,328,019	5,675,303
Total Liabilities	Total of the above two items.	11,221,655	13,712,477	12,346,634
Minority Interest	Minority members' ownership share in Culpeper Surgery Center (CSC).	767,222	652,462	627,812
Total Net Assets	Total assets minus total liabilities or net worth.	77,471,712	73,964,455	70,659,930
Total Liabilities and Net Assets	Total of Liabilities and Net Assets.	89,460,589	88,329,394	83,634,376
to a training the second	16 11 1 1 16 16 2			

^{*}Certain amounts in the consolidated financial statements have been reclassified for comparative purposes.

financial & market share information

	2012	2011	2010	
Patient Revenue Chart (Culpeper Regional Hospital Only) by Payer Source				
Medicare	45%	45%	43%	
Medicaid	11%	10%	11%	
Anthem (Blue Cross)	21%	22%	21%	
Commercial Insurance	13%	14%	15%	
Self-Pay	10%	9%	10%	
Amely 171 and 1716 to 1717 to 1717 to 1717				

^{*}This graph/chart shows who paid for hospital services by the different payer types (Medicare, Medicaid, Anthem, commercial insurers, and self-payers).



2012 honor roll of donors

(January 1, 2012 through December 31, 2012)

"Love Truth, but Pardon Error." - Voltaire

Culpeper Regional Hospital Foundation values the support of each individual. corporation, foundation, and organization listed in this Honor Roll. We work very hard to be complete and accurate; however, in a listing this large, there may be errors. We apologize for any inaccuracies and would value your help in bringing errors to our attention.

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thank you!

To all our supporters who have given their financial support to the Culpeper Regional Hospital Foundation, we wish to thank you for your gifts to help us continue our mission of providing the best possible healthcare services to our community and the surrounding region. We could not accomplish all we do without you!

gratitude report

Your generous gifts have impacted patient care and benefited our community in the following areas:

- Camp Med
- Community education
- Counseling and Chaplaincy
- Electronic documentation for our ambulance services
- Emergency Department renovation
- Free Clinic of Culpeper
- Healing Garden
- Inpatient sleeper chairs for family members
- Mammograms and treatment for patients who cannot afford their care
- Medical care for patients who cannot afford their care
- Medical imaging equipment
- Medication assistance for cancer patients
- New cytocentrifuge
- New EKG for Free Clinic
- Nursing and clinical education
- Patient education materials
- Physician education
- Rehabilitation treadmill
- Scholarships for high school students to pursue college degrees in healthcare

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remembering our dear friends

We wish to express our condolences to the families of our dear friends who passed away in 2012. Their dedication to the hospital and our community is exemplary, and the rewards of their hard work and dedication will be felt for generations to come. Please join us in celebrating and honoring their lives.

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Connie Anthony Dorothy Blankenbaker John Brooks Nina Christian Carolyn Graves Angus Green John Payne

Claire St. Jacques Hazel Sudduth Virginia Whelan Esther White

IN MEMORY OF **CRHS EMPLOYEES** Olga G. Hernandez

commemorative gifts

(January 1, 2012 through December 31, 2012)

Culpeper Regional Hospital Foundation accepts gifts in memory of, or in honor of, a special person or loved one. We have received gifts in honor of physicians, nurses, medical staff, and board and community members, as well as gifts in memory of spouses, parents, friends, and others. When words are not enough to express your gratitude and love, consider a commemorative gift to the Culpeper Regional Hospital Foundation. Listed below are those who are honored or memorialized by friends and loved ones with a contribution to the Foundation.

In honor of Mr. and Mrs. Michael Baudhuin Culpeper Petroleum

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4Cs' Society recognition & awards

CRH Foundation held its 8th Annual 4Cs' Social to recognize donors who participate in fulfilling the mission of CRH.







TOP: Sharon Clark receives the Corporate/Business Donor Award CENTER: Joan Broyles accepts the Employee Award. BELOW: David and Jane Scott receive the Founder's Award.

CORPORATE/BUSINESS DONOR OF THE YEAR AWARD

A corporation that has given longtime support and continued dedication to the mission and vision of CRH and the CRH Foundation receives the Corporate/ Business Donor of the Year Award. This year, Pepperberries owner Sharon Clark was recognized for her efforts to raise breast cancer awareness and support through Pamper Me Pink. In 2012, Pamper Me Pink raised over \$27,000 for individuals in our service area who cannot afford mammograms.

EMPLOYEE AWARD

Each year, the Employee Award is given to an employee who exhibits exceptional work, outstanding support of the CRH Foundation, and superior customer service to all. Joan Broyles, of Housekeeping, received the award for her dedication and hard work to ensure our facilities are clean and welcoming to visitors, patients, and staff.

FOUNDER'S AWARD

The Founder's Award is given to local community volunteers who have graciously given their time, talent, and treasure to CRH. David and Jane Scott were honored for their years of service to Culpeper Regional Hospital. Jane was one of the Jaycettes, who helped found our hospital over 50 years ago, and David served as Chairman for four of his six years on the Hospital Board. The couple continues to support CRH by volunteering through the Auxiliary.

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Culpeper Regional Hospital Foundation wishes to honor these friends for providing help for our mission through their estate planning with a planned gift to Culpeper Regional Hospital Foundation.

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Planned gifts, such as estate planning, allow individuals the opportunity to make arrangements for future gifts to CRH Foundation while being able to take advantage of tax savings now. Allocating CRH Foundation in your will, which is the most common type of planned gift, will help the hospital continue to advance in its efforts to provide the best possible healthcare for our community.

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Larry Fitzgerald Dean/CAO of School of Medicine Ralph DeSimone, MD Committee Chair **Brad Haws** Joe Daniel (ex officio) Ed Howell, VP/CEO, UVAMC Brevard Wallace, MD, Chair, Powell Wellness Center H. Lee Kirk, Jr. (ex officio) Sok Yi, MD, Liz Nottingham H. Lee Kirk, Jr. Immediate Past President Leonard Sandridge. Eric Good. Joanne Peach, NP

24

celebrations & events



































[a] Barabara Weber, 2012 Auxiliary President, and Joan Proctor, 2011 Auxiliary President, at the Annual Meeting in March. [b] Louise and Clarence Batten at the Auxiliary Banquet. [c] PWC Director Eric Good, staff member Kelly Bennett, Director of CRH Marketing Sandy Boone, President/ CEO H. Lee Kirk, Jr., and staff members Josh LeMasters, Amanda Hackworth, Eric Bohler, Brandy White, and Laurie Ludwig at Powell Wellness Center's 5th Anniversary celebration. [d] Physician of the Year Dr. Rashid Ehsan at the Doctors' Day reception along with Dr. Benjamin Allen and Dr. Neville Fernando. [e] Becky Bohler, Ann Boyd, and Chris Anderson at the Hospital Picnic. [f] Camp Med II participants work on a mock patient. [g] Food and Nutrition Services Director Steve Gohn assists a customer at the Farmers' Market. [h] President/CEO H. Lee Kirk, Jr., Dr. Shayna Showalter, Sharon Clark of Pepperberries, Connie Kincheloe, and Dr. David Brenin at Pamper Me

Pink. [i] Dr. Bob Rosen, COO Greg Napps, and Kamala Fernando at the Doctors' Day Reception. [i] CMA Pediatrics Office Manager Katie Miller and Pediatrician Dr. Ostranda Williams greet attendees at the Baby Fair. [k] Emily Williams is a lucky winner of a flower arrangement at the annual Women's Health Tea. [1] Winners of Drop it! The 2012 Healthy Living & Weight Loss Challenge outside Powell Wellness Center. [m] COO Greg Napps, VP of Nursing Services Janice Suter, Director of Human Resources Susan Edwards, and CFO Sam Morgan at Drop it! 2012. [n] President/CEO H. Lee Kirk, Jr., Joe Daniel, Rich Harrington, and Bob Hudson at the Foundation's Annual Golf Tournament. [o] Amy Lum, Niquela Graham, Brandon Lum, and Charlie Glenn at the Holiday Meal. [p] Dr. Nina Solenski informs attendees about stroke symptoms at the annual Women's Health Tea. [q] T.I. Martin, Kim Kirk, President/CEO H. Lee Kirk, Jr., and Linda and Joe Daniel at the Foundation's New Year's Eve Gala. [r] Free Clinic of

Culpeper Director Norma Dunwody, Chair Dr. Tom Reynolds, and board member Nancy Cannon at Oyster Fest 2012.

[s] CRHS flags welcomed attendees to our special tent at CulpeperFest. [t] Powell Wellness Center Fitness Manager Brandy White and Health Educator Laurie Ludwig show their hands at the annual Employee Health and Fitness Day Poker Walk.



looking ahead

Culpeper Regional Health System looks forward to a new year and to the improvements and positive changes that it will bring for our health system and our community. Many of these changes will come from the fiscal year 2013 budget for Culpeper Regional Hospital, affiliated with the University of Virginia Health System, which includes \$24 million for capital improvements. This significant investment will improve and expand quality healthcare services and stimulate our local economy. We look forward to the following projects starting in 2013:

- Emergency Department renovation and expansion to include 19 private treatment rooms and a new patient care area for those who have minor issues or are waiting for results.
- CRH Surgical Services renovation and expansion to include an operative area for C-sections, opening our current operating rooms for other surgeries.
- Replacement of existing CT scanner in Medical Imaging and an additional CT scanner for Radiation Oncology with larger openings and low dose radiation to reduce exposure.
- Infrastructure updates to the facility.
- Continued improvement of our Electronic Medical Record system.

- Refurbishing inpatient and common areas throughout the hospital.
- Creating a staff parking lot behind the Finance
 Department to provide more options for our patients and visitors.
- Bringing Interventional Radiology to CRH.

Quality, safe healthcare and patient satisfaction are at the heart of everything we do, and this investment will help to bring us into the future and ensure exceptional service and care. Culpeper Regional Health System is compassionate people, extraordinary care.



Architectural rendering of the nurses' station in the renovated Emergency Department



2012 community benefit report

compassionate people extraordinary care

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