



one

adventist health system

One

MAKES A DIFFERENCE

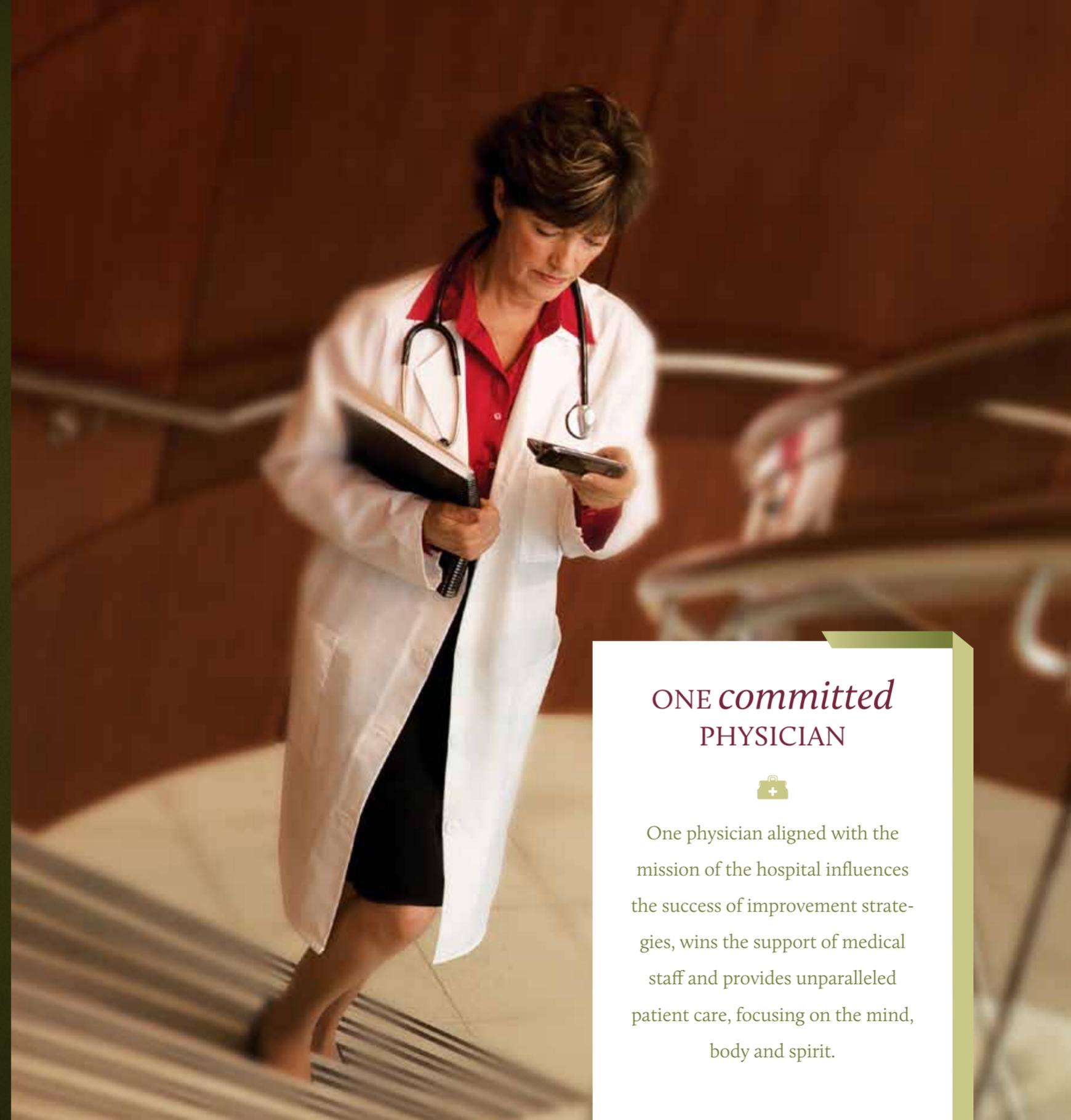
One makes a difference. One nurse who washes her hands between patients stops the spread of infection. One administrator who makes a decision through prayer can change the local community. One physician who champions the new IT strategy makes the difference between “go-live” and failure.

Each one of Adventist Health System’s employees plays a unique and critical role in affecting countless lives. Hospitals, making up one system and committed to one mission, save lives—one at a time.

ONE *committed* PHYSICIAN



One physician aligned with the mission of the hospital influences the success of improvement strategies, wins the support of medical staff and provides unparalleled patient care, focusing on the mind, body and spirit.



OUR MISSION

Extending the healing ministry of Christ

OUR VALUES

Adventist Health System employees draw motivation and direction from six strongly held principles. These principles guide the manner in which we treat each other and those we serve.

Christian Mission

We exist to serve the needs of our communities in harmony with Christ's healing ministry and incorporate Christian values at every level of service.

Quality and Service Excellence

We strive to meet or exceed both the service standards of the health care industry and the expectations of the patients we serve and measure our success through continuous surveying of patient satisfaction.

Compassion

We are sensitive to the needs of the individuals and families we serve and meet their needs with kindness and empathy.

Focus on Community Wellness

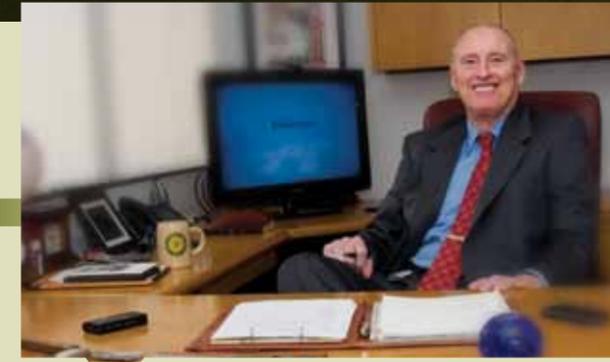
We commit time, talent and financial support to educate our neighbors in the principles of illness prevention and healthful living.

High Ethical Standards

We conduct our business with integrity, honesty and fairness. As responsible stewards, we use our financial resources wisely by choosing business practices which are cost-effective, productive and result in a fair return on investment.

Cultural Diversity

We value the diversity of our patients, employees, business colleagues and visitors and treat them with kindness and respect regardless of their background, race, religion or culture.

**FROM THE PRESIDENT**

Over the past year, the topic of healthcare has played center stage in political, social and even domestic arenas. How healthcare reform will impact organizations and individuals is discussed at dinner tables as often as it is in boardrooms. While the healthcare industry waits for clarification on reform, Adventist Health System remains focused on the organization's sole purpose—our mission.

While decreasing volumes, increasing bad debt and declining operating margins have become the harsh reality for many healthcare organizations, Adventist Health System has been exceedingly blessed financially. I strongly believe this is because every decision, task, and action is done with the sole purpose of glorifying God.

I attribute the success of our organization to the many individuals who make up our system. The nurse who commits herself everyday to ensuring quality care. The patient transporter who views every patient run as an opportunity to extend Christ's compassion. The hospital administrator who prayerfully looks to the Lord for guidance before making a critical decision. Every one of Adventist Health System's employees bears the responsibility of our mission and the gift to make that mission come to life. By putting Christ at the center of our efforts, we have the opportunity to make a difference in the lives of others.

Donald L. Jernigan, Ph.D.
President/CEO



ONE *empowered*
NURSE



One nurse with the courage
to speak out to ensure that patient
care follows protocol helps construct
a culture of safety.

One Mission

ONE VISION. ONE FOCUS. *A FOUNDATION IN FINANCE*

H EALTHCARE IS FAST BECOM-
ing a wired-world, typified by accuracy, technology, progress, and reform. The physician's pen is being replaced with computerized order entries. Gifted hands are grasping robotic controls as well as scalpels. Paper charts are being succeeded by electronic medical records.

The healthcare industry responds differently than most business sectors during times of economic recession. Regardless of the economic climate, a demand for healthcare remains. While increasing financial strain may result in the reduction of elective procedures, one can argue that the consequent stress of economic hardship leads to a general worsening of people's health and can actually drive up volumes. Healthcare and financial depression are not unrelated. In President Obama's address on Healthcare Reform to Congress, on

September 9th, 2009, he stated that "our [country's] healthcare problem is our deficit problem." With the rising costs of care and unrelenting financial strain on individuals, households and businesses alike, many have been affected by our country's recent economic instability. Numerous hospitals and health systems are experiencing higher borrowing costs and reduced access to capital; funds for improvement projects, updated facilities and information technology are no longer available; and investment portfolios have taken a hard hit.

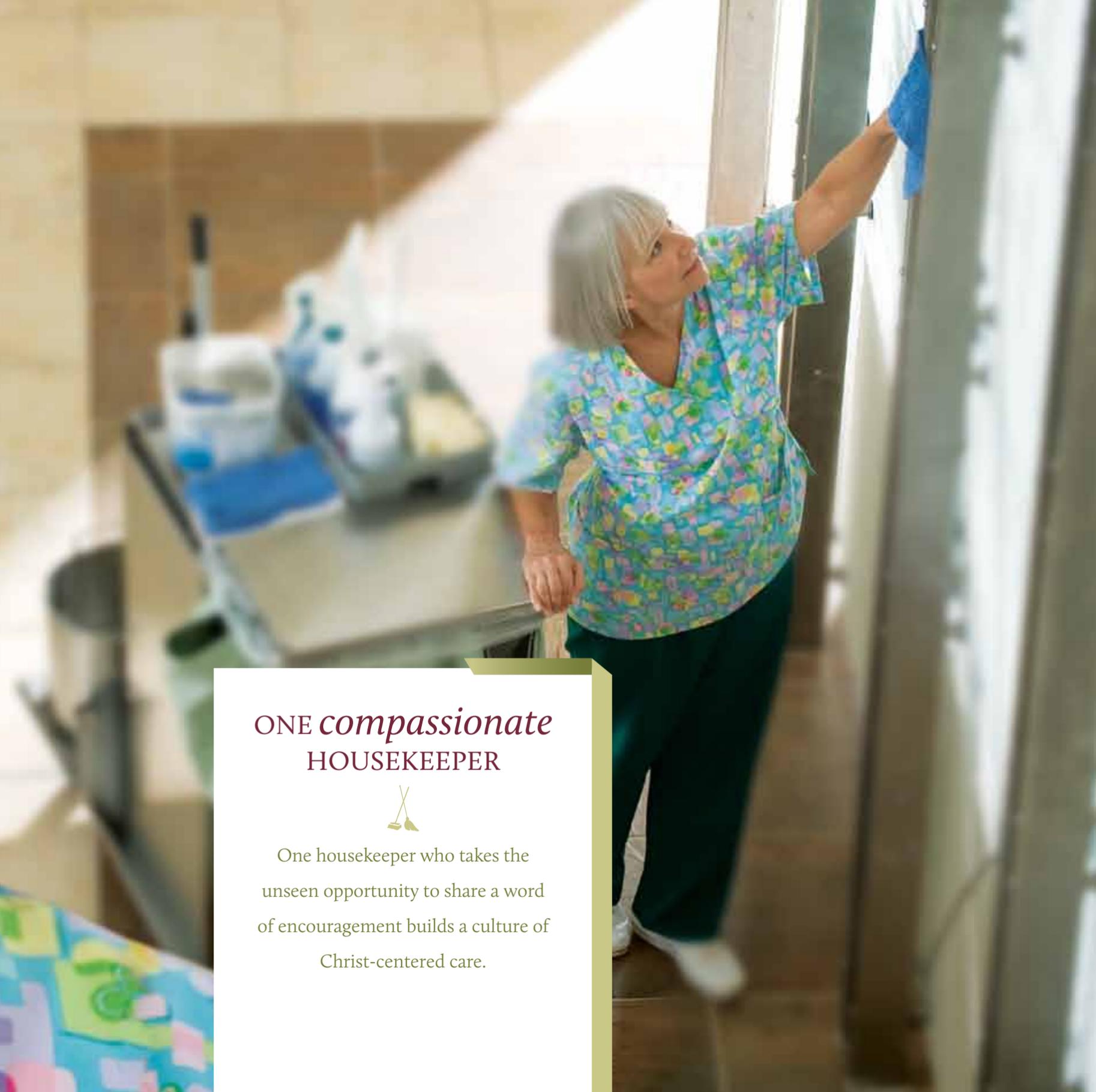
During what are proving to be difficult times for many, Adventist Health System remains focused on the growing needs of the communities we serve. Amidst financial turmoil, their need for care is not di-

minishing. Adventist Health System is blessed and thankful for our current financial position which allows us the opportunity to fulfill our mission of Extending the Healing Ministry of Christ. Adventist Health System is achieving positive net revenues and growing market shares across the system. All parts of our company are doing well and producing positive operating margins. Our system-wide financial success can be largely attributed to our approach to business. By focusing on key fun-

damental principles — concentrating on core operations, honing our self-regulating capital process and growing a sound investment portfolio — we are establishing a solid foundation on which our system of hospitals can grow and flourish.

"Growth for growth's sake isn't what it's about," says Terry Shaw, chief financial officer. "It's about caring for more people, and we are thankful for our financial position which allows us to reach more and more individuals."

a SOLID FOUNDATION is essential for mission fulfillment.



**ONE *compassionate*
HOUSEKEEPER**



One housekeeper who takes the
unseen opportunity to share a word
of encouragement builds a culture of
Christ-centered care.

One

COMMITMENT TO SAFETY KEEPING UP WITH GROWTH

ONE RELENTLESS FOCUS ON MEASUREABLE FINANCIAL ACCOUNTABILITY strengthens the foundation upon which our vision can succeed. Adventist Health System knows that in order to keep up with the continued and foreseen growth of our system, as well as remain at the vanguard of healthcare technology, an effective Information Technology strategy must be in place. IT plays a critical role in both our cost containment policies as well as our commitment to providing industry-leading quality and safety in care.

With the Senate healthcare reform bill passed into law on March 23, 2010, impending reform policies will be heavily weighted with issues of quality and safety, and stimulus dollars designated specifically for both of these areas. This was already demonstrated in 2009 when the American Recovery and Reinvestment Act (ARRA) was signed and a portion of the bill, the Health Information Technology for Economic and Clinical Health Act (HITECH Act), authorized the Centers for Medicare and Medicaid Services (CMS) to provide a financial incentive to providers and hospitals able to demonstrate

“meaningful use” of an electronic health record system.

Adventist Health System is positioned as an industry leader—pointing the way forward to the seamless integration of a fully-fledged electronic infrastructure. The transition from paper-based records to Electronic Medical Records (EMR) in all of our hospitals has resulted in the reduction of medical errors and ensured

cost savings through the effective use of resources. Furthermore, early projections indicate that “meaningful use” incentives could be worth up to \$148 million to Adventist Health System over five years, of which approximately \$121 million is associated with AHS Information Services supported hospitals.

EMRs drive a standard of practice for nurses and physicians. Instant access to patient records can be the difference between life and death in an emergency situation. In short, the implementation of a comprehensive electronic infrastructure enables us to conduct business and patient care on an entirely new level. The consistent availability and a simultaneous EMR provide the groundwork from which we can launch new clinical strategies and technologies such as Computerized Physician Order Entry (CPOE). CPOE is a revolutionary process whereby physicians/providers can enter medical and treatment instructions electronically. Orders are communicated through a computerized network to medical staff and departments responsible for carrying out the order. A critical feature of CPOE is clinical path-

ways called Power Plans. This is a group of orders that outline the best practice approach to a specific medical problem based on evidence-based practice. Adhering to Power Plans makes treatment more efficient. More efficient, effective care has proven to reduce deaths, decrease the length of patient stays and cut down costs per case. More than half of medication errors occur during the ordering process largely due to orders being illegible or incomplete. Studies show that CPOE reduces medication errors by as much as 86 percent.

EMRs lay the groundwork for new clinical strategies and technologies.

86% error REDUCTION Studies show that CPOE reduces medication errors by as much as 86 percent.



ONE *detailed*
PHARMACIST



One pharmacist embracing the transition to electronic order entries makes change happen in his community hospital.

One

COMMITMENT TO A CULTURE OF QUALITY

THE RELATIONSHIP BETWEEN PATIENT CARE AND FINANCE

THERE IS AN INTERDEPENDent relationship between finances and patient care. Sufficient capital is required to purchase and develop critical technology that plays a central role in providing high quality care. Maintaining and growing margins strengthens our ability as a system to address the needs of the communities we serve. In our efforts to move forward as a leading healthcare provider, Adventist Health System has identified and developed a solid business case for quality and safety. A strong focus on quality and safety does not mean skyrocketing costs. In fact, by providing the best possible care, we actually save money. Providing efficient treatment to patients reduces length of stay which directly impacts cost per case. The reduction of medical errors through IT strategies such as EMRs and CPOE means that patients are treated correctly the first time, eliminating costs incurred from treatment that would otherwise be unnecessary. Therefore by doing *good* for our patients, we as a system are able to do *well*.

This principle has proved true time and time again and guides Adventist Health System's active and leading role in various initiatives which illustrate a strong business case for quality. Adventist Health System looks at whole system measurements to evaluate hospital and system-wide performance based on core dimensions of quality. Adventist Health System participates in initiatives that are designed to reduce mortality rates—and our efforts are working. In a five-year period, Adventist Health System hospitals reduced the annual unadjusted mortality rate by 0.4 percent [from 2.0 percent to 1.6 percent]; approximately 1,200 fewer inpatient deaths occurred in 2008 across Adventist Health System, compared to 2003.

Initiatives aimed at reducing mortality rates include the reduction of central line-associated blood stream infections (CLABSI), managing hyperglycemia in adult inpatients, and decreasing death rates for community-acquired pneumonia. Initiatives such as these demonstrate how Adventist Health System's commitment to evidence-based practice and cutting-edge research is part of a larger promise to improve patient care.

"We are committed to evidence-based practice," says Loran Hauck, M.D., chief medical officer. "Not just because this is critical to building a solid quality and safety framework, but because it is a moral imperative which is consistent with our mission to serve others."

CLABSIs have long been a serious problem in ICUs across the United States. An estimated 250,000 cases of CLABSIs occur nationwide with an attributable mortality rate of 12-25 percent for each infection. The CLABSI initiative was a two-year research project between Johns Hopkins University, Adventist Health System and Adventist Health aimed at eliminating CLABSIs in adult ICUs. At the start of this collaborative, the rate of central line infections in Adventist Health System hospitals was 3.17 per 1,000 indwelling

patient days. After the two year period, the rate was reduced to 0.5 per 1,000 patient days. Patient deaths that were once thought inevitable are now avoided.

Community-acquired pneumonia (CAP) is a common and potentially life-threatening disease. Pneumonia (together with influenza) is the eighth leading cause of death in the United States and the major cause of death due to infectious disease. Adventist Health System created an evidence-based, standardized approach to the care of CAP patients through the development and implementation of clinical pathways, protocol and order sets. In a study initiated by Dr. Hauck, patient outcomes improved when caregivers followed clinical pathways.

0.4%
reduction
in annual
unadjusted
mortality rate.

In addition to adhering to new protocols and implementing new technologies, building a culture of safety requires hospital administration to address the day-to-day environment in which our medical staff work. The Joint Commission, in a paper exploring behaviors that counteract a culture of safety, identifies teamwork, communication and a collaborative work environment as fundamental building blocks in providing safe, quality patient care.

An environment that incorporates these three components provides a work setting where medical and clinical staff — at all levels — feel comfortable to voice concerns if a member of

the staff, or the care provided, goes against an established protocol. An environment that encourages the voices of frontline caregivers to be heard is critical in providing the safest possible care. When a neonatal intensive care nurse is empowered to tell their attending physician that the prescribed medication will react badly to drugs already administered, lives are saved.

Adventist Health System's commitment to a culture of safety is evident through our participation in safety and quality measurements. All hospitals and medical staffs participate in surveys designed to assess patient safety culture as well as the attitudes toward safety and the work environment. Critical data is collected and analyzed from these surveys in order to develop individualized strategies that will improve the safety of care provided.



ONE *reassuring*
TRANSPORTER



One patient transporter shares a conversation with a patient before surgery, easing worries and instilling a gentle hope.

One

ONE-ON-ONE RELATIONSHIPS ENGAGING WITH PHYSICIANS

WITH ANY NEW HOSPITAL STRATEGY, IT is critical to engage physicians in order to have effective implementation. The Institute for Healthcare Improvement concludes that most actions in healthcare are a result of physicians' decisions and recommendations. In recognition of the central role that physicians play in making change happen in hospitals, Adventist Health System dedicates time and attention to aligning the physician's purpose with the hospital's mission. Efforts to ensure the hospital's goals are in line with the physician's quality agenda are also made a priority.

The ever-changing terrain of healthcare can adversely affect the relationship between hospitals and physicians with both parties subject to increasing regulations, bureaucracy and litigation. Moreover, today's economic recession puts unexampled financial pressures on both groups. Consequently, physicians are experiencing higher stress loads, longer working hours, more paperwork and diminishing autonomy. In order to maintain medical excellence and exceptional patient care, it is critical that the relationship between hospital and physician is made a top priority.

Physician alignment strategies are being developed and piloted in hospitals nationwide. However, Adventist Health System's approach is unique, looking specifically at physicians' personal and professional fulfillment, health and wellbeing.

"It's critically important to develop solid medical staff structures and business arrangements with doctors," explains Ted Hamilton, M.D., vice president of medical mission, "but our goal is even more fundamental—to build personal relationships with physicians that result in mutual respect and appreciation."

Over the last two decades, medical schools across the United States have seen a dramatic increase in the integration of spirituality coursework in their curriculums. In the early 1990s, only two percent of medical schools included such courses. By 2004, this number jumped to 67 percent and the figure continues to climb. This shift from a strongly disease-centered model of care towards a more holistic model trains physicians on the complex relationship between mind, body and spirit, which we call whole-person care.

Understandably, quality is a physician's utmost priority. Quality can be defined by patient outcomes and the maximization of physicians' time. These two issues are intrinsically linked. To provide patients with quality care, a physician must take into consideration their specific needs—physi-

cal, mental and spiritual. The patient's fears, beliefs, and socioeconomic status are just as important as their physical suffering, allergies or medical and family history. Consideration of these and similar issues requires an investment of time with each patient.

To a large degree, this can be facilitated by hospitals through the creation and implementation of time-saving strategies such as a change in the workflow process. This one-on-one time is beneficial not just for the patient, but for the physician as well.



ONE *conscientious*
NUTRITIONIST



One nutritionist, committed to helping patients and employees make healthy decisions, is all it takes to get started on the road to a more balanced lifestyle.

ADVENTIST HEALTH SYSTEM'S commitment to providing whole-person care is in line with physicians' desires to provide their patients with the best possible care. The well-being of our patients and our physicians is prioritized above turnover times and profit margins. Our approach to patient care is deeply rooted in our Seventh-day Adventist heritage, emphasizing healthy lifestyle choices as a method of effective preventative care. Seventh-day Adventists have long been considered pioneers in healthcare—establishing a connection between diet and exercise and a patient's overall well-being. These health principles utilized by Seventh-day Adventists are found in the Biblical story of Creation. We believe that in order to live our lives — and live them well — we must nurture our bodies,

our minds and our spirits according to the principles of CREATION: Choice, Rest, Environment, Activity, Trust in God, Interpersonal Relationships, Outlook and Nutrition. This original blueprint for health guides our lives and our interactions with others.

By following the principles of CREATION Health, we effectively transform the way that we conduct business. The choices that we make affect the organization financially and impact our hospitals in such a way as to cause a ripple-effect throughout the communities we serve. The environment within each of our hospitals is intentionally designed to nurture staff and patients, transforming hospitals into sanctuaries of healing. Employee wellness programs provide staff members the opportunity to learn better nutrition and activity behaviors, helping employ-

One

WHOLE-PERSON CARE PRINCIPLES OF CREATION AT THE HEART OF OUR CARE

ees be more effective in their roles. Physician well-being programs are tailored to address the pressures inherent in their occupation and day-to-day responsibilities. By taking care of our clinical and non-clinical staff members, we are better equipped to care for our patients and the communities we serve.

Patients also derive benefits from the CREATION Health philosophy. In particular, *Choice* has proven to have a profound effect on patient satisfaction and

outcomes. Research conducted by Yale University in patients receiving care for ulcers, found that patients who were given a choice of medical treatment — medication or diet based — responded better than those who did the exact same treatment just because the doctor ordered it. By providing our patients with clear, comprehensive information about their options for care, available

Choice impacts patient satisfaction and outcomes.

technologies and possible outcomes, they can make well-informed decisions. *Choice* provides the opportunity to exercise a degree of control which is a respite to many patients and has been proven to result in better outcomes.

The philosophy of CREATION Health is proven to have a positive impact on quality of life. As followers of these principles, Seventh-day Adventists have been recognized as some of the healthiest people in the world. Author and researcher Dan Buettner highlights Seventh-day Adventists in *The Blue Zone* as one of the longest living groups of people in the world with a remarkably high percentage of centenarians. He largely attributes this to the weekly observance of the Sabbath, consistently spending time with others who share the same values and offer support, and good nutritional choices.



ONE *innovative*
EXECUTIVE



One hospital executive will make a decision today that will impact the local community for years to come.

One

MAKING A DIFFERENCE IN EACH COMMUNITY

EXTENDING THE HEALING MINISTRY of Christ isn't a slogan or a tagline. It is our compass; directing our choices, mapping out our actions and honing our approach to healthcare. It guides our system as a unified organization, echoes in the policies implemented in our hospitals, and drives every caregiver to serve our patients with expert skill, deference and compassion.

For this mission to be fulfilled in our communities, Adventist Health System thoughtfully considers the community impact of every single decision we make. In light of the rising costs of healthcare and recent economic recession, our community efforts must not be limited to the needs that our communities are facing right now, but the needs that they will have in the future. Preventative care and education are critical tools that empower individuals to make the right health choices today that will help protect them from preventable disease in the future. Mobile health vans are utilized to reach rural communities with limited access to care. Spanish-speaking health fairs, addressing the growing need for healthcare in non-English-speaking Hispanic populations, allow us to serve a critical cohort. By considering the specific

Our mission is our compass; directing our choices, actions and approach to healthcare.

needs of each of the communities we serve, Adventist Health System is able to provide the same high standard of patient care in all of our hospitals while remaining sensitive to the particular requirements of each local community.

This high standard of quality patient care is only possible with a solid financial foundation. Financial success is essential for mission fulfillment. Healthy financial performance provides the groundwork and opportunity for technological advancement as well as the development and implementation of revolu-

tionary IT strategies. Through IT strategies, hospitals are becoming wired; paradigm shifting quality and safety initiatives are being launched. This results in exceptional patient care.

As our country faces significant changes in healthcare legislation, Adventist Health System is well positioned for the "new world" of healthcare to come. Adventist Health System hospitals are emerging as market leaders; forging relationships, business models and patient care initiatives second to none. No motive or purpose exists other than to serve our communities with Christ-centered, quality care and compassion.

Our success as a system can be credited to the many individual efforts of our clinical and non-clinical employees alike—the physician working with hospital administration to launch a new IT strategy; the housekeeper who blesses patients with a kind smile and word of encouragement; the pharmacist who triple checks his work to maintain a culture of safety. The sum of these individual works and efforts has an effective and meaningful result—extending Christ's healing ministry to every one.



ONE *tireless*
IT ANALYST



One IT analyst makes sure that the electronic infrastructure is expertly maintained to ensure a successful go-live.

OUR COMMITMENT TO HEALING

Fulfilled mission and financial success are inextricably linked. A healthy financial performance is a necessary means by which we accomplish our mission. By focusing on that which makes for a solid financial foundation, we demonstrate our commitment and ability to provide industry-leading quality outcomes and highly reliable systems of care. This can be seen in the considerable investment we've made in our system-wide integrated clinical information system. With it, each of our facilities is leveraged to provide improved and superior patient care.

We are humbled as we look back at a year in which Adventist Health System was blessed with unprecedented financial performance. Solid operational effectiveness, a strong balance sheet, and conservative investment allocation have served the organization well.

I attribute our success to the prayerful guidance of our experienced management teams, strategic fiscal planning and the efforts of each employee — each one — in this organization.



Terry D. Shaw
Chief Financial Officer

COMMUNITY BENEFIT AS OF DECEMBER 31, 2009

Adventist Health System organizations exist solely to improve and enhance our local communities that we serve. Our services and outreach are available to the whole community.

The ways in which we measure the relevance of our mission and purpose are based on costs, and include:

- | | | |
|---|--|---------------|
| 1 | Benefit to the UNDERPRIVILEGED , by offering our services free of charge or deeply discounted to those who cannot pay, and by supplementing the unreimbursed costs of the government's Medicaid assistance program. | \$450,104,900 |
| 2 | Benefit to the ELDERLY , as provided through governmental Medicare funding, by subsidizing the unreimbursed costs associated with this care. | 212,803,240 |
| 3 | Benefit to the COMMUNITY'S OVERALL HEALTH AND WELLNESS , through the cost of providing clinics and primary care services, health education and screenings, in-kind donations, extended education and research. | 64,137,421 |
| 4 | Benefit to the FAITH-BASED AND SPIRITUAL needs in the community, in accordance with our mission of Extending the Healing Ministry of Christ. | 12,101,568 |

TOTAL COMMUNITY BENEFIT

\$739,147,130

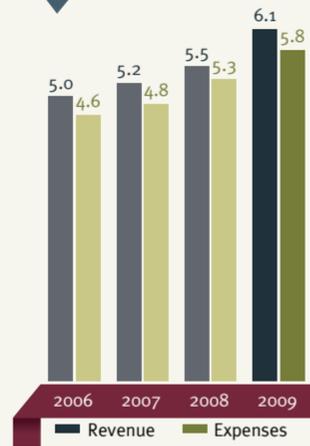
Adventist Health System organizations also provide benefits to the community's infrastructure by investing in CAPITAL IMPROVEMENTS to ensure the facilities and technology provide the best possible care to the community. The cost of capital improvements for the year ending December 31, 2009, was **\$440,243,818**.

FINANCIAL REPORT AS OF DECEMBER 31, 2009

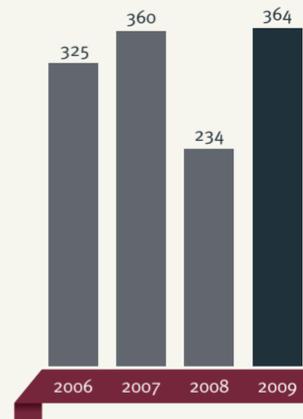
INCOME STATEMENT (in millions)				
	2006	2007	2008	2009
We Received Net Revenue of:	4,968.7	5,194.8	5,496.1	6,132.2
We incurred expenses for:				
Employee Compensation	2,225.9	2,403.7	2,600.4	2,810.9
Supplies	790.8	819.2	912.6	1,013.0
Professional Fees	287.1	315.5	338.0	357.7
Bad Debt Provision	272.8	246.0	265.7	313.0
Other	662.4	628.8	678.1	788.6
Interest	125.7	123.5	149.2	142.7
Depreciation	278.6	297.9	318.6	342.7
Total Expenses	4,643.3	4,834.6	5,262.6	5,768.6
Total Earnings after Expenses	325.4	360.2	233.5	363.6
Funds available for equipment, plant and property improvement, working capital needs, and repayment of long-term debt:				
	325.4	360.2	233.5	363.6
Total	0.0	0.0	0.0	0.0

BALANCE SHEET (in millions)				
	2006	2007	2008	2009
Cash & Investments	2,378.0	2,647.0	2,866.0	3,158.6
Net PP&E	2,903.4	3,261.9	3,550.7	3,658.2
Total Assets	6,845.8	7,835.3	8,354.8	8,480.5
Long-term Debt	2,713.1	2,829.6	2,988.4	2,966.3
Total Equity	2,834.4	3,235.5	3,378.5	3,853.3
Days Cash on Hand	202	213	212	214
Debt to Capitalization	50.4	47.9	48.2	44.4
Licensed Beds				
Acute	6,158	6,310	6,566	6,611
Long-term	2,004	1,996	1,996	1,973
Total Beds	8,162	8,306	8,562	8,584
PATIENT CONTACTS				
Admissions	302,757	295,144	299,826	307,572
ER Visits	926,413	924,663	939,711	1,031,601
Home Health Visits	577,392	541,621	529,682	530,452
Outpatient Visits	2,114,308	2,022,048	2,183,274	2,297,824
Nursing Home Patients	5,171	5,163	5,312	5,557

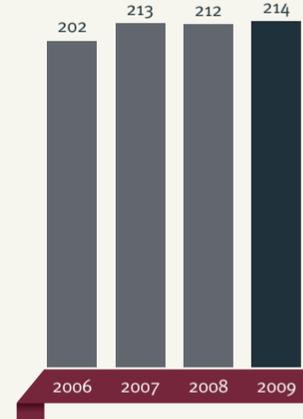
FINANCIAL TRENDS AS OF DECEMBER 31, 2009



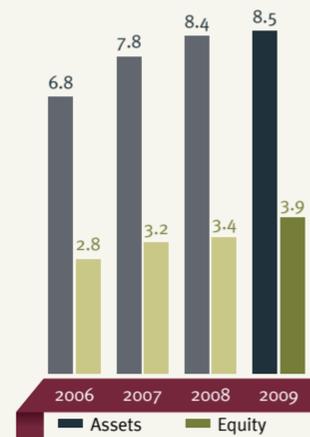
Total Operating Revenue/Expenses
\$ in billions



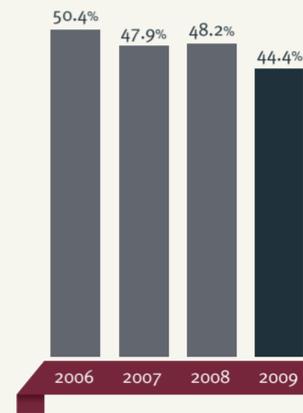
Net Income
\$ in millions



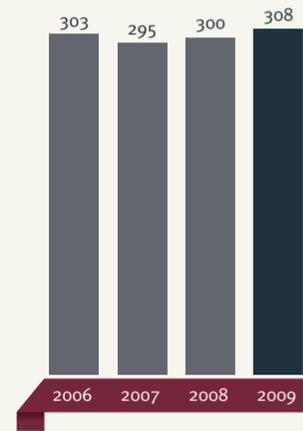
Days Cash on Hand



Total Assets/Equity
\$ in billions



Debt to Capitalization



Hospital Admissions
in thousands

BOARD MEMBERS

Executive Board

Max A. Trevino, Chairman
 Mardian J. Blair
 Mike F. Cauley, D.Min.
 RoseMarie E. Cazeau, Esq.
 Kenneth A. Denslow
 Samuel L. Green
 Rodney A. Grove
 Elaine M. Hagele
 Sue Hayes
 Leighton R. Holley
 Lars D. Houmann
 Roscoe J. Howard
 Donald L. Jernigan, Ph.D.
 Mark Johnson, M.D.
 J. Deryl Knutson
 Thomas L. Lemon
 Don Livesay
 Gordon L. Retzer
 Randy Robinson
 Glynn C. W. Scott
 Terry D. Shaw
 Ron C. Smith, D.Min., Ph.D.
 Thomas L. Werner

Board of Directors

Max A. Trevino, Chairman
 Eric Anderson, Ph.D.
 Niels-Erik Andreasen, Ph.D.
 Delbert W. Baker, Ph.D.
 D. Edward Barnett
 Gordon Bietz, D.Min.
 Neil Biloff
 Mardian J. Blair
 Ron Carlson
 Mike F. Cauley, D.Min.
 RoseMarie E. Cazeau, Esq.
 Dean Coridan
 James R. Davidson
 Jerome L. Davis
 Kenneth A. Denslow
 Marguerite A. Dixon, Ph.D.
 Charles W. Drake, III, Ph.D.
 Dana C. Edmond
 Melvin K. Eisele
 Jay Gallimore
 Samuel L. Green
 Rodney A. Grove
 Elaine M. Hagele
 Steve Haley
 Judith W. Hawkins, Esq.
 Sue Hayes
 Robert R. Henderschedt
 Leighton R. Holley
 Lars D. Houmann

Roscoe J. Howard
 Van G. Hurst
 Donald L. Jernigan, Ph.D.
 Mark Johnson, M.D.
 Sandra K. Johnson
 Lois C. Just, Ph.D.
 J. Deryl Knutson
 Thomas L. Lemon
 Don Livesay
 Vanard J. Mendinghall
 Hubert Morel
 John Moyer
 Stephen Orian
 Monica P. Reed, M.D.
 Richard K. Reiner
 Gordon L. Retzer
 Randy Robinson
 Joan P. Salmons
 Glynn C. W. Scott
 Terry D. Shaw
 David C. Smith, Ph.D.
 Ron C. Smith, D.Min., Ph.D.
 Brent G. Snyder, Esq.
 James L. Stevens, D.Min.
 Gary F. Thurber
 Thomas L. Werner
 Bill E. Wright
 Edward E. Wright, D.Min.



LEADERSHIP

- 1 Donald L. Jernigan, Ph.D., President/CEO
- 2 Lars D. Houmann, Executive Vice President, Adventist Health System
President/CEO, Florida Division | President/CEO, Florida Hospital
- 3 Richard K. Reiner, Executive Vice President, Adventist Health System
President/CEO, Multi-State Division
- 4 Terry D. Shaw, Executive Vice President | Chief Financial Officer | Chief Operations Officer
- 5 Brent G. Snyder, Esq., Chief Information Officer
- 6 Robert R. Henderschedt, Senior Vice President, Administration
- 7 Jeffrey S. Bromme, Esq., Senior Vice President | Chief Legal Officer
- 8 John R. Brownlow, Senior Vice President, Managed Care
- 9 Loran D. Hauck, M.D., Senior Vice President, Office of Clinical Effectiveness | Chief Medical Officer
- 10 Carlene Jamerson, Senior Vice President, Office of Clinical Effectiveness | Chief Clinical Officer
- 11 Sandra K. Johnson, Senior Vice President, Business Development, Risk Management and Compliance
- 12 John W. McLendon, Senior Vice President, AHS Information Services
- 13 Paul C. Rathbun, Senior Vice President, Finance | Senior Finance Officer
- 14 Lewis A. Seifert, Senior Vice President, Finance | Senior Finance Officer, Florida Hospital
- 15 David P. Singleton, Senior Vice President/Treasurer
- 16 Lynn C. Addiscott, Vice President, Tax Services | Senior Tax Officer
- 17 Douglas L. Bechard, M.D., Vice President, Office of Clinical Effectiveness
- 18 Jimm A. Bunch, President/CEO, Appalachia Region | President/CEO, Park Ridge Hospital
- 19 David L. Crane, President/CEO, Midwest Region | President/CEO, Adventist Midwest Health
- 20 Des D. Cummings, Jr., Ph.D., Executive Vice President, Florida Division | Executive Vice President, Florida Hospital
- 21 Kenneth A. Finch, President/CEO, Southwest Region | President/CEO, Huguley Memorial Medical Center
- 22 Michelle R. Givens, President/CEO, Adventist Care Centers
- 23 Ted Hamilton, M.D., Vice President, Medical Mission
- 24 David L. Huffman Vice President, Finance
- 25 Donald G. Jones, Vice President, Human Resources
- 26 Richard Morrison, Vice President, Government Affairs
- 27 J. Brian Paradis, Executive Vice President/COO, Florida Hospital
- 28 Benjamin F. Reaves, D.Min., Vice President, Mission and Ministries
- 29 Timothy J. Reiner, Vice President, Revenue Management
- 30 Womack H. Rucker, Jr., Vice President, Corporate Relations
- 31 Michael H. Schultz, Executive Vice President, Florida Division | President/CEO, Florida Region
- 32 Gary C. Skilton, Vice President, Treasury Operations
- 33 Philip A. Smith, M.D., Vice President, Information Services
- 34 Eddie Soler, Executive Vice President/CFO, Florida Division
- 35 T. L. Trimble, Esq., Vice President, Legal Services
- 36 Sam H. Turner, Sr., Esq., President/CEO, Mid-America Region | President/CEO, Shawnee Mission Medical Center
- 37 Celeste M. West, Vice President, Supply Chain Management
- 38 Amy L. Zbaraschuk, Vice President/Controller, Finance

HOSPITALS

Adventist Bolingbrook Hospital

500 Remington Boulevard
Bolingbrook, IL 60440
630-312-5000

Adventist GlenOaks Hospital

701 Winthrop Avenue
Glendale Heights, IL 60139
630-545-8000

Adventist Hinsdale Hospital

120 N. Oak Street
Hinsdale, IL 60521
630-856-9000

Adventist La Grange Memorial Hospital

5101 S. Willow Springs Road
La Grange, IL 60525
708-245-9000

Avista Adventist Hospital

100 Health Park Drive
Louisville, CO 80027
303-673-1000

Central Texas Medical Center

1301 Wonder World Drive
San Marcos, TX 78666
512-353-8979

Chippewa Valley Hospital

1220 Third Avenue West
Durand, WI 54736
715-672-4211

Emory-Adventist Hospital

3949 S. Cobb Drive
Smyrna, GA 30080
770-434-0710

Florida Hospital Altamonte

601 E. Altamonte Drive
Altamonte Springs, FL 32701
407-303-2200

Florida Hospital Apopka

201 N. Park Avenue
Apopka, FL 32703
407-889-1000

Florida Hospital Celebration Health

400 Celebration Place
Celebration, FL 34747
407-303-4000

Florida Hospital DeLand

701 West Plymouth Avenue
DeLand, FL 32720
386-943-4522

Florida Hospital East Orlando

7727 Lake Underhill Road
Orlando, FL 32822
407-303-8110

Florida Hospital Fish Memorial

1055 Saxon Boulevard
Orange City, FL 32763
386-917-5000

Florida Hospital Flagler

60 Memorial Medical Parkway
Palm Coast, FL 32164
386-586-2000

Florida Hospital Heartland Medical Center

4200 Sun 'n Lake Boulevard
Sebring, FL 33872
863-314-4466

Florida Hospital Kissimmee

2450 N. Orange Blossom Trail
Kissimmee, FL 34744
407-846-4343

Florida Hospital Lake Placid

1210 US Highway 27, North
Lake Placid, FL 33852
863-465-3777

Florida Hospital Memorial Medical Center

301 Memorial Medical Parkway
Daytona Beach, FL 32117
386-676-6000

Florida Hospital Oceanside

264 S. Atlantic Avenue
Ormond Beach, FL 32176
386-672-4161

Florida Hospital Orlando

601 E. Rollins Street
Orlando, FL 32803
407-303-6611

Florida Hospital Waterman

1000 Waterman Way
Tavares, FL 32778
352-253-3333

Florida Hospital Wauchula

533 W. Carlton Street
Wauchula, FL 33873
863-773-3101

Florida Hospital Zephyrhills

7050 Gall Boulevard
Zephyrhills, FL 33541
813-788-0411

Gordon Hospital

1035 Red Bud Road
Calhoun, GA 30701
706-629-2895

Huguley Memorial Medical Center

11801 South Freeway
Burleson, TX 76028
817-293-9110

Jellico Community Hospital

188 Hospital Lane
Jellico, TN 37762
423-784-7252

Littleton Adventist Hospital

7700 S. Broadway
Littleton, CO 80122
303-730-8900

Manchester Memorial Hospital

210 Marie Langdon Drive
Manchester, KY 40962
606-598-5104

Metroplex Hospital

2201 S. Clear Creek Road
Killeen, TX 76549
254-526-7523

Park Ridge Hospital

100 Hospital Drive
Hendersonville, NC 28792
828-684-8501

Parker Adventist Hospital

9395 Crown Crest Boulevard
Parker, CO 80138
303-269-4000

Porter Adventist Hospital

2525 S. Downing Street
Denver, CO 80210
303-778-1955

Rollins Brook Community Hospital

608 N. Key Avenue
Lampasas, TX 76550
512-556-3682

Shawnee Mission Medical Center

9100 W. 74th Street
Shawnee Mission, KS 66204
913-676-2000

Takoma Regional Hospital

401 Takoma Avenue
Greeneville, TN 37743
423-639-3151

Winter Park Memorial Hospital

(Division of Florida Hospital)
200 N. Lakemont Avenue
Winter Park, FL 32792
407-646-7000

Adventist Health System

(Corporate Office)
111 N. Orlando Avenue
Winter Park, FL 32789
407-647-4400

Adventist Care Centers

(Nursing Home Corporate Office)
602 Courtland Street, Suite 200
Orlando, FL 32804
407-975-3000

AHS Information Services

(Information Management)
1035 Greenwood Boulevard, Suite 301
Lake Mary, FL 32746
407-942-1500

We have different gifts, according to the grace given us. If a man's gift is prophesying, let him use it in proportion to his faith. If it is serving, let him serve; if it is teaching, let him teach; if it is encouraging, let him encourage; if it is contributing to the needs of others, let him give generously; if it is leadership, let him govern diligently; if it is showing mercy, let him do it cheerfully.

ROMANS 12: 6-8 NIV



111 NORTH ORLANDO AVENUE, WINTER PARK, FLORIDA 32789-3675
407-647-4400 | www.AdventistHealthSystem.com