

Listening to, and Learning

As hospitals and healthcare providers continue to integrate - both vertically and horizontally - so too has the nation's hospital associations. The Connecticut Hospital Association is no exception. By observing and learning from the vast tangle of integrative trends, CHA has committed itself to several innovative and exciting collaborative efforts with the American Hospital Association (AHA) and state and metro hospital associations across the country to enhance the value of services to our members here at home.

The reasoning behind this interest in integration among associations is to stabilize your dues investment, while at the same time providing additional services of a higher quality and eliminating the duplication of services developed

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and offered by associations and the American Hospital Association nationwide. This year CHA has become involved in two initiatives that you will read more about in this annual report - the formation of Allied Healthcare Association Services (AHAS) to tackle the Year 2000 challenge and the National Educational Consortium, which will develop innovative peer intensive learning opportunities. The former provides a vehicle for new fee-for-service programs to be shared with other associations and their memberships, while the later creates a unique opportunity for the new "think tank"-style of learning, designed to connect peers from across the country.

From, Our Members...

Although CHA is branching forth externally with its peers, its internal structuring remains the same. The Board of Trustees continues to act as CHA's principal policy maker, with its 23 members meeting six times a year to set objectives and goals. This governing body branches into four standing committees: The Executive Committee, The Committee on Government, The Financial Oversight Committee, The Pension Investment Committee, and several ad hoc committees which are created to study specific subjects and are dissolved when their work is done. The Board also oversees the operation of the Connecticut Healthcare Research and Education Foundation, Incorporated (CHREF) and has appointment powers for The Connecticut Hospital Association Trust (CHAT), Diversified Network Services, Inc. (DNS), CHA Workers Compensation Trust (WCT), and its newest affiliate - Security Third Millennium, LLC (SIIM).



CHA's diverse membership family continues to grow, including personal and associate/corporate associate members, short-term acute care hospitals, non-governmental psychiatric hospitals, governmental hospitals, ambulatory care institutions, health maintenance organizations and other insuring entities, long-term care facilities, home care organizations, and physician group practices.

In collaboration with our membership, CHA will continue to successfully meet its goal of advancing the health of individuals and communities in our state well into the new millennium.

A handwritten signature in black ink that reads "Dennis". The signature is stylized with a large, sweeping initial "D" that loops back over the name.

Dennis P. May, President
Connecticut Hospital Association

Collaborating, Uniting Goals, Forging Ahead...

The Connecticut Hospital Association, through board committees and staff initiatives, squarely addressed the challenges faced by hospitals in 1997 and 1998 both statewide and nationally. Guided by three key elements of its mission - Leading, Representing, and Serving - CHA broke new ground and made significant gains in the following critical areas:

- ⦿ **Year 2000 Compliance.** CHA was a trailblazer for the nation's healthcare industry in the Y2K arena through its new affiliate, Security Third Millennium, LLC (SIIM). SIIM's new product, launched first in Connecticut hospitals, is expected to be marketed nationwide beginning in the second quarter of 1998.
- ⦿ **Improving the Public's Perception of Hospitals.** CHA's Board approved the Ad Hoc committee on Hospital Image and Community Health Status' strategies for addressing the public's negative perceptions and a staff implementation plan to carry them out in the upcoming year.
- ⦿ **CHA Healthcare Ethics Resource Center.** A CHA first among state associations two years ago, the CHA Healthcare Ethics Resource Center provided support for members' efforts to approach organizational ethics, ethics committee education, physician-assisted suicide, pain management, and ethics in long-term care.
- ⦿ **Hospital Trustee Education.** CHA's Trustee Education Task Force dealt with the reality of widely varying needs among our members by initiating a coalition of 10 hospitals who will together create a customized program for their own trustees, staffed and coordinated by CHA.
- ⦿ **Dissemination of Data Reports.** The Connecticut Healthcare Research and Education Foundation, Incorporated (CHREF) teamed with the Office of Emergency Medical Services and the Connecticut Trauma Committee on a public data release showing about 350,000 preventable injuries which cost the state of Connecticut \$500 million in just one year; of these figures, roughly 90,000 incidents were falls, costing over \$200 million.
- ⦿ **Legislative Initiatives.** Our legislative advocacy effort during this past General Session addressed our members' concerns with the nation's delivery, regulatory and reimbursement systems. CHA's efforts were instrumental in: (1) gaining a three percent increase in hospital inpatient Medicaid reimbursement; (2) enacting the first amendments in the state's Certificate-of-Need laws in seven years, with important improvements in process and waivers for Year 2000 computer problems and replacement of medical equipment; and (3) creating a task force to study funding of Graduate Medical Education and Medicaid rates.



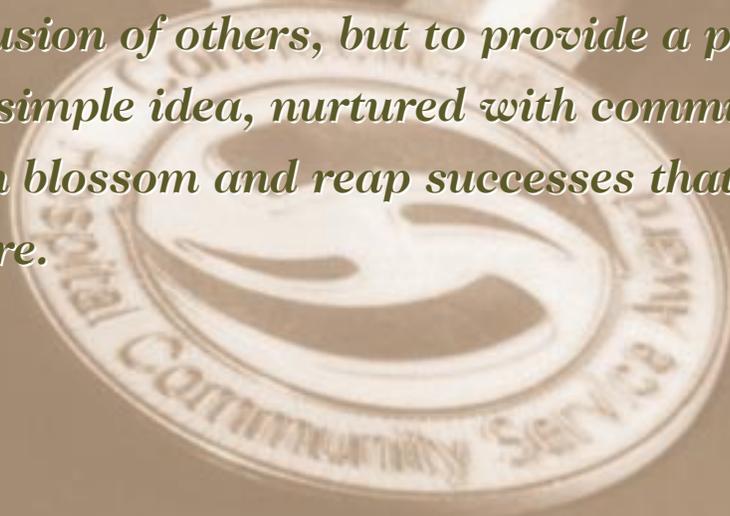
Sharing Successful Examples

CHA honors hospitals and individuals who exhibit dedication and excellence to the field of healthcare each year during its annual meeting. We publicly recognize these healthcare institutions and leaders not to the exclusion of others, but to provide a positive perspective on how a simple idea, nurtured with commitment and teamwork, can blossom and reap successes that are often way beyond measure.

The *Connecticut's Hospital Community Service Award* was bestowed to Veterans Memorial Medical Center in 1998 for promoting healthy community initiatives through Healthy Meriden 2000 and Healthy Wallingford 2000+. Both programs, developed in 1994 and 1996 respectively, are dynamic, community-focused endeavors addressing vital health needs and issues such as the elderly, public safety, substance abuse/alcohol/tobacco, HIV prevention, adolescents, and more to improve and advance the quality of life for residents of both communities.

Outreach programs such as Healthy Meriden 2000 and Healthy Wallingford 2000+ take the medical center beyond the traditional role of treating the sick - they bring the medical center to the heart of keeping people well. They are perfect examples of how a hospital can successfully collaborate with the community to ensure the health of the people it serves.

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with Others ...

Collaboration is also the key element of Hartford Hospital's Asthma Control and Education Program (A.C.E.). The program, recipient of the 1998 *John D. Thompson Award*, was designed to help the hospital's patients improve individual self-management skills for successful living with asthma. To date, Hartford Hospital has enrolled 200 patients in A.C.E. - a unique collaborative partnership between the hospital's primary care providers, managed care organization, local community agencies and City Health Department - since its inception in 1997.



Through its emphasis on teamwork, A.C.E. has been able to successfully achieve its goal of improving the quality of life for asthmatic patients via a multidisciplinary approach by providing ongoing education and home assessment, as well as home safety and environmental improvements, smoking cessation, psychiatric evaluation, drug abuse, nutrition, and allergy and immunology.

There are also those individuals, who through their own personal dedication to the health field, have selflessly blazed new paths - thereby setting examples for those who will follow in their footsteps. Paul D. Doolan, M.D., responsible for establishing the second hemodialysis center in the United States and reintroducing peritoneal dialysis shortly thereafter, was honored with the prestigious *T. Stewart Hamilton, M.D. Distinguished Service Award*. Thomas E. Grimshaw, executive vice president of Veterans Memorial Medical Center;



Annette Hansell, former senior vice president of Windham Hospital; and Richard R. Pivrotto, board of trustees at Greenwich Hospital were awarded *Honorary CHA Membership* - each an exemplary example of an individual who, in teaming with the healthcare community, discovered ways to better the health and well-being

of the people they have all dedicated themselves to serving.

Top photo: Theodore H. Horwitz and Lynn A. Faria of Veterans Memorial Medical Center accept the Community Service Award from Dr. Marie Roberto, Department of Public Health.

Bottom photo: CHA Board Chair Gerard D. Robilotti (right) presents the John D. Thompson Award to (from left) Rose Maljanian, Dr. Scott Wolf, and Pat Hernandez of Hartford Hospital.

Learning and Growing - Together...

Membership enjoyed a multitude of educational opportunities through CHA's educational arm, the Connecticut Healthcare Research and Education Foundation, Incorporated (CHREF).

During the 1997-1998 academic year, CHA sponsored 64 specialty programs open to the entire membership. These events provided the tools and information that Connecticut's healthcare providers need to stay current and forge ahead in their respective fields of expertise. CHA educational seminars addressed a diverse range of topics such as the implementation of managed care reform, model compliance programs, the future of subacute care, organizational ethics, and the benefits of mainstreaming complementary and alternative medicine in a managed care environment. Connecticut healthcare leaders also assembled for the Second Annual Integration Symposium, a day-long event designed to explore the opportunities and challenges posed by Integrated Delivery Systems.

CHA's conference meeting group structure offers professionals an opportunity to network at CHA's Wallingford offices. These roundtable discussions enable professionals in 33 conference groups and 17 specialty meeting groups to meet, share information and foster relationships. In 1997-98 CHA hosted more than 1,500 meetings, serving more than 37,000 people within the healthcare community.

This year, through a newly-established national consortium of 13 state hospital associations and the American Hospital Association, a new peer-to-peer intensive learning experience is being developed to bring Connecticut leaders together with their respective peers across the country. The groundwork laid this year will result in a spring 1999 program offering.

As Connecticut's healthcare providers continue to come together in various forms, meeting the educational needs of our members remains an integral part of CHA's mission. Education is the cornerstone to understanding and, ultimately, creating new learning opportunities for the future.

The Year 2000 - Racing Against the Clock ...

One of the most challenging issues facing the healthcare industry today is the Year 2000 (Y2K) “Bug” - system failures and operational problems that may occur when information systems and their applications are unable to recognize the date change to the new millennium. The complex legal and technical issues involved in finding and solving this problem are massive. *Security Third Millennium, LLC* (SIIM) was formed in February 1998 to provide the structure for activities to assist CHA members in addressing this potentially disastrous issue.



The work of SIIM includes the continual development of a computerized information repository which documents the ability of various biomedical devices and equipment to function properly in the Year 2000. This comprehensive online database (www.chime.org/y2k) includes the name, make, model and serial number of hundreds of thousands of medical devices and equipment, in addition to verification received directly from manufacturers regarding the status of a particular piece of equipment's ability to operate properly in the Year 2000 and whether testing and/or upgrading is required. CHA members and subscribers from other healthcare organizations have exclusive password-protected access to the online system and can easily search the SIIM database for the information they need.

SIIM is also working toward increasing awareness of, and providing education for, CHA members about Y2K. Through CHA's Year 2000 Workgroup, members have the opportunity to meet bimonthly to discuss common problems and progress toward remediation of this problem. In addition to discussion among the CHA membership, the Workgroup is also a venue for payors, utility companies, and manufacturers of biomedical devices and equipment to hold informational forums with healthcare providers on the status of their respective Y2K projects. These avenues allow CHA members and others to work together in minimizing the risks of Year 2000 failures.

Technology Tools and Data for

New Developments in Reporting

CHIME introduced a new analysis package, the “Department Physician Model Package,” last year which provides an assessment of the hospital’s performance on four levels: hospital, service line, department, and physician. The report provides case mix and risk-adjusted comparative analysis of costs and lengths-of-stay.

In an effort to make more flexible reporting available to our customers, CHIME is actively investigating online reporting tools. Four vendors have been evaluated to-date. CHIME is also in the process of developing a mechanism to evaluate each vendor’s product.

***CHIME Times* Newsletter**

CHIME has reestablished its quarterly newsletter, *CHIME Times*. The newsletter provides valuable information related to the type and use of data available from CHIME, federal and state regulations related to data storage, management and dissemination, and technology available related to data exchange and management.

CHIME Times recently featured a four-part series on disease management and how disease management processes have been used in four high prevalent chronic diseases: asthma, diabetes, hypertension, and peptic ulcers. This series also demonstrated how the CHIME database can be used to analyze utilization and population trends related to those featured diseases.

Trauma Reporting

CHIME designed, produced and disseminated a set of trauma reports based upon the trauma registry data, and as defined by the state of Connecticut, on a quarterly basis.

Continuous Member Growth...

The State of Connecticut Injury Data Report was publicly released through a press conference held at CHA. The report was also distributed to key legislative leaders, managed care and community organizations, and designated hospital staff, as well as the Trauma Committee and its subcommittees. To further enhance trauma data management and reporting, CHIME is in the process of revising and/or expanding the collection of data elements and the data processing mechanism.

CHIME-Net Upgrades

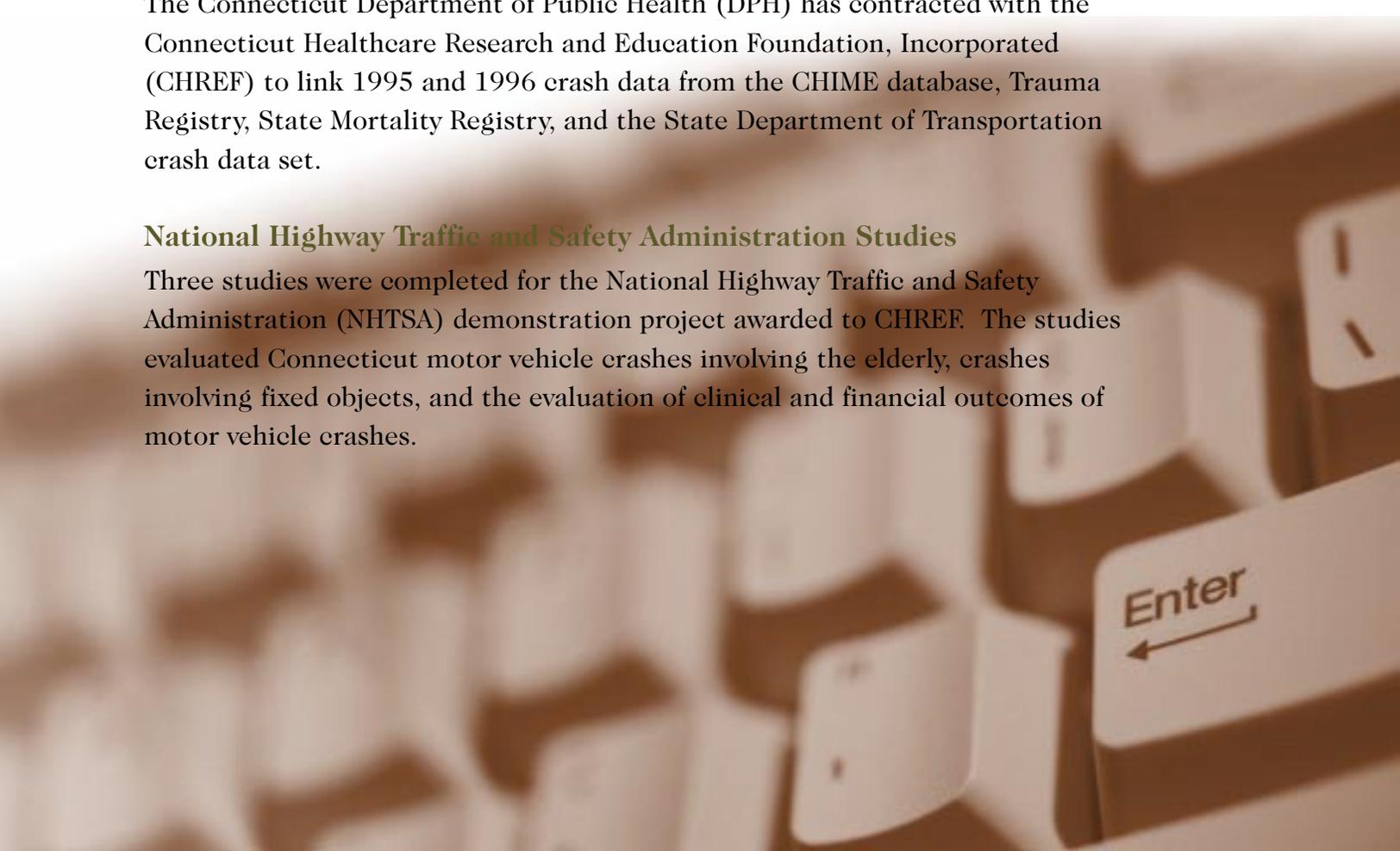
CHIME-Net™, the statewide Health Care Information Network, increased its capacity six-fold this year, changing the core technology of the network to ATM. This significant change now ensures a higher bandwidth capacity to enhance the reliability and flexibility of our network. Additionally, CHIME-Net added a variety of ancillary services that continue to enhance and support the efficient transfer of information for CHA and its membership.

Coding Motor Vehicle Crash Data

The Connecticut Department of Public Health (DPH) has contracted with the Connecticut Healthcare Research and Education Foundation, Incorporated (CHREF) to link 1995 and 1996 crash data from the CHIME database, Trauma Registry, State Mortality Registry, and the State Department of Transportation crash data set.

National Highway Traffic and Safety Administration Studies

Three studies were completed for the National Highway Traffic and Safety Administration (NHTSA) demonstration project awarded to CHREF. The studies evaluated Connecticut motor vehicle crashes involving the elderly, crashes involving fixed objects, and the evaluation of clinical and financial outcomes of motor vehicle crashes.



Enter

National Library of Medicine Grant

Six additional healthcare institutions were connected to the CHIME-Net network with a grant awarded by the National Library of Medicine. The connection provided Internet connectivity to each of the institutions.

Pediatric Trauma Reporting

The Office of Emergency Medical Services contracted with CHREF to provide a series of reports targeting emergency and trauma services provided to the pediatric population of Connecticut.

Towards Excellence in Care

The Towards Excellence in Care (TEIC) program has been very active over the past year, issuing public data reports on Acute Myocardial Infarction (AMI) and Cesarean Section rates. Supporting material has been included with these reports to clarify the information and provide a mechanism to validate the data. CHREF staff continues to support TEIC member institutions through administrative and educational assistance.

The clinical panels on Cardiology, Obstetrics and Gynecology, and Surgery have reconvened. They continue to meet regularly through the year to guide the evaluation and refinement of current studies, to assist in the development of new outcome studies, and to provide insight for the clinical value of the reports in assessing quality of patient care. Reevaluation of the methodology of the current studies is currently being considered in order to enhance the value of the reports.

TEIC staff has been actively preparing institutions to meet the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) ORYX obligations. Updates and reminders regarding ORYX mandates have been regularly provided in a variety of forms and forums. Assistance in interpreting requirements has also been furnished as needed. A prototype report series was created to help TEIC institutions evaluate indicator data prior to the JCAHO deadline for choosing the first set of indicators. These reports provide required ORYX data as well as additional information. The additional information expands and refines the ORYX data. Collection of selected indicator data has started, and reports will be provided to all TEIC participants.

CHIME-Link Debuts

Developed and announced this year was CHIME-Link, an application suite designed to improve the exchange of information between healthcare facilities, providers, payors, patients and other institutions. CHIME-Link's revolutionary services include Electronic Data Interchange (EDI), facilitating the transfer of healthcare administrative and clinical data along the continuum of care.

Two applications, Eligibility Verification and the Interagency Patient Referral, went into production the first quarter of 1998.

CHIME-Link's Eligibility Verification provides a real-time electronic link to payors.

Using the Eligibility Verification System, healthcare providers (group practices, hospitals, nursing homes, and home care agencies) can verify:

- ⊗ Patient eligibility for medical services;
- ⊗ Plan benefits, inclusion and exclusions;
- ⊗ Co-pay requirements.

CHIME-Link's InterAgency Patient Referral is a Discharge Planning Information Exchange Service.

The automation of the CHIME-Link's InterAgency Patient Referral can reduce administrative overhead associated with the generation of:

- ⊗ W10 Inter-Agency Patient Referral Report
- ⊗ W10/W10A-ALT - Health Screening/Social Information Report
- ⊗ W1487- CT Home Care Program for Elders, Home Care Request Form
- ⊗ W1597- Pre-Admission MI/MR Identification Report
- ⊗ W289 - Pre-Admission Screening Level II - Evaluation for Positive MI/MR
- ⊗ Improve Accuracy of Exchanged Information
- ⊗ Increase Operational Efficiency in the Discharge Process Through Coordinated Activities

*P*roducts and Services to Lead

The Diversified Network Services, Inc. (DNS) *Shared Services Program* continues to provide cost-effective programs that help participating members compete in today's dynamic healthcare environment. The membership includes hospitals, long-term care facilities, and a variety of other healthcare providers. DNS offers a broad range of traditional products in Group Purchasing areas, including Pharmacy, Medical/Surgical, Laboratory, Food Services, and Radiology. Other services offered as part of the Shared Services Program include Waste Management, Human Resource Consulting, Records Management, Information Systems, Equipment Maintenance Insurance, Equipment Service, Surplus Equipment Program, and Financial Services.

During the past year, DNS added approximately 50 contracts to its portfolio, including agreements for Compliance Programs, Relocation Services, Consulting Services, Contract Management Services, Guest Relations, Pre-Employment Screening, and Software Systems. The DNS *Chronicle* newsletter and the DNS website (www.dns-ssp.com) help to keep DNS members up-to-date. The website allows members to access contract indexes and agreement summaries (ordering information) in "realtime." Enhancements to the site will include sections on new products and services, "Special Promotions" and "limited time offers," and links to the websites of DNS contract vendors. Members can contact DNS staff via e-mail at dns@chime.org. In addition, DNS will soon make available an electronic catalog, eliminating the need for much of the paper used to disseminate information to members. Participants will be able to quickly find the information needed for making cost-effective purchasing decisions.

The DNS Shared Services Program remains committed to being a strong regional group, offering a mix of "national" and local agreements that service the needs of its members. Affiliations with two large regional groups, MAGNET and Shared Services Healthcare (SSH), allow DNS members access to "national" contract pricing. At the same time, our local focus gives DNS the ability to provide superior customer service, maintain close contact with members and respond quickly to member needs. DNS continually evaluates its portfolio, researching the marketplace for emerging technologies (products and services) that truly reduce costs and improve quality of outcomes.

Members into the Future...

Through the *Healthcare Consulting Program*, an exclusive DNS member service, HEC Energy Corporation - a financing, engineering and project management organization - offers institutions the ability to acquire energy-saving capital equipment with no initial outlay of funds through our Energy Management Program. A number of hospitals have contracted for this program, which provides for them the technical expertise for, and economic risk associated with, undergoing major building and systems improvement projects.

The Conservation Loan Program was initially funded by a gift of \$1,100,000 from Connecticut Light & Power (CL&P). As part of a collaborative effort between CL&P, Office of Consumer Counsel - the Prosecutorial Division of the Department of Public Utility Control (DPUC), Energy Division of the Office of Policy and Management, Conservation Law Foundation of New England, Inc., and private intervenors, CL&P agreed to expand its energy conservation and load management programs throughout the state. As a result, the DPUC approved the transfer of \$1,100,000 to the Connecticut Hospital Association Trust (CHAT) to create a low or no interest revolving loan fund for energy conservation and load management projects and to provide technical engineering and consulting services in support of these projects.

During the past year, the Healthcare Consulting Program worked on the following studies and programs:

- ⊗ Provided technical assistance to a number of hospitals performing community needs assessments.
- ⊗ A Certificate-of-Need for the development of an ambulatory care center.
- ⊗ Developed a seminar for engineers, “Getting Ready for Restructuring and Deregulation in the Electrical Industry,” and provided speakers to address group purchasing of natural gas.
- ⊗ The aggregation of gas, oil, and electric energy loads.

*I*nsuring Our Members' Financial Future

CHA Insurance Services, Inc.'s (CHAIS) primary objective in 1997-98 was to retain The CHA Workers' Compensation Trust (CHAWCT) book of business currently in force. To this end, CHAIS embarked upon a plan which included an aggressive pricing model, increased loss control services on selected accounts, and conducting team visitations for the largest CHAWCT accounts. The objective was achieved, as evidenced by a 98 percent renewal rate and a two percent increase in new accounts over lost accounts. These results were reached despite intense competition from the commercial insurance market.

A second but equally important objective was to form strategic alliances with insurers who could offer insurance products to the healthcare industry to broaden the base and allow CHAIS to offer packaged programs. The intent was three-fold: to increase the CHAWCT book of business; expand insurance options to the CHA membership; and develop additional income flow through CHAIS.

A strategic alliance was announced on February 1, 1998 between CHAIS and Medical Inter-Insurance Exchange (MIIX). MIIX, currently operating in 32 states, offers a portfolio of property and casualty insurance products and services primarily to physicians, surgeons, dentists, group practices, hospitals and healthcare systems, nursing homes, and other healthcare facilities. By forging this alliance with MIIX, CHAIS realized its goals and needs now to increase the combined business base by seeking opportunities both within and outside of the CHA membership.

Along with its efforts to bring CHA members attractive insurance-related options, CHAIS installed a Personal Lines Insurance Program for employees in the form of a group payroll deduction plan offered by the Hanover Insurance Company through its select broker, R.C. Knox. The plan features deep-discounted group rates on both Homeowners and Automobile insurance exclusively to employees of CHA members.

The Connecticut Hospital Association Workers' Compensation Trust (CHAWCT), now in its 17th year of continued operation, has evolved into Connecticut's preeminent choice as an alternative to the standard commercial Workers' Compensation Insurance market in the healthcare services industry.

Through Lucrative Products and Planning...

Established as a multiple-employer, self-insured Trust in 1981, membership has grown to 230 insureds and is currently producing over \$12,000,000 in gross written premiums. Although competition for the Workers' Compensation insurance dollar continues to be keen, the CHAWCT has more than held its own. Favorable development has resulted in lower loss reserves and a consistent reduction in claim frequency per \$100 of payroll. These improvements are a direct result of the implementation of a Managed Care Program in January, 1995; aggressive pursuit of recoveries from the Connecticut Second Injury Fund (SIF), as well as third-party subrogation efforts; and loss frequency reductions due to expert loss control and accident prevention in-service activities.

To date, a total of \$6,800,000 in premium refunds have been returned to Trust members, with another \$11,100,000 projected in future returns.

The prognosis for the future of the CHAWCT is bright. Despite continuing market softness, the CHAWCT renewed 98 percent of its members on January 1, 1998...an all-time record high in the history of the Trust.

CHA Securities, Inc. (CHAS) was created in 1993 by the CHA Board of Trustees. It is licensed to market, through various broker dealers, investment products such as mutual funds and annuities, and to endorse investment advisors both for institutions and individuals. CHA Securities, Inc. is a member of the National Association of Securities Dealers (NASD), is licensed by the Securities & Exchange Commission (SEC), and is a Registered Investment Advisor under the banking laws of the State of Connecticut.

CHA Securities, Inc. continues to endorse the financial planning services of The New England Guild, which currently has approximately \$82,000,000 under management. CHAS also continues to endorse the institutional investment advisor, SEI Asset Management Group. The SEI investment program is designed for management of large institutional investments, such as hospital endowment and pension funds. SEI currently manages pension, endowment, and trust funds in Connecticut valued at over \$420,612,000.

1997-98 Board of Trustees

Executive Committee:

Chairman:	Raymond S. Andrews, Jr.	Hospital for Special Care
Chairman-Elect:	Gerard D. Robilotti	The Danbury Hospital
Immediate Past Chairman:	John J. Meehan	Hartford Hospital
President:	Dennis P. May	Connecticut Hospital Association
Secretary:	Michael R. Gallacher	Sharon Hospital, Inc.
Treasurer:	Theodore M. Donovan	Bristol Hospital, Inc.
At Large:	Marna Borgstrom	Yale-New Haven Hospital
At Large:	Edward S. Sawicki, M.D.	Windham Hospital

Terms Expire June, 1998:

Marna Borgstrom, Yale-New Haven Hospital
Delores P. Graham, Saint Francis Hospital and Medical Center
William J. Riordan, St. Vincent's Medical Center
Laurence A. Tanner, New Britain General Hospital
J. Peter Tripp, The William W. Backus Hospital

Terms Expire June, 1999:

Daniel I. Katz, William & Sally Tandet Center for Continuing Care
Thomas P. Pipicelli, The William W. Backus Hospital
Charles E. Riordan, M.D., The Hospital of Saint Raphael
Edward S. Sawicki, M.D., Windham Hospital
Karen D. Stone
Sister Marguerite Waite, Saint Mary's Hospital

Terms Expire June, 2000:

Elizabeth T. Beaudin, Sharon Hospital, Inc.
Duane A. Carlberg, Windham Hospital
William B. Maley, Sr., Milford Hospital
Barry M. Spero, Masonicare Corporation
John H. Tobin, The Waterbury Hospital

Term Expires December, 1999:

Delegate to the American Hospital Association
Gerard D. Robilotti, The Danbury Hospital



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Treasurer:	John J. Pacowta	Waterbury Hospital
At Large:	Cynthia A. Gutierrez	Veterans Memorial Medical Center
At Large:	Charles E. Riordan, M.D.	The Hospital of Saint Raphael

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John C. Russell, M.D., New Britain General Hospital
Karen D. Stone
Sister Marguerite Waite, Saint Mary's Hospital

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William B. Maley, Sr., Milford Hospital
Barry M. Spero, Masonicare Corporation
John H. Tobin, The Waterbury Hospital
Vacant (Seat to be Filled)

Terms Expire June, 2001:

William T. Christopher, Lawrence & Memorial Hospital
Rosanne U. Griswold, The Charlotte Hungerford Hospital
Cynthia A. Gutierrez, Veterans Memorial Medical Center
Lenworth Jacobs, M.D., University of Connecticut Medical Center
Laurence P. Rubinow, Esq., Eastern Connecticut Health Network, Inc.

Term Expires December, 1999:

Delegate to the American Hospital Association
Gerard D. Robilotti, The Danbury Hospital



*Photo: Outgoing CHA Board Chair
Raymond S. Andrews, Jr. (left)
presents the gavel to Incoming
Chair Gerard D. Robilotti.*