MIRACLES HAPPEN EVERY DAY
Community Hospital of the Monterey Peninsula I Annual Report 2008
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Nearly 75 years ago, a group of visionary doctors and individuals created a clinic in Carmel that ultimately became Community Hospital of the Monterey Peninsula. Funded initially by a generous gift from Grace Deere Velie Harris, the clinic benefited from other generous contributions and has grown into what you see today — a comprehensive medical center providing the most up-to-date health services. In this annual report, you will learn how the services of the hospital can make a dramatic impact in the lives of ordinary people. You will also read how ordinary people can make a lasting impact themselves through their gifts of time and treasure.

I am proud to be associated with Community Hospital and, as chair of its Board of Trustees, am pleased to report that our patients continue to rate our overall care among the best in hospitals in the United States. I invite you to learn more about the significant accomplishments of Community Hospital in 2008 through these pages.

The tremendous achievements are a testament to the dedicated caregivers — nurses, technicians, doctors — and other employees and volunteers who are unselfish in their commitment to providing a high-quality experience for all patients. I thank them for their service and our community for its unwavering support of our mission.

Ian Arnof
Chair, Board of Trustees
AMY LAVELLE couldn’t wait to get the cast off her leg. For six long weeks her life had been structured around that cast, which had inflicted more pain and disruption than the simple stress fracture that had necessitated it in the first place.

The 33-year-old was in the Navy, stationed in Monterey to study at the Defense Language Institute (DLI). Off duty, she stayed active through aerobics classes, dancing, walking, or jogging. It was overuse, actually, that had led to the fracture. Her leg hurt as it healed, but she toughed it out and managed her daily duties on base. And today she was getting the cast off. Just in time to head to a blues concert in San Jose.

The Presidio’s clinic wasn’t usually open on Saturdays for routine appointments. But today it was. Amy climbed into the van that would ferry her across base that morning and took her seat.

And that’s the last thing she remembers before she nearly died.
ome 618 miles away, in Tucson, Arizona, Jim and Wools Lavelle were settling into the arena at the Pima County Fairgrounds for the Coyote Cluster, an all-breed dog show. Jim, an elementary school teacher, and Wools, a nurse specializing in critical care, had left their busy week behind them and were looking forward to seeing some Afghan hounds.

WHAT HAPPENED NEXT, outside the reaches of Amy’s memory, was the perfect storm — skilled doctors and nurses, quick-thinking medics, the best technology, and the support of a loving family coming together, each in the right place at the right time. And concern of a loving family coming together, each in the right place at the right time.
“Do you know Amy Lavelle?” the caller asked.


The call was from the Emergency department at Community Hospital of the Monterey Peninsula. Karl Nicholas, the doctor in charge of the department that day, wanted to speak with Wools.

“I can still remember his tone,” Wools recalls. “He said, ‘We have Amy in our E.R. We’ve been doing CPR for a very long time, and it doesn’t look good.’ That was our introduction.”

After four decades as a nurse, more than half in critical care, Wools Lavelle knew what the phone call meant.

“When his words hit me,” she says, “it was this feeling of horror and then disbelief. Amy was so far from us. The only thing I could think was ‘This can’t be; I don’t think you really mean what you’re saying.’

“The next thing I thought was that we needed to get back to the house, to get plane tickets, to get to Amy. We drove home with blinkers on and the horn blowing. But how fast we got to Monterey meant nothing in the grand scheme of things. Her life was literally on the line at that minute.”

“When his words hit me, it was this feeling of horror and then disbelief.”

— Wools Lavelle, Amy’s mother
At about the same time,
Army Sgt. David Ramos was rolling out of bed and into his uniform, preparing to start his shift as a medic at the clinic. It was the same duty he’d had during two tours in Iraq; but in this setting, really not the same duty at all.

Amy Lavelle had arrived in Monterey by a circuitous route. She grew up in Southern Illinois, the middle of three children born to Wools and Jim Lavelle, who have been married 38 years. Her elder brother Jim had followed their mother into medicine and is an internist, pulmonologist, critical-care specialist, and assistant professor of medicine in Denver, Colorado. Younger sister Megan works for an airline overseas.

Amy earned a degree in psychology from Marquette University in Milwaukee, Wisconsin, and is a virtuoso on piano, oboe, and violin. But after the terrorist attacks of September 11, she set aside all of that to serve her country. She joined the Navy, a career path that eventually brought her to DLI at the Presidio of Monterey.

Last November 15, she awoke and readied for her trip to the Presidio clinic.
An hour into his shift, Ramos was asked to get a wheelchair for a patient who had arrived by van and wasn’t doing well.

“I found Amy sitting on the sidewalk,” says Ramos, “next to a sailor in uniform who was the van driver. As I helped her up, she told me that on the way to the clinic she had lost consciousness and had vomited. She said she still felt nauseated and lightheaded, that she had never felt quite like that before.

“I wheeled Amy into the clinic to get her checked in and then put her in a treatment room. She was young, it was Saturday morning, and she was looking pretty beat up. I imagined she’d probably had a late night.

“But then I noticed she was leaning forward, farther and farther, until her head was in her lap. I remember hearing her snoring — not like she was sleeping, but like her airway was closing. I pulled her head back to keep her airway open and noticed how white her skin had become. Her pupils were dilating, then constricting, then dilating.”

Three soldiers helped Ramos lift Amy onto a treatment bed. Her eyes rolled back into her head and she lost consciousness. Ramos gave her oxygen and wrapped a blood-pressure cuff around her arm but couldn’t get a solid reading. He connected her to an automatic external defibrillator (AED) and it instructed “Start CPR.”

“In the time it takes to blink an eye,” says Ramos, “I began CPR. When I was in Iraq, seeing what I saw and doing what I did, it had little effect on me. I had learned to dehumanize my patients, who

“She was my patient, my responsibility.”
— Sgt. David Ramos
were in such awful conditions. They were not someone’s son or father or sister or daughter; they were puzzles I needed to put back together. But this time, it was different. I had a name for her and a voice. I knew who she was and what she did. I knew she was someone’s daughter, sister, friend.”

Ramos, who has a tattoo that reads “Faith Without Action is Dead,” put those feelings aside and stayed on task, continuing CPR until paramedics arrived to take Amy to Community Hospital.

“She was my patient,” he says, “my responsibility.”
Dr. Karl Nicholas was in charge in the Emergency department when the call came in: An ambulance was on its way from the Presidio with a young woman in full cardiac arrest.

“Saturday mornings are typically very busy in the ED,” says Nicholas, a 23-year veteran of the department. “The schedule is filled with people who waited all week to see a doctor. In the midst of it, Amy was brought to us Code 3 — lights and sirens — in cardiac arrest with CPR in progress.

“When Amy came into our world, we had very little information on her, but we got what we could from the military. Never, in all my years in the ED, have we had a situation where the patient was so young and so critically ill. We were doing everything we could to resuscitate her and come up with a diagnosis. Usually, this kind of patient is diagnosed at autopsy.”

The team trying to bring Amy back to life that morning included registered nurses Noel McKernan and Jodi Guinvarch, who, like Nicholas, kept coming back to the incongruity of Amy’s age and her condition.

“Your antennae go up extra high when you hear it’s a young person whose heart has stopped,” McKernan says. “You have to consider it an unusual circumstance, especially when there hasn’t been a trauma involved. You go back into your experience and training to figure out why this person is dying and how you can save her.”

McKernan has been at Community Hospital for 15 years, all but a short stint of that time in the Emergency department.
Guinvarch landed in nursing after working as a manicurist. She job-shadowed some of her clients when she was thinking about a career change, and the day she followed a doctor around an Emergency department she knew she needed to go into medicine.

This day she started her shift at 7 a.m. and two hours later found herself enveloped in Amy’s trauma.

“I hardly know what to say,” says Guinvarch. “Well, I do know; it’s just hard to describe. Amy’s status was that she was dead. At some periods, she did have a pulse, but she was gone. I was the primary nurse that morning, working with the doctors to organize the whole resuscitation. I just kept looking at her and thinking, ‘She’s way too young to die today.’

“Dr. Nicholas was doing a great job with ACLS — advanced cardiac life support — but we weren’t getting where we needed to go.”

While his colleagues continued the efforts, Nicholas had his introductory telephone conversation with Wools Lavelle.

“I told her mother she was critically ill and might not survive. That call is never easy, but it was essential.”

His next call was to Dr. Georgina Heal, medical director of Community Hospital’s Intensive Care Unit and the critical-care doctor for the day.

“After working on Amy for more than 45 minutes, we still didn’t have her back. I called for Dr. Heal, and she showed up immediately.”

Registered nurses Noel McKernan and Jodi Guinvarch
A SILENT FLAME licks at logs in the hearth, creating the warmth, lighting, and mood of the living room. Hardcover books on art and nature form a small stack next to a teapot and two mugs on the coffee table near chairs designed with comfort in mind. Burmese cats slip through the room. Dr. Georgina Heal — usually called Gina — considers her home a sanctuary and the antidote to her stress-filled days in critical care at Community Hospital.

Heal, 41, is convinced that intensive-care medicine is a young person’s job. Trained in California and Canada, the internist, intensivist, and pulmonologist has never really had a good answer for why she went into medicine. A self-proclaimed healer who was sewing earthworms back together at age 5, she still wonders why she didn’t go into veterinary medicine. No family member had ever pursued medicine of any kind, so she had no idea what the lifestyle might be. But she imagined it would be challenging and bright, and she has been, she says, lucky enough to love it.

She couldn’t pinpoint the date Amy Lavelle came to Community Hospital, but she remembers it was a weekend in November when she’d gotten up, shampooed her hair, pulled it into a ponytail, and slipped into her scrubs. While brewing a cup of tea, she put on her white lab coat and got ready, she assumed, for anything that might happen during a “normal day in the ICU.”
DONORS INVEST IN COMMUNITY HOSPITAL

By helping to pay for everything from diagnostic equipment to building projects to education programs, donations from our community make a lasting impact on patient care. In 2008, charitable giving totaled nearly $10 million. That includes $2.5 million raised by a small group of community women committed to bringing digital mammography and other cutting-edge technology to the Breast Care Center. As the gap widens between what healthcare costs and what insurers and the government pay in reimbursement, we must increasingly find other funding to protect our ability to serve our patients. Philanthropic support enables us to offer services we would not otherwise be able to provide, and to maintain and enhance our facilities for the community while minimizing the impact on what patients pay for services.

Heal still remembers Dr. Nicholas calling her in the ICU and saying, “Please come help.”

“He told me the ambulance attendants had briefly gotten a pulse, but no blood pressure. Karl also had gotten a pulse, but again, no blood pressure. ‘She’s so young,’ he said. ‘I can’t get her back.’

“I walked into the ED and saw a staff member doing CPR and ambulance attendants still standing there. I noticed the noise, the chaos, the stuff on the floor. And I remember looking at this young woman with the splint on her leg and thinking, ‘When a young person crashes, there are only a few reasons: Something has gone massively wrong, such as bleeding on the brain, a drug overdose, or a blood clot in the lungs.’

“A bedside ultrasound told us the right side of Amy’s heart was bigger than the left side, which is opposite of what is normal. This implied that there was a blood clot in her lung. I did another ultrasound, which confirmed a large blood clot.

“Community Hospital is one of the few community hospitals that has an ultrasound machine in the ED. Without it, we would not have been able to diagnose Amy’s problem. If we think it will improve the quality of care for our patients, the hospital never turns us down on what we need. No other ICU doctors elsewhere would tell you that. Here, if we need something for a patient, administration asks, ‘When do you want it?’ There is nothing they haven’t provided for us on behalf of our patients. In this day and age, that is amazing. This is made possible by an incredibly generous community.”

The clot in Amy’s lung needed to be broken up immediately, so she was given a “clot buster” called tissue plasminogen activator, or tPA. One of the better-known drugs on the market for dissolving clots related to heart attacks, it has been extended to other uses, such as for strokes.
“I credit Dr. Heal for so aggressively starting the tPA,” says Nicholas. “Otherwise, Amy would not have survived. As we pushed in the tPA, Dr. Heal told the team to plan on doing CPR for another half-hour. Normally, after a half-hour on anybody at any place, it’s over. There is no coming back. But this time, we were working on a young person who was otherwise healthy. This would allow time for the tPA to get in there and dissolve the clots to resume circulation.

“It worked,” Nicholas says. “She got back her blood pressure, her heartbeat. It was nothing short of amazing.”

“I don’t think we cheered,” says Guinvarch. “We were still holding our breath at that time. We had been giving her CPR for about 45 minutes, and she had undergone CPR prior to her arrival. It’s unheard of; but I felt passionate about not giving up. If any one person had even thought of giving up, she wouldn’t be here today.”

“We had nothing to lose,” Heal says. “She was dead. Once we got her back, blood started pouring out of her breathing tube. She was experiencing complications from the clot buster; but after 80 minutes in death, Amy was alive. She was on life support and had received a massive blood transfusion to replace her entire volume of blood, but she was alive.

“My fear at the end of that day,” Heal continues, “was what the next few days would bring. Although a CT scan read normal, we didn’t know if her brain would recover from this. We knew we had saved her life, at least temporarily, but we didn’t know if we could get her brain back. In all honesty, I didn’t think we’d get enough of her brain back to enable her to resume her life at the language school.”

During her treatment at Community Hospital, Amy Lavelle needed nine units of red blood cells, two units of plasma, and other blood products to control her bleeding. Thanks to our community, the blood Amy needed was available from Community Hospital’s Blood Center. In 2008, donors gave 6,864 pints of blood and our patients used 7,086 pints. The hospital strives to be self-sufficient when it comes to blood use. Having its own blood center helps ensure a stable supply and keeps down costs by reducing the need to buy blood. Blood use has increased in recent years, so donors are needed now more than ever.
Beginning in the Emergency department and continuing 24 hours into her stay in the ICU, ice was packed around Amy’s head to keep her brain cold at about 32–33 degrees Celsius. Two recent studies have suggested that if a patient’s brain is cooled for 24 hours after cardiac arrest, it has a chance to recover with better neurological outcomes.

“We wouldn’t know until we tried to wake her if cooling Amy’s brain was the right thing to do,” says Heal. “It’s a relatively new thing, but it improves neurological outcomes 40 percent of the time. We were cooling her before we ever got her back, knowing it could make a big difference.”

Meanwhile, Amy’s parents were in Arizona working desperately to get to Monterey while trying to keep abreast of what was happening with their daughter. Wools called their son Jim, the pulmonologist and critical-care doctor in Colorado, and urged him to call his Community Hospital counterparts in Monterey.
“My mom was frantic,” says Jim. “She said, ‘Jimmy, this is an emergency; Amy’s in the ER in full cardiac arrest. She’s had a PE.’ A critical-care nurse, she knew that meant pulmonary embolism. So did I. And we both understood how dire the situation was.”

A pulmonary embolism occurs when an artery in the lung becomes blocked, usually by blood clots traveling from another part of the body.

“It’s hard to describe how it feels to receive that call. My first thought was, ‘PE, cardiac arrest — most of them don’t survive.’ My next thought was to make sure my parents were OK. I told them, ‘Stop. Relax. You’re going to get on a flight. It doesn’t matter if it takes 3 hours or 6 hours or 12. It’s not going to change anything. You have to take care of yourselves.’ I wasn’t going to lose a sister and both parents in the same day.”

In a telephone call, Dr. Nicholas filled Jim in on Amy’s status and told him they had been doing CPR for more than 30 minutes.

“At that point,” says Jim, “I thought, ‘This is done.’ The classic literature says even with CPR, after about 10 minutes of cardiac arrest, you almost certainly are looking at severe and unrecoverable brain damage.”

He had had a case with striking parallels two weeks earlier — with a bad outcome.

“It’s hard to describe how it feels to receive that call. My first thought was, ‘PE, cardiac arrest — most of them don’t survive.’”

— Dr. Jim Lavelle, Amy’s brother
SAFETY FIRST

A hospital’s reputation is built on its ability to deliver care safely and effectively. At Community Hospital, we literally put safety first in our strategic plan, which says “Community Hospital will be relentless in eliminating preventable patient harm.” Amy Lavelle’s case involved more safety precautions than can be listed here, but one example is use of the “ventilator bundle.” Amy was on a ventilator for breathing assistance. Research and experience show that mechanical ventilation of critical-care patients has risks of complications including pneumonia. To reduce these risks, we follow a series of interventions called the ventilator bundle, which include elevating the head of the bed, making a daily assessment to see whether the ventilator can be removed, and taking steps to prevent deep vein thrombosis, or blood clots. For a broader picture of how Community Hospital measures up when it comes to providing clinical care, preventing patient harm, and patient experience, please visit chomp.org, which provides links to ratings by external organizations.

“I had been right there two weeks ago, and my patient had died,” Jim says. “No words can describe the helplessness and doom that came over me about Amy.

“With that as background, I already knew more than one would probably want to. The fact that I had just experienced a very similar situation was hard to take. Not to mention that this time it was my sister. My initial thought was ‘This is probably not going to turn out well.’ I remember saying to Dr. Nicholas as politely as possible, ‘I understand this is your patient, but you also need to understand this is what I do for a living, and this is my sister. I don’t want to overstep my bounds, but I want to make sure everything is optimal.’ Basically, I wanted to make sure he was doing what I would have done.

“I learned they were already cooling her brain while doing CPR, which was incredibly forward-thinking. It was clear to me they were completely on top of the situation. Amy could not have had better care if I had been directing it myself.”

Jim called his mother.

“Mom wanted to know if there was any hope. ‘Yes,’ I told her, ‘there is hope, but the odds are against her.’ There is always hope. Until there isn’t.”

“My son knows his stuff,” Wools says. “He said, ‘Amy has the best she could have right now in Dr. Nicholas and Dr. Heal.’”
WOOLS AND JIM touched down at the Monterey Airport nearly 12 hours after their first call from Dr. Nicholas. They were met by Amy’s commanding officer, who had maintained contact with the couple hourly, made hotel arrangements, and provided transportation for their entire stay.

“He was our lifeline, the hospital was Amy’s,” Wools says.

“We didn’t know Amy’s status when we landed. We at least knew she was alive. When we walked into Amy’s room, she was on a ventilator to help her breathe and hooked up to so much stuff. She was paralyzed to prevent movement, heavily sedated, and unconscious.

“Jim and I held her and talked to her. We were there with her for several hours until we had to leave for the night.”

From time to time as the day wore on, Guinvarch took a moment to check in on Amy, to see how she was doing. And to marvel, once again, that she had made it.

“I remember looking at her parents,” she says, “and thinking, ‘This person has a mom and a dad, and I didn’t have to tell them their still-young daughter had died.’ I watched them sitting with Amy, looking at her like she was a newborn. I’ve never believed in miracles before, but looking at this family in the ICU, I kind of thought I should start believing.”

“We didn’t know Amy’s status when we landed. We at least knew she was alive.”

— Wools Lavelle
“AMY WAS IN THE ICU,” unconscious, for 3 days and in the hospital for 10 full days,” Wools says. “On the third day, she woke up. Well, she didn’t really wake up, but she had her eyes open. Dr. Heal stopped all her medications so she was not so sedated, then pulled the breathing tube, and then let us in the room. I think they were really worried; they didn’t know what we’d have in her.

“Amy was sitting in a chair when we came in, but she wasn’t really able to hold her head up. She was very, very sluggish. I’ve taken care of a lot of people with head traumas, and they frequently stay the way you see them. I was thinking, ‘How much of this is the medications, and how much of this is how she is going to be?’”

When she awoke, coughing, confused, and without her cast, Amy had no idea where she was, what had happened, or why her chest hurt so much. The last thing she remembered was climbing into the van at the Presidio on Saturday morning.

“My mom told me what happened to me and why my ribs were broken,” Amy says. “But my memory was shaky. Five minutes after my mom telling me what happened, I would ask her again.

“I don’t remember much of my stay in the hospital,” Amy says. “But toward the end, I remember walking with my mom to see the koi fish pond. And I remember that the Navy choir, of which I am a member, came to sing for me. At least 20 people stood there in uniform, singing ‘Eternal Father,’ ‘Amazing Grace,’ and ‘America the Beautiful.’”

AMY ENTERED Diana Salazar’s world once she was transferred from the ICU into Main Pavilion, an area for patients whose medical care is urgent but not as intensive. As one of the registered nurses caring for Amy, Salazar’s role was to monitor her progress, administer her medications, and help her continue to improve.
“Amy was my patient from 7 a.m. until 3 p.m. for a couple of days, and then she was cared for by other nurses on Main Pavilion,” says Salazar, who has been working at Community Hospital for six years.

“We always try to get our patients up and walking as soon as possible, which we did with Amy. We also were working to help her get her memory back; when we met her, she had really short-term memory. So we wrote things down and posted notes on the wall to help her remember what had happened, why she was there, and what we were doing. We repeated ourselves a lot, and we were always asking her questions.

“At first, Amy carried some fear about what had happened to her and what was going to become of her. She didn’t think she could go back to her normal life. But by the time she walked out of here, her memory was largely intact. It was incredible.

“I believe she recovered so well because of a lot of factors, not least of which was her own will. But also because she had nurses working around the clock, making sure she was eating and getting up to walk, and helping her to remember who she was, what had happened, and what she was trying to accomplish.

“What made me want to become a nurse is exactly what I experienced with Amy — seeing her, after her initial prognosis and what she had gone through, up and walking and getting ready to leave the hospital to return to her life. It is the greatest satisfaction. We all wanted to cry because we were so excited for her. We gave her a standing ovation.”

“We wrote things down and posted notes on the wall to help her remember what had happened, why she was there, and what we were doing.” —Diana Salazar, RN
ON NOVEMBER 25, 10 days after she had arrived, Amy was discharged. A member of the hospital Auxiliary pushed Amy’s wheelchair to a car driven by a fellow Navy member — the same car that had shuttled her parents to the hospital every day.

“There were so many wonderful acts of kindness given to Amy,” Wools says. “From the staff in the sandwich shop to the sweet lady who pushed her wheelchair at discharge, to the doctors and nurses — everyone was incredible. Community Hospital and everyone who cared for Amy are responsible for her survival.”

Amy and her parents stayed in a Monterey hotel on base for two weeks, until she was well enough to fly to Tucson.

“I was home for a month,” says Amy. “And during that time I slept a lot. My parents were very protective. My sister came stateside for a week. My brother called. I was still very beat up, very tired.

“When I first sat down at the piano, I couldn’t even play a scale. I was just sitting there, sobbing. It’s funny the things we take for granted. Suddenly, I had to think through everything; to do this first, and then that next. With everything. I’ve been told it will keep getting better.”

Wools played memory games to help her daughter recover.

“The brain is very elastic and can be re-taught,” Wools says. “At the piano, we had to figure out where to start. We began by reading the notes and then playing them. Once she had scales, she tried to put them together but couldn’t. Amy had won scholarships on the piano. She could play ‘Nocturne’ by Chopin, anything an accomplished pianist could play — that caliber. I knew it was bothering her, but she wouldn’t show it. Finally, she burst into tears and said, ‘What’s happening? What has become of me?’”

Aileen Doolittle, Auxiliary volunteer
But more and more, the old Amy returned.

“By the time she left home, a month later, we were playing technically difficult Schubert duets,” Wools says. “This kid — you would never know what she’s been through.”

**BY JANUARY,** Amy was back at the Defense Language Institute, easing into her work and wearing the medical bracelet that indicates her use of Coumadin®, a blood thinner prescribed after Community Hospital’s medical team diagnosed a disorder that puts her at higher-than-normal risk of blood clots.

“This outcome,” her mother says, “was not something that happens. I’ve been a nurse for 40 years; more than 25 of which were in intensive care. I understand exactly what happened in that Emergency department and the ramifications of it. It was truly a miracle. It shouldn’t have come out this way. It just doesn’t.”

“Amy’s outcome was a miracle,” says Dr. Heal, “but a whole team of people and technologies are responsible for her life: Sgt. David Ramos, who initiated CPR at the Presidio; the ambulance attendants who continued CPR during the ambulance ride; Dr. Karl Nicholas, the ED doctor who wouldn’t give up; the rest of the ED staff; the ultrasound machine in the ED; the intensive care staff, including five nurses at Amy’s bedside that first night; the staff who cared for her over the next 10 days; and of course, Amy and her family.”

“I carry a little fear, wondering if I will recover as well as they say I will, wondering if it could ever happen again,” Amy says. “But life is so short, and I almost lost mine — actually, I did. My greatest fear is not living my life to the fullest. Everyone who came together to save my life will always have a special place in my heart. I would like to say that miracles do happen. I’m proof of that.”

*Amy Lavelle and Dr. Georgina Heal*
Maintaining financial health and providing the best care are our top priorities. The recent global economic turbulence has had impacts on healthcare, but to a lesser degree than on many other sectors. At Community Hospital, our overall financial health remains good, and we are committed to maintaining that status. We do that, in part, by working to keep down our operating costs and the costs to you, our patients.

Achieving this goal is increasingly challenging. The primary obstacle is that government healthcare programs such as Medicare, Medi-Cal, and CHAMPUS (the military's healthcare program), pay us only about half of what it actually costs to provide those services. That means those with insurance and people who pay for their care themselves must make up the difference.

To keep patient costs down, we have implemented numerous practices, including a system to ensure that the prices we charge for every one of our services are below the prices of three-quarters of our peer hospitals.

We know that healthcare is not inexpensive, but we are committed to providing our community with the best care possible while carefully managing the hospital’s resources.
In 2008, we billed patients for:

- Inpatient general care .......................................................... $180,121,000
- Inpatient allied services ......................................................... $456,745,000
- Outpatient allied services ..................................................... $309,491,000

We also received revenue from:

- Donations and endowment earnings ..................................... $5,360,000
- Billing, food services, and other business activities .............. $8,071,000

Giving us gross revenue of ..................................................... $959,788,000

But we were unable to collect almost half that amount, due to:

- Medicare, Medi-Cal, CHAMPUS, and Workers’ Compensation failure to pay .......................................................... $485,028,000
- Administrative adjustments .................................................... $9,857,000
- Charity care provided .............................................................. $23,739,000

Total we did not collect ........................................................... $518,624,000

That means our net operating revenue was .............................. $441,164,000

We had operating expenses for:

- Salaries and wages, employee benefits, professional fees ...... $252,269,000
- Supplies and services ............................................................ $96,372,000
- Patient bad debt ................................................................. $22,104,000
- Depreciation ....................................................................... $31,432,000
- Interest ................................................................................ $5,080,000

Total operating expenses ......................................................... $407,257,000

That left this amount for improvement of services and facilities.. $33,907,000
For the 12 months ending December 2008, Community Hospital of the Monterey Peninsula’s average charge per stay was $57,633. These figures from the Office of Statewide Health Planning and Development are the most recent figures available. The other 16 hospitals were chosen based on similarity in size and scope of services. See opposite page for the list of hospitals used for comparison.
2008 Occupancy Rate/Available Beds
(Compared to 16 Other Northern California Hospitals)

Community Hospital of the Monterey Peninsula

87% 83% 80% 79% 75% 71% 70% 68% 67% 57% 51% 49% 43% 35%

16 other Northern California hospitals used for comparison:
- Mercy San Juan Hospital
- Sutter Medical Center, Sacramento
- Peninsula Medical Center
- Seton Medical Center
- John Muir Medical Center, Walnut Creek
- Alta Bates Summit Medical Center
- Good Samaritan Hospital
- El Camino Hospital
- Dominican Santa Cruz Hospital
- California Pacific Medical Center
- Natividad Medical Center
- Salinas Valley Memorial Hospital
- Sequoia Hospital
- John Muir Medical Center, Concord
- St. Mary’s Medical Center
- St. Francis Memorial Hospital

James J. Didion
Member

Ted J. Balestreri
Member

Robert Kavner
Member

Michael Smith, MD
Chief of Staff
Keeping our Community Healthy

In 1996, we started the Community Benefit program, a way to make sure we were doing everything we could — inside the hospital and out — to advance the health and well-being of our community. Through it, we have provided millions of dollars to local organizations with health-related goals, paid for access to care for thousands of people who couldn’t pay for themselves, provided education on health and wellness, and invested in programs for those with special needs. That commitment continued in 2008, with nearly $141 million spent on community benefits. Here’s where that money went:

Improving Access to Care
$135,962,093 to people in need, people who might not otherwise be able to afford healthcare

Building Healthy Communities
$2,466,681 for identifying and addressing our community’s unmet health needs

Health Education and Wellness
$1,698,135 to educate people about how their lifestyle choices affect their health

Special Care for Special Needs
$547,025 for those at risk because of age, involvement in a violent relationship, chemical dependence, mental illness, HIV, or socioeconomics

If you would like a copy of our complete Community Benefit report, please write to: Administration, P.O. Box HH, Monterey, CA 93942, or call 625-4528.

Community Hospital by the Numbers

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<th>Staffed Beds:</th>
<th>Active Volunteers:</th>
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<td>Westland House</td>
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Accolades and Achievements

**Clinical Quality**

Gold Seal of Approval, the Joint Commission

Accredited Comprehensive Cancer Center, American College of Surgeons

Outstanding Achievement Award for scope of cancer care, American College of Surgeons

Accredited Breast Care Center, American College of Radiology

Accredited Sleep Disorders Center, American Academy of Sleep Medicine

Center of Excellence, American Society for Bariatric Surgery

Best-Practice Site for Critical Care Medicine, Cerner Corporation

Baby-Friendly Hospital, World Health Organization/UNICEF

Samuel R. Sherman Award for Innovation in Continuing Medical Education Program Planning, Institute for Medical Quality, California Medical Association

Excellence in Physical Therapy Clinical Education, Samuel Merritt College

**Patient Safety**

Circle of Excellence Award, Computerized Physician Order Entry (CPOE), Eclipsys Corporation

**Patient and Employee Experience**

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Top 10 percent of hospitals nationwide for overall patient experience

Top-Scoring Hospital for Employee Satisfaction, Professional Research Corporation (PRC)

Best Place to Work in Monterey County, *Monterey County Weekly*

Best Place to Work in Monterey County, *Carmel Pine Cone*

Best Place to Volunteer, *Carmel Pine Cone*

**Resource Management**

A+ bond rating, Standard & Poor’s Financial Services, LLC

AA- bond rating, Fitch, Inc.

SEER Award for financial savings through CHIP (Community Hospital Improvement Plan), employee suggestion program, Employee Involvement Association
Charitable Giving

When members of the community contribute to Community Hospital, that support is a sign that we have earned their trust, engagement, and investment. In 2008, thousands of you gave us that vote of confidence by generously contributing a total of nearly $10 million.

These gifts help us maintain the high quality of healthcare the people we serve expect and deserve from Community Hospital. The funds are used for building projects, advanced technology, continuing education for staff, and in many other ways to help us fulfill our mission to meet the changing healthcare needs of our community.

In the pages that follow, you’ll find the names of our many contributors, each of whom has made a positive impact in the hospital and, as a result, in the community. You’ll also learn about a few of those donors and what motivated them to contribute to Community Hospital. We hope you’ll find their stories enlightening and inspirational.

2008 Income from Charitable Donations

- $6,862,228 • Donations
- $2,778,614 • Bequests

2008 Giving for Specific Needs

- 38% • General Fund
- 19% • Breast Care Center
- 18% • Other
- 12% • Pavilions Project
- 13% • Tyler Heart Institute

2008 Giving by Source

- 57% • Individuals
- 30% • Organizations
- 10% • Auxiliary
- 2% • Trustees
- 1% • Employees
- <1% • Medical Staff
MAURINE CHURCH COBURN SOCIETY

This society was created to honor, recognize, and encourage life income gifts and bequests to Community Hospital. Planned gifts represent a substantial resource to ensure a long-term, stable financial future for your community hospital.

Anonymous (3)
Estate of Lillian W. Adams
Mr. and Mrs. Robert M. Allan, Jr.
Mrs. Mildred T. Annand
Antone Ara Bia Trust
Dr. and Mrs. John N. Baldwin
Mrs. Violet Baldwin†
Mrs. Betty P. Bass
Mr. and Mrs. John B. Bergin
Mr. and Mrs. A.E. Bernardin
Estate of Margaret G. Blackburn
Mr. and Mrs. Charles H. Bloom
Mrs. Babbie Bockes
Mrs. Rosalie Bonsignore-Wampler
Mr. William F. Borland
Estate of Ingeborg Borovicka
Evella M. Brandon Living Trust
Dr. and Mrs. John H. Brazinsky
The Brennan Family Trust
Mr. and Mrs. Norman W. Calkins
Mrs. Jeanne Canel
Mrs. Roberta S. Chappell
Dr. Kyung Cho and
Mrs. Yashik† Chung
Ralph D. and Joyce R. Clark Trust
Estate of Russell M. Comrie
Margaret E. Costa Trust
Mrs. Lilli Cothran
Crawford Family Trust
Mr. and Mrs. Leland E. Dake
Marie M. Darby Trust
Mrs. Marcia Gluck Davenport
Mrs. Virginia M. Davis
Judith E. Derrick
Mrs. Peggy T. Diehl
Martha and Stephen Dalley
Mrs. Margaret B. Donat
Estate of Sarah Elizabeth Dyer
Francis C. and Marie E. Dykeman
The Eriksson Trust
Mr. T. Conway Esselstyn†
Mr. Robert H. Evans†
Mrs. Gloria Fenton
Lewis L. Fenton Trust
Fran Friscia
Dr. and Mrs. Charles Gallup, Sr.
Kenneth A. Gardner
Gelin Charitable Remainder Unitrust
Mr. Jack Goodkin
Estate of Bernice Gold
Estate of Charles Donald Groef
Estate of Rose Mary Graham
Olive K. Greenwald Trust
Mr. and Mrs. H. James Griggs
Dorothy Webster Guy Trust
Dolores P. Hagay
Marie Phillips Hamilton Trust
Estate of Howard Hamman
Trust of Celia Ellen Harris
Esther N. Haskins
Mrs. Ruth Mary Heath
Estate of Stephanie and Joseph Henelt
Mrs. Peggy H. Hicks
Mrs. Marjorie Higgins
Dr. Daniel and Lora Hightower
Hill Family Trust
Ms. Anna Hoffman
Jean G. Holt Trust
Jay and Kip Hudson
H. H. Hughson Trust
Mrs. Alwine Hume
Mr. and Mrs. William Hyland
Harold J. Jacobs Trust
L. M. Jacobs Trust
Estate of Marilyn J. Jones
Mr. and Mrs. Stanley E. Jorgensen
Mrs. Josephine Kale
Lois A. Kord Trust
Edward L. Koval Trust
Phyllis and Lawrence Krause
Mr. and Mrs. Harold E. Kre
Mr. Erling Lagerholm
Mr. and Mrs. Richard LusSalle
Mrs. Eleanor Lehney
Dr. and Mrs. William R. Lewis
Alan C. Lisser Family Charitable
Remainder Trust
Mrs. Marjorie P. Loe
The Luckett Trust
Mrs. Eleanor Hotto Lusignan
Patricia McGee Maino
Mrs. Dorothy V. Manort†
Mr. Richard F. Marcus†
Horace S. Mazet Trust
Mr. and Mrs. T. D. McCloud
Mr. Joseph M. McDevitt
Mr. William G. Mennen
Dr. and Mrs. George E. Miller, Jr.
The Mary V. and George E. Miller, Jr.
Charitable Remainder Trust
Estate of Norman W. Miller
Estate of Sara E. Mitchell
Bethene M. Moore Trust
The Jo Mora Trust
Ms. Mary Jean Nieman
Mrs. Virginia Northcute
Estate of Charles E. Norton
Andrew Downey Orrick†
Miller and Evelyn Ouwendijk
Mr. Wim A. C. Ouwendijk
Lt. Col. USA Ret. Elliott G. Parker
Estate of Frederika C. Phelps
Dr. and Mrs. Richard A. Pirote
Dr. Martin A. Platsko
Estate of Alicia M. Powell
Mrs. E. Gordon Pratt
Col. and Mrs. J. L. Ramos
Mr. and Mrs. William N. Reno
Dr. and Mrs. John E. Rhodenbaugh *
John† and Marion Rabotti
Jerry and Sue Rockwood
Mrs. Joy Rosales
Mr. and Mrs. Lee Rosen
Mrs. Nancy B. Roth
Mrs. Gloria M. Russell
Mrs. Barbara J. Saunders
Youngue Oak and Ken Schachter
Dr. Henry Schifflman
The Schrafl Family Charitable
Remainder Annuity Trust
Mr. and Mrs. Robert B. Sheppard
Mr. and Mrs. William G. Shreve
Marion E. Stearns Estate
Ms. Hilda H. Stengard
June Duran Stack
Estate of Eleanor E. Strand
Dr. Charles and Mrs. Carol Sweet
Estate of Franklin Pierce Thacker
Tharp Family Trust
Charles F. Thomas Trust
Mrs. Carla A. Thompson
E. J. and Elizabeth Thorndike
E. T. “Tom” and Addie M.† Thornton
Florencio and Tom† Tonkin
Estate of Mary C. Toole
Kathleen Kinsler Trantner Trust
Susanne S. and William H. Tyler
Mrs. Betty F. van Maszynski
Mrs. Elizabeth Haywood Watt
Mr. and Mrs. Wilhelm Weber
Helen Geis Westland
Mr. John Weston
Alfred W. Wheldon Trust
Mr. and Mrs. Kim Wighton
Rayanne and Carroll Wilde
Melvin Young and Verda Rae
Living Trust
Ms. Madelon H. Zimmer
† Deceased in 2008
* New member in 2008

PLATINUM CIRCLE

The following friends have achieved remarkable levels of generosity over the years, contributing more than $120 million to our community’s healthcare needs.

$5,000,000 OR MORE

Marine Church Coburn Charitable Trust
Community Hospital’s Auxiliary Hospice Foundation
Mr. S. F. B. Morse
Susanne S. and William H. Tyler

$1,000,000 - $4,999,999

Estate of Lillian Adams
Estate of Sadie Adriani
Estate of Nancy Barkalow
Estate of Marybelle Barton
Estate of Mrs. Al Bernardin
Bertie Bialek Elliott
Estate of Kathryn Boulter
Estate of Dorothy and Henten Brenan
Mrs. Mae Church Coburn
Mr. and Mrs. Luis P. Echenique
Mr. and Mrs. Paul Fahney
Estate of Marie and Earl Foor
Estate of Franklin Groves
Estate of Elizabeth Harrington
Estate of Stephanie and Joseph Henelt
Ann and Michael Lyon
Mr. John McCane
McCone Foundation
Capt. Walter S. McCrery
Monterey Peninsula Foundation
Montgomery Street Foundation
Estate of Georgia Moradian
Marion and John Robotti
Mr. and Mrs. Robert Roth
Mr. and Mrs. Wilhelm Weber
Mrs. Helen Woodard

$500,000 - $999,999

Mrs. Mary Alter
Mr. and Mrs. Stephen D. Bechtel, Jr.
S. D. Bechtel, Jr. Foundation
Isabel Blythe
Kathleen Blythe
Mr. and Mrs. Robert Banner
Estate of Ingeborg Borovicka
Estate of Evella Brandon
The Dunspough-Dalton Foundation, Incorporated
Mr. Donald Elrod
Mrs. Herbert Fredrichs
Estate of Bernice Gold
Estate of Olive Greenwald
Estate of Elizabeth Gregersen
Estate of Allborg Herud
Estate of Alice Jacobs
Mrs. Mary B. Kirssop
Mr. Lloyd L Mills
Estate of Margaret L. Musser
Estate of Giovanna D. Nelson
Estate of Evelyn and Miller Outcall
Estate of Edna Parratt
Estate of Alice and Harry Pearce
Estate of Lt. Col. Frank Rogers
Dr. and Mrs. Peter B. Salomon
Mrs. Frances Shaff
Estate of Elizabeth Statts
Estate of Kathleen Trantner
Estate of Alfred W. Wheldon
Estate of Doris M. Wright

$100,000 - $499,999

Estate of Robert C. Aitkenhead
Estate of Margaret Alberson
Mrs. Andrea Arnof
Mr. Ian Arnof
Arnof Family Foundation
Estate of Maryanne Auerbach
Mr. and Mrs. Richard Barkelew
Mr. and Mrs. Jack Baskin
Mrs. Betty P. Bass
Mr. Clarke W. Bearden
Estate of Rita Behal
### 2008 Annual Giving

Many individuals, corporations, and foundations have shared our goal of continued excellence in patient care. We thank each of our donors, who together contributed more than $9.6 million to our hospital in 2008.

#### President’s Circle
($10,000 or more)

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<td>Mrs. Geneva A. Clymer</td>
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<td>Mr. Gary Dangerfield</td>
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<td>Claire and Jack Davis</td>
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<td>Mrs. Jean L. Draper</td>
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<td>Dr. and Mrs. James Dyer</td>
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<td>Mrs. Rita Echenique</td>
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<td>Mrs. Lucille Eggern</td>
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<td>Ms. Miyoko Enokida</td>
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<td>Mr. and Mrs. G. Robert Evans</td>
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<td>Mr. Peter C. Felice</td>
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<td>Capt. and Mrs. Cyrus F. Fitton</td>
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<td>Ms. Candace Haber</td>
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<td>Mr. and Mrs. John H. Hage</td>
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Their first gift to Community Hospital was a modest memorial. A month later, Mike and Ann Lyon pledged a substantial gift to the hospital’s Tyler Heart Institute. The motivation? Firsthand confirmation that the healthcare Community Hospital provides is top-notch, just like they had been told. The Lyons were relative newcomers to the Peninsula, having moved to Pebble Beach just three years before. They had reached a stage in their lives, post-employment, where they wanted to move closer to their children and grandchildren in California. They departed the Twin Cities area of Minnesota and settled on the Peninsula, embarking on an extensive remodel of their new home. “A Realtor told us that there was excellent healthcare in the area,” Mike says. “We did not, however, have a reason to investigate or get closely involved in that — until a year later, when I found myself in an emergency situation and wound up with intimate knowledge of the staff and facilities of the Tyler Heart Institute.” Through emergency care, intensive care, and ultimately, heart surgery, Mike was impressed with the clinical and support staff for their skill, their morale, their kindness. “Our contribution to the hospital,” says Mike, “was our recognition of the hospital board and the community citizens for having the foresight to make this kind of facility available to local people and to attract the quality of doctors and staff to make it happen. In this case, we received first and gave later.”
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BREAST CARE CENTER INITIATIVE

A community-led fundraising campaign successfully reached its $2.5 million goal to help bring the next generation in technology to the Breast Care Center of Community Hospital of the Monterey Peninsula.

Anonymous (7)  
Mary Adams and John Bailey
At Fenton & Keller, a law firm serving the Monterey Bay area for more than 50 years, the protocol is practical, progressive, and professional. Yet the 18 attorneys and 16 staff members who make up the firm like to dress down on an occasional Friday. Because the firm also is characterized by a culture of philanthropy, the firm’s members decided to marry the cultures and invite everyone in the firm to wear denim jeans to work — as long as they were willing to pay for it. “Our firm is about service to clients,” says partner Jackie McManus, “and that service extends to community. It’s not unusual for someone to put out a jar, confident the staff will fill it on behalf of a local cause. I had recently attended a luncheon where we became aware of the needs of the Breast Care Center of Community Hospital and its initiative to raise money for new digital mammography equipment.” The firm held a Friday potluck lunch, where they put out an envelope and asked people who wanted to wear jeans to contribute to the Breast Care Center. By the end of the day, the envelope held $673 in checks, plus considerable cash. “In 2006, we won the National Philanthropy Day Award for Outstanding Philanthropic Corporation,” says McManus. “People here, from our most senior partner to the newest member of the staff, are very generous within their own means. Our founder, Lewis Fenton, was a longtime friend and legal counsel to Community Hospital, so our legacy of interest in and support for the hospital continues.”
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Capt. and Mrs. James M. Webster
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Mrs. Barbara Zabrowski
Mr. and Mrs. Ernest F. Zanetta
Mrs. Fred Zeder
Ms. Marsha McMahon Zelus
Ms. Nuture Zeren

GIFTS FROM OUR MEDICAL STAFF

Gifs from our own hospital family members are among the most meaningful because they demonstrate commitment beyond daily contributions of time and talent. Community Hospital is grateful for the support of the following active, retired, and honorary medical staff members.

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TRIBUTES

Tribute gifts honor friends and loved ones on their birthdays, anniversaries, or other special occasions. These gifts help enhance the quality of healthcare provided at Community Hospital. Friends who have made tribute gifts are listed following the name of the person they honor.

Mrs. Robin Aeschliman  
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Mr. Albert Alvarez  
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Sally and Alan Brudos's  
50th Wedding Anniversary  
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Mr. and Mrs. Alan R. Brudos  
Mrs. Lois Bennett
MEMORIALS

Memorial gifts provide a way for people to express their sympathy when words just don’t seem adequate. Such gifts also play an important role in enhancing the programs and services of Community Hospital. Friends who have made memorial donations are listed following the name of the person whose memory they honor.

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Ms. Sarah Spencer
In 1972, Carroll Wilde needed emergency surgery in the middle of the night, and Community Hospital was there for him. He and his wife, Roxanne, have been there for the hospital ever since. “We’ve always felt so fortunate to have a hospital of this caliber in a community of this size,” says Roxanne. “We realize it is so good because of the people who have come before us, who used their donations of time and money to build and develop the hospital into what it is today.” Roxanne joined the hospital Auxiliary in the early 1980s and has logged more than 9,800 volunteer hours, including a two-year term as president. Carroll joined the Auxiliary in 1998 and has clocked in with more than 8,700 hours of service. “We give time, and we give dollars,” says Carroll. “The hospital is in our will. We donate once or twice a year to the hospital foundation. And, usually, when someone we know well passes away, we give a donation in memory of that person. Or, once in awhile, when someone has done something special, we give thanks through a donation in their name. The hospital is part of our community, so we give on behalf of the members of the community, including friends, neighbors, and visitors who use it.”
Mr. and Mrs. Audrey L. Hellam
Mrs. and Mr. Juan Jose

Ms. Linda Kay Henderson
Mr. and Mrs. John Billman
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Jan and Don Tragoson

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Marilyn Kren will never forget the poppies blooming on a canvas at Community Hospital. The prominent Ferdinand Bergdorf painting was, for quite some time, the pathfinder that directed her to her husband Hal’s hospital room. “My husband’s hospitalization was a wonderful experience, if you can say a near-death is wonderful,” says Marilyn. “The care he got was, at first, on an emergency basis. You arrive at the Emergency department, who knows what’s the matter, and it’s all frightening. But you’re at Community Hospital, so you know you’re in good hands. The care Hal received was always exceptional.” The Krens, who have been married 38 years, recently established a charitable gift annuity on behalf of Community Hospital. “At this stage in life,” says Hal, “we looked at a number of charitable gift annuities, which were all, if not identical, then very much the same. It’s not about who’s going to give you the best deal; it comes down to how you feel about the particular charity you’re zeroing in on. Community Hospital is subjectively closer to both of us than any particular other charity. I’ve been up there, and they got me through something, but that wasn’t it. It’s the aura they have, and the feeling we have for the hospital. All who work there are the kind of people who seem to care about other people, and we’re the other people. Giving to Community Hospital creates the opportunity to participate in a win-win situation. That’s what we wanted to do.”
The honor roll is composed of donors who supported Community Hospital in 2008. Inevitably with such a list, an occasional oversight occurs. If your name has been omitted or there is an error in the listing, we apologize and ask that you notify the Development office, Community Hospital Foundation, 1000 Munras Avenue, Monterey, CA 93940, or call (831) 625-4506.

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