



FACETS

2006 Report to Donors



DBV
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COW

Computer on Wheels



SADDLEBACK
MEMORIAL
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EHR

Electronic Health Record



FACETS

2006 Report to Donors

Saddleback Memorial Foundation

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vision

Build and enhance mutually beneficial relationships with our community.

Become the premier provider of philanthropic opportunities in South Orange County.

Build a \$50 million endowment.

mission statement

To develop the philanthropic resources necessary to strengthen the ability of Saddleback Memorial Medical Center to enhance the health and well-being of individuals, families, and our community.

Dear Friends,

Over the last 33 years, there have been many milestones at Saddleback Memorial Medical Center – the community hospital's opening in 1974; joining the Memorial Health Services system in 1981; the addition of Saddleback Women's Hospital in 1988; the opening of the Meiklejohn Critical Care Pavilion in 2002, and the acquisition of San Clemente Hospital in 2005.

The year 2006 marked another important milestone – the launch of what we call MC*21 – MemorialCare® into the 21st Century. After years of strategic planning, MC*21 ultimately resulted in virtually eliminating paper charts and instituting a totally integrated electronic healthcare record. We view MC*21 not only as an investment in information technology, but as an investment in safe and better care for our patients. The MemorialCare® system will spend over \$50 million to implement MC*21 across all of its hospitals with the return being a notable improvement in the quality of healthcare.

This issue of *Facets* is dedicated to defining MC*21, and how it affects patients, physicians, nurses, pharmacists and all of our employees. Just as it's critical for all of our employees and physicians to be trained and up-to-speed with our new system, we think it's critical for you as donors and friends of our to not-for-profit hospital to understand the value and importance of this truly revolutionary approach to caring for our patients.

We are among only 5 percent of hospitals nationwide to successfully implement such a comprehensive system. In fact, many other notable hospital systems throughout the country are now studying our model for change and implementation.

MC*21 has not only meant the most significant changes in the history of the hospital, it has created a new culture amongst our healthcare professionals of accepting changes and new approaches to better our care and our hospital.

All of us at Saddleback Memorial Medical Center are quite proud of MC*21. So, read on. It's interesting, and it affects you.

Sincerely,



Stephen B. Geidt
Chief Executive Officer
Saddleback Memorial Medical Center



Stephen B. Geidt





A 21st Century Profession

By Jennifer Lefebvre

“MC*21 eliminates chances for errors, including deciphering illegible handwriting on charts and on prescriptions.”

Steve Geidt, SMMC CEO

Doctors, nurses, pharmacists, X-ray and lab technicians – all professionals you’d expect to see working together at a hospital. But in this 21st century, there is another key professional working right alongside these clinicians: informaticists. Informaticists work mostly behind the scenes but provide a critical, central component to helping today’s hospital provide safe and efficient care.

The definition of an informaticist is a clinician (a physician, nurse, pharmacist, therapist) who integrates clinical care, computers, and management principles. Informaticists are patient advocates and experts about data, its structure, management and availability for decision making for clinicians and physicians providing patient care.

Informaticist Jamie Anand, R.N., has worked for the MemorialCare® system, which includes Saddleback Memorial Medical Center (SMMC), for 27 years. With a master’s degree in nursing administration, Jamie’s MemorialCare® career spans positions in nursing, administration and information systems, the department of the hospital that manages computers

and information processes.

“I married a computer engineer,” says Jamie about why she became interested in hospital information systems back in the early 1990s. “Early on, I saw how computers could be used as a way of leveraging daily data into information that would give nurses and physicians knowledge to improve their practices.”

Recently, Jamie’s nursing and administration background as well as her longevity with the system made her a key “architect” in one of Saddleback Memorial’s most important endeavors to forever change the culture and future of healthcare at the hospital. This revolutionary change is called MC*21 – MemorialCare® into the 21st century. SMMC went “live” with MC*21, which included moving away from paper medical charts to electronic health records (EHR), almost a year ago. This was no easy task and involved a complete clinical transformation affecting all areas of the hospital.

Informaticists like Jamie, along with managers, physicians, nurses and other key employees, built Saddleback Memorial’s

EPIC system, the software program to manage the electronic health record component. Working closely with the company who designed the EPIC software, DBV (Design, Build, Validate) teams went through virtually every area of the hospital over a period of several months to create and tailor the system.

Jamie says, “Information technology facilitated the launch of MC*21, but it was truly driven by those who provide health-care at the hospital. That is why it has been successful. Ancillary departments, such as the lab, imaging, pharmacy, and dietary, streamlined formularies and work processes to ensure a robust build of content.”

MC*21 completely changes the way healthcare professionals deliver healthcare. Charts, ordering, dictation, and discharge processes are all computerized. Massive, intense training sessions occurred for over 504 physicians and 2,041 other healthcare professionals.

The MemorialCare® system chose Saddleback Memorial as its first hospital to launch MC*21 because of its size and culture to accept change. Other MemorialCare® hospitals will follow in

in Hospitals

the coming years. Now, over 50 employees are dedicated to rolling out MC*21 throughout the four-hospital system.

Why embark on MC*21? “It’s safer and more efficient for our patients,” says Steve Geidt, SMMC’s CEO. “MC*21 eliminates chances for errors, including deciphering illegible handwriting on charts and on prescriptions.”

Through the EPIC system, patient information is safely stored and quickly accessed only by those who need it to make decisions. Employees and physicians no longer need to track down and flip through paper charts. Secure, vital, and up-to-date health information is available at their fingertips with a few clicks of a mouse all from movable computers located virtually everywhere in the hospital as well as via remote access in physicians’ homes and offices. They also order tests and communicate with nearly every department in the medical center via computers.

“I knew it would be successful,” says Jamie about MC*21. “Our senior executives and leaders were extremely supportive. The MemorialCare® system was aligned financially to back this

endeavor. Our physician leaders made it job No. 1, and we had management processes in place to create a culture ripe for change.”

While Jamie describes her initial role with MC*21 as an architect with the system “build,” she has now moved to the support side with the title of Senior Application Optimization and Support Engineer. Certain informaticists are dedicated to supporting EPIC. “We also have what we call the “BAT” phone and EPIC Response Team (ERT), which provides immediate assistance at any time of day or night throughout the hospital,” Jamie says. “Our Informaticists go directly to the elbow of the person requesting assistance to work out any problems. We track every single issue no matter how big or small and manage it until completion.”

Jamie says the role of an informaticist is like a “GPS” system or navigation system for employees and physicians using EPIC. “If they get lost, they come to us for help,” she says. “But, they’re truly driving on their own roads. If they run across a pothole, they call us. We must always be present, rounding on the floors.” ■



Jamie Anand, R.N.



Nurses Steer New Course

By Jennifer Lefebvre

Imagine a nurse. You might picture him or her carrying around bulky charts, talking into the telephone with doctors or constantly handwriting information at a nurses' station. A quick look on one of the patient floors at Saddleback Memorial Medical Center (SMMC), and you'll see a different picture – a nurse and a COW. It sounds funny but a COW is actually a Computer on Wheels.

After the launch of MC*21 in July 2006, more and more COWs invaded SMMC. In addition, more and more computers lined counters and physician dictation rooms. SMMC instituted a virtually paperless system to chart and care for patients.

Teri Torche, R.N., a nurse on the medical surgical floor, embraced the change. Trained as a "Superuser" early on, Teri lent her computer talents to stand beside others on the floors and guide them through the system.

Six years ago, Teri decided to change careers and go to nursing school at Saddleback College. While attending classes, she worked at Saddleback Memorial as a patient care technician to become familiar with the hospital. "I actually always wanted to be a nurse," Teri says.

Prior to becoming a nurse, Teri worked for a medical company as a merchandise manager, using computers to manage \$80 million of inventory – a skill that came in handy with the launch of MC*21.

"Working as a 'Superuser' was great," Teri says. "After I was trained with the EPIC system, I was able to lend a hand to others on my unit who were becoming familiar with the new way of charting. It built camaraderie – we were all in this together."

On any given day, Teri might be caring for five or six patients at a time.

With Computers on Wheels



Teri Torche, R.N.

She typically rolls the COW into her patient's room when she records an initial assessment. Then, most of the time, she stops and charts notes, enters orders,

“Entering orders, like a request for pain medicine, is very easy. Then, wherever the doctor is, he or she can access the patient’s chart, review my notes, and sign off for medications.”

Teri Torche, R.N.

and reviews physicians' comments right outside the room at the COW.


“Entering orders, like a request for pain medicine, is very easy.” Teri says. “Then, wherever the doctor is, he or she can access the patient’s chart, review my notes, and sign off for medications.”

“I also check all the time for new orders from the physicians,” Teri says.

“It’s like going to your inbox on an email system and checking for incoming emails. My favorite part of the system is that we don’t have to decipher the physicians’ illegible handwriting.”

“It’s just more complete,” adds Sandy McGraw, R.N., who can’t help interjecting. “I think it’s the greatest thing ever. I used to carry a wad of papers around and now this is it,” she says showing a small piece of scratch paper.

Teri also says she likes the component of the system that helps educate patients. “You can click on it and review with the patient what he or she needs to know about the care plan or discharge instructions,” she says. “I also use ‘micromedix,’ where I can look up information about certain medical conditions and medicines.”

“They said MC*21 would take us into the future,” Teri says. “We are in the future – this is it.” 



Dual Screens Help Nurses

By Jennifer Lefebvre

In the labor, delivery, recovery and postpartum (LDRP) unit, nurses spend a lot of time with the laboring mothers in the patients' rooms. And so do the computers. In fact, LDRP rooms have dual screens that help nurses monitor and chart at the same time.

A nurse with the MemorialCare® system since 1990, Lisa O'bleness, R.N., had never taken a computer class in her life, except the training for the MemorialCare® computer systems. That didn't stop her from quickly adapting to the new way of charting and caring for patients.

"I'm a realist and optimist, so my attitude was positive throughout this entire process," Lisa says. "I would tell others who would struggle with the new system, EPIC is here to stay, there's no going back, so embrace it."

"I like to find short cuts and explore the system," she adds. "I don't mind

getting lost and finding my way out. I just look at it like now we're typing instead of writing, and our password is our signature."

The system was implemented in July, and by October, Lisa says she really started feeling comfortable with it. "I also felt like I could start helping others. I kept telling people who were afraid to make a mistake, let's make as many mistakes as we can. This is how we are going to learn how to do it right. It's hard for a nurse though because we are taught not to make any errors."

Lisa agrees with Teri that the best part of EPIC is being able to flip through notes in the EHR, where the information is legible. "I know a lot more about my patients than I ever did," Lisa says. "It's so much quicker to look through an organized history and notes on the computer, versus flipping through pages and pages of charting." She also says



Lisa O'bleness, R.N.

Care for Laboring Patients



this means nurses don't have to ask physicians as many questions.

Another great feature for LDRP nurses is many screens in the system automatically calculate information and even provide charts. "For instance, we track the intake and outtake of our patients, and if you're more visually inclined, with a click of the mouse, the EPIC system will automatically make a graph showing your patient's intake and outtake over a period of time," Lisa says. "It can also calculate how many contractions a patient is having in an hour. It takes us less time to figure out this kind of information and have it readily available for the physicians."

The admitting process is also quicker, especially since most mothers are pre-admitted, meaning they have already completed paperwork, and all of the data has been entered into the computer prior to coming to the hospital. "When a patient arrives in labor, we can open

up the electronic health record and immediately see her history, allergies and special instructions," Lisa says. "Our patients can be admitted within 2 minutes, whereas before it could take hours." The system even provides a

"I know a lot more about my patients than I ever did. It's so much quicker to look through an organized history and notes on the computer, versus flipping through pages and pages of charting."


Lisa O'bleness, R.N.

daily list of expected patients based on projected due dates.

Every LDRP room has a computer with a double screen, so while the nurses monitor contractions on one screen, they can access the patient's information or chart progress on the other. Often, information charted in the computer

automatically notifies other departments to get involved, such as having a nutritional or social services consult.

"All of the sudden a yellow screen will pop up and say, 'Do you want a nutritional consult,'" Lisa explains. "You click 'yes' and the nutrition department is notified. And while you are taking care of your patient, the nutritionist down in the basement of the hospital can log on and review the chart too, so he or she can make recommendations." In the past, one paper chart would remain upstairs outside the room. This saves staff time from walking up to the floor to review a chart. "It also helps with patient confidentiality because the system tracks everyone who has accessed a patient's chart and why," Lisa says.

"I find it hard to make an error with this system," Lisa says. "It's quite simple as far as computers go." 

EPIC

MEMORIAL UNIVERSITY

CLINICAL TRIALS FOR THE FUTURE



MC*21 Transforms

By Lori Brandt

It's crazy when you think about it now," says Pat Bogh, a SMMC pharmacist reflecting on the way the pharmacy functioned prior to MC*21.

"We used to receive medication orders via the tube system or fax, and the copy we'd get in the central pharmacy was the third, or bottom, copy," Pat explains. "If the doctor hadn't pressed hard enough, we could hardly see the print. Even if we were lucky enough to receive a good copy, we still had to decipher the hieroglyphics. And then, the real challenge was determining who wrote the order." (Physician signatures are notoriously difficult to read.)

Pat spent much of his day getting up and down from his desk, running from the central pharmacy in the basement up to the patient care floors. He'd retrieve a medication order from the fax or tube, enter it into the pharmacy computer system, then cross check it on the hospital computer system. Inevitably he'd have to run up to a patient unit to track down a patient's medical chart to see the original copy of the order, or locate a physician for help making sense of an illegible order or discuss a possible drug interaction. Then

it was back to the basement to verify the order in the pharmacy computer system. After which, the medication order could be filled and delivered. This wacky drill went on all day; it was time consuming and error prone.

Today, with the MC*21 project in place, the pharmacy receives orders as soon as a physician enters them in the EPIC system. The medication order is complete, easy to read and it's clear who sent it. The order is verified by a pharmacist

"EPIC provides several levels of safety that improve patient outcomes."

Pat Bogh, SMMC Pharmacist

from anywhere in the hospital within 20 to 30 minutes. A label is printed in the pharmacy, where the order is filled, then verified again by a pharmacist and woosh! It's up to the unit through the tube system. A routine medication order is filled in about 30-60 minutes. This process took at least three-to-four

times as long prior to EPIC.

"I wasn't sure what to expect at first, and it was a huge change, but I am pretty happy with the new system," says Pat. "All our problems with not being able to read orders or identify which doctor sent them are virtually eliminated, almost 100 percent."

Reducing medication errors is a huge advantage of MC*21, but not the only benefit. Instead of two computer systems – one for pharmacists to dispense medications and one for physicians and nurses to order and chart medications – there is now only one integrated system common to all users. Instead of one original paper medical chart that is always stationed with the patient, there is now an electronic health record or chart that can be accessed by computer from any department or anywhere via secure remote access.

Stationary and roving computers are on all the units. Instead of running up and down from the central pharmacy to the patient care floors in search of medical charts, Pat spends more time on patient floors, interacting with doctors

Pharmacy Operations



Pat Bogh, Pharm.D.

and nurses, responding instantaneously to questions, and having a larger presence on the patient care team.


With a more efficient system in place for fulfilling medication orders, the pharmacy department can deploy pharmacists to more units. In addition to a pharmacist on the ICU, there is now one assigned to the progressive care unit, rehabilitation and the medical-surgical/oncology floors. Pat, who has worked at

Saddleback Memorial for 15 years and at Long Beach Memorial for 10 years before that, is often assigned to the ICU. His day now consists of much less running around, and much more focus on patients.

Pat begins a typical day on the ICU by going on patient rounds with the patient care team. MC*21 has improved this process as well. "I usually man the roving wireless computer cart," says Pat. "I can retrieve up-to-the-minute current

information and have it right there in front of us as we discuss each patient's care plan. We can see that day's lab and imaging results. I can make a suggestion to the doctor about an antibiotic or another medication, and he'll respond immediately so we can make a decision right then and there. Everything happens in real time."

All patients admitted to SMMC since EPIC was implemented in July 2006 now have an integrated and permanent electronic health record. Their past medical history including all medications prescribed is available immediately for their caregivers to see when the patient is admitted to the hospital. At the time orders are entered or checked, the new system alerts all clinicians of any potential drug interactions or problems with existing allergies. EPIC provides several levels of safety that improve patient outcomes.

"It's amazing how much information you can get out of the system once you learn how to use it. I'm not getting as much exercise on the job as I used to," Pat jokes, "but EPIC has been a good thing all the way around for the hospital and our patients." 

Physicians Say Good-Bye to Paper Medical Charts

Embrace the Future

By Lori Brandt



Ali Tabatabai, M.D.

They went cold turkey. The physicians on staff at Saddleback Memorial spent months preparing. Then, during two scorching weeks in July 2006, they just had to sweat it out.

The transition from paper medical charts to a completely electronic, paperless system was in fact a very serious, deliberate process. EPIC system experts with easy-to-spot red vests and MemorialCare® specially trained info systems teams swarmed the patient care floors, working day and night, available to give immediate assistance if needed.

“It was a huge leap forward for our physicians,” says David Lagrew, M.D., chief of staff. “In planning the implementation, we anticipated it would take a least four months to have 80 percent physician use. We hit 84 percent in the first week.”

Today, nearly 10 months later, the medical center is thriving with the

EPIC system firmly enmeshed in the day-to-day operations of delivering quality patient care.

“The availability of information such as lab results and past health histories in real time is extremely valuable for the clinical team and the patient; it allows us to make decisions more quickly,” explains Ali Tabatabai, M.D., an internist. “The system also improves our interaction with pharmacy, decreasing medication errors. Overall, I’m very optimistic about the change.”

Initially, some physicians expressed skepticism and hesitation. “Many thought it would create more work for us,” says Dr. Tabatabai. “It has actually saved time for me. Sure, you have to input your own notes and orders, but I’ve stopped dictating completely.”

Traditionally, when physicians check on patients in the hospital, they use a



recorder to dictate their initial assessments, progress notes and discharge instructions. This dictation has to be transcribed and then returned to the physician or attached to the patient's chart. With the EPIC system, the physician can type notes and all necessary documentation into the electronic chart, making it available immediately, no delay in turnaround time and no transcription errors.

"It has made my life so much easier," Dr. Tabatabai says. "I used to be highly delinquent with my discharge summaries. I'd come in on weekends to catch up on a pile of charts that still required complete documentation."

Dr. Tabatabai worked with EPIC representatives to develop custom templates designed with his preferences that he now routinely uses. "I can do my patient rounds, then sit down at one computer to complete all my

documentation at once. I don't have to go around grabbing patient charts and catching up."

"The availability of information such as lab results and past health histories in real time is extremely valuable for the clinical team and the patient; it allows us to make decisions more quickly."

Ali Tabatabai, M.D.

The new system has also improved the way physicians order medication. Instead of quickly scribbling a prescription (which may be hard to read) and handing it off to the nurse to send to the pharmacy (which may take a few hours), the physician enters the medication order himself into the EPIC system, which is fully integrated with the pharmacy. It's legible and fast.

Ahead of the curve, SMMC is the first of five hospitals in the MemorialCare® system to go paperless with the EPIC system. A 2006 report from the Institute of Medicine calls for all prescriptions to be written electronically by 2010.

Dr. Tabatabai says some concerns still exist. "It's not perfect," he says, "but the nice thing about SMMC's administration is that they'll incorporate the physicians' input when they make upgrades and present the next generation. EPIC has flexibility, and it will evolve."

The one thing EPIC can't do is teach physicians how to type. Some doctors still use the one finger method. Though, that too, may go the way of paper charts, as newer generations of medical students who've grown up with computers and video games become physicians. █



ER Docs Tout Benefits

By Jennifer Lefebvre



Robert Kingston, M.D.

I've had some chest pain over the weekend, and it seems to be getting worse," says 47-year old Gloria Agres, a patient in Saddleback Memorial Medical Center's emergency department. Dr. Robert Kingston, an emergency room (ER) physician for the past 30 years, sits down close to her bedside and unfolds his laptop. He proceeds to ask Gloria all sorts of questions while simultaneously typing notes into the computer. Some would argue the computer is impersonal. But, Dr. Kingston would argue the computer is not only more efficient but it's the safest way to care for his patient.

"I believe when patients see me with my computer, they trust the information I am entering is going somewhere important to benefit their care," Dr. Kingston says. "My laptop never leaves my side."

While working he keeps several software programs open on his computer – one that connects with the imaging department to view X-rays, one for translating information into different languages for his patients, one that gives him contact information for physicians,

and EPIC, the electronic healthcare record (EHR) introduced as part of MC*21 that provides immediate access to all patient information instead of using a paper chart. The EPIC computer screen also allows physicians or nurses to order tests, check history, check the progress of orders, review caregiver notes, and order medications.

Dr. Kingston also brings his laptop to the bedside to show patients actual X-rays and results. "You should see the patients' eyes light up when they can view their own X-ray images on the computer or see the progression of a condition."

With the EPIC system and a digital X-ray computer system, ER physicians like Dr. Kingston receive and look at X-rays immediately; there is no more waiting for films. In addition, at the same time the ER doctor views the image, a hospital radiologist receives the images on his computer whether he is at home, in the office or somewhere in the hospital. Then, both doctors can confer and determine a treatment plan.



EPIC links with almost every area of the hospital, including imaging services, the pharmacy, nutrition services and medical records. “We put in most drug orders ourselves or have to sign off on the computer if the nurses put in the order,” Dr. Kingston says.

You’ll find almost everyone working in the ER stopping at a computer station. Dr. Kingston says he’s always been interested in computers and technology, but for some who didn’t grow up in the computer age, it’s been hard to adjust. “Once you know how to use it, it’s pretty easy,” he says.

“The first week we went live with the system, it was awful,” Dr. Kingston recalls. “In two weeks, it got better. Now, most are extremely comfortable with the system and know short cuts.” The average MemorialCare® physician received about 16 hours of training. Dr. Kingston trained for 50 hours as a “Superuser.” “I can teach

it much better now,” he says. “I’ve built in a lot of shortcuts.”

His colleague Dr. Khanh Tran just began working at Saddleback Memorial’s ER a few months ago. He’s already up to speed on the EPIC system and realizes its benefits. At the hospital he worked at prior, there was no such system. You have to be somewhat computer savvy, but it

“I believe when patients see me with my computer, they trust the information I am entering is going somewhere important to benefit their care,”

Robert Kingston, M.D.

definitely helps us provide safer care. It also has a built-in system to alert for allergies and adverse drug interactions, and it provides more detailed, informative discharge instructions.

When Dr. Tran assigned himself a new patient via the computer, he quickly noticed she was in the ER over the past weekend. “Even before I met her, I knew she had been treated for a heart attack,

and I saw she had an extensive work up,” Dr. Tran says. “I viewed the results of her blood work and angiogram. This helped me determine how to care for her. If I had not had those results, I may have immediately ordered a bunch of tests and gone down a different path. I can read every single note from the internist, cardiologist, vascular surgeon and nurses. The system is extremely helpful and a lot quicker to retrieve information.”

Meanwhile, Dr. Kingston visited a young patient suffering from croup. He told her Spanish-speaking mom she could take her daughter out in the cold air at night or in a hot, steamy bathroom to help the cough. But in addition to his verbal instructions, Dr. Kingston used the computer to print out instructions in Spanish for the mom to take home.

“Most people have read about electronic charts in the paper and know it’s a good idea,” Dr. Kingston says. “But, it truly is safer and more efficient.”

“I took one elective in high school – typing,” he adds. “That’s coming in handy.” ■



**Saddleback Memorial Foundation (SMF)
Fiscal Year 2006 Financial Highlights**

Total Assets (as of 06/30/06)	
	<i>Amount</i>
Cash	\$ 6,381,793
Investments	24,247,340
Receivables – pledges, bequests, notes	817,374
Depreciable Assets	114,635
Trusts, Annuities, and Pooled Income Fund	27,344,943
Endowments	42,819,295
	\$ 101,725,380

Fundraising Results for Fiscal Year 2006	
	<i>Amount</i>
Contributions and New Pledges	\$ 1,699,786
Special Event Revenue	472,882
Support Group Membership Revenue	51,405
Gifts from Estates	1,052,971
Planned Gifts	756,493
Total Philanthropy	\$ 4,033,537
Operating Expenses	2,541,178
Funds Transferred to SMMC	\$ 3,100,640

Programs that received funding from SMF in Fiscal Year 2006

- | | |
|-----------------------------------|-----------------------------|
| Cancer Services | Nursing Outreach Program |
| Cardiology Services | Orthopedic Services |
| Emergency Care Services | Pastoral Care |
| Hospice Fund | Pharmacy Services |
| Medical Staff Administration | Rehabilitation Services |
| Meiklejohn Critical Care Pavilion | Scholarship Fund |
| MemorialCare Senior PLUS | Women & Children's Services |
| Nursing Education | |

Number of Gifts

Received & Pledged
July 1, 2005 to June 30, 2006

Corporations and Businesses	282
Foundations and Organizations	26
Individuals	2,943
Total	3,251

Dollars Raised

Received & Pledged
July 1, 2005 to June 30, 2006

Corporations and Businesses	\$ 461,977
Foundations and Organizations	\$ 64,675
Individuals	\$ 3,506,885
Total	\$ 4,033,537

How Gifts Were Designated

Dollars Raised

Received & Pledged
July 1, 2005 to June 30, 2006

Unrestricted	\$ 1,365,202
Restricted	\$ 1,938,291
Endowments	\$ 730,044
Total	\$ 4,033,537

Note: The above figures represent information from the Foundation's database for Fiscal Year 2006. Adjustments for investment income, gains, losses and FASB accounting standards are not reflected in this data. (see audited statements)

ways to give

Each day brings many challenges to Saddleback Memorial Medical Center (SMMC) as dedicated professionals strive to achieve MemorialCare® – the Standard of Excellence in Health Care. Premature babies are saved, elderly patients are comforted, and critical surgeries are performed. Often, grateful patients and friends wish to show their appreciation and do so through philanthropic contributions to Saddleback Memorial Foundation (SMF), which exists solely to support Saddleback Memorial Medical Center. Philanthropy is vital to the programs and services provided by the medical center. There are many ways to give to SMF described below. Please consider a gift today.

Cash Gifts

You may send a check to the following addresses or pay by Visa, MasterCard, American Express, or Discover by calling the numbers listed.

Saddleback Memorial Foundation Laguna Hills
24451 Health Center Drive
Laguna Hills, CA 92653
(949) 452-3724

Saddleback Memorial Foundation San Clemente
654 Camino de los Mares
San Clemente, CA 92673
(949) 489-4552

Annual Gifts and In-kind Gifts

Annual gifts sustain ongoing programs and services. With the cost of patient care, services and technology rising each year, SMMC increasingly depends on annual gifts. You may choose to make an unrestricted gift and Saddleback Memorial Foundation will direct it to areas of most need. Or, if you prefer, you may ask that your gift benefit an area that is especially meaningful to you or your loved ones. For more information about annual gifts, please contact:

Connie Fox
Director of Development, SMF Laguna Hills
(949) 452-7232
CFox@memorialcare.org

or

Patricia Davis
Vice President of Fund Development, SMF San Clemente
(949) 489-4552
PDavis@memorialcare.org

Major Gifts

Major gifts can fund construction of rooms or buildings, help renovate units, and go toward new equipment to ensure that all facilities are both efficient and comfortable for patients and medical staff. Periodically, major capital campaigns are planned to meet changes and needs – lifting the medical center to a new level of growth. Many people avoid capital gains tax on appreciated stocks and other securities by donating them to Saddleback Memorial Foundation. Major gifts frequently provide opportunities for name recognition of a family or individual for a specific area within the medical center. For more information about major gifts, please contact:

Janet DeWolfe
Executive Director of Development, SMF Laguna Hills
(949) 452-3966
JDewolfe@memorialcare.org

or

Patricia Davis
Vice President of Fund Development, SMF San Clemente
(949) 489-4552
PDavis@memorialcare.org

Estate and Planned Gifts

Estate and Planned Gifts offer you the opportunity to make a significant philanthropic gift to the medical center in concert with your personal long-term financial, tax, and estate plans. How you plan your finances and estate can have a profound impact on you, your heirs and your community. Charitable gift and estate designs are some of the most powerful tools available for you to ensure your financial security, provide an appropriate inheritance to your heirs, and leave a lasting legacy to your community. Tools such as bequests, charitable trusts, life-income plans and residential remainder interests provide you with choice and control over your wealth and substantial tax savings.

If you would like to include a bequest in your estate plans to support SMMC in Laguna Hills and/or San Clemente, explore the advantages of planned charitable gift or are interested in giving other assets such as real property, appreciated securities, life insurance, personal residence, retirement plans, collectables, closely-held securities, and business interests, please contact:

Michael J. Occhipinti, CFP
Vice President of Gift and Estate Planning
(949) 452-7230
MOcchipinti@memorialcare.org

Thank you for considering a gift in support of Saddleback Memorial Medical Center.

Saddleback Memorial Foundation encourages every individual to complete an estate plan, and we are honored when an individual places his or her confidence in us as a recipient of part of his or her estate. Should you want to remember **Saddleback Memorial Medical Center** in your estate plan, the legal wording should be: *Saddleback Memorial Foundation, Laguna Hills, CA.*

Charitable Estate and Planned Giving Opportunities

Gifts of Bequests

One of the most common ways to make a charitable legacy gift is by including a bequest to Saddleback Memorial Foundation in your Will or Trust. If you already have an estate plan, this can be accomplished by having your attorney prepare a simple codicil to your will or amendment to your trust. You can make bequests one of several ways: fixed dollar amount, percentage of your estate, residual interest in your estate, or a contingency bequest.

Gifts That Pay You With Income For Life

There are several charitable life-income gift plans with Saddleback Memorial Foundation that pay you a lifetime income. You can choose to receive either a fixed or flexible income. Gifting assets that have appreciated can also provide you with significant capital gains tax savings.

Gifts of Income While Keeping the Wealth in the Family

You can gift assets into a specially designed trust that pays income to Saddleback Memorial Foundation over a period of time after which the assets and appreciation will pass to your heirs. This type of charitable trust provides a powerful tax-wise means of passing wealth to heirs while reducing or completely eliminating the gift and estate taxes, and it allows you to control the timing of your inheritance to your heirs.

Gifts of Income Without Relinquishing Title

You can make a gift of income to Saddleback Memorial Foundation through a special charitable lead trust for a specified period of time, after which the principal will revert back to you. This plan may be particularly attractive if you have a large infusion of income and are in need of an immediate tax deduction.

Gifts of Securities or Real Estate

Appreciated securities and most types of real property – residence, farm, vacation home, rental, commercial, raw land – can be gifted to Saddleback Memorial Foundation either outright or through one or more of the plans described above which would provide additional income and tax benefits.

Gifts of Residence

You can give your residence or vacation home to Saddleback Memorial Foundation now while retaining the right to use and live in it during your lifetime. Doing so entitles you to an immediate income tax deduction and removes the asset from your estate.

Gifts of Retirement Assets

Bequests of assets from qualified retirement plans such as an IRA, 401k, pension plan, and so forth, can result in significant estate and income tax savings while satisfying your philanthropic goals.

Gifts of Life Insurance

For many people, changes in circumstances can make the need for the economic protection of a life insurance policy obsolete. You can either name Saddleback Memorial Foundation as the beneficiary of an existing insurance policy or gift the policy outright. Doing so can result in an income tax deduction and remove the death benefit from your taxable estate.

Gifts by Bargain Sale

You can sell a capital asset to Saddleback Memorial Foundation for a price that is below the fair market value. The difference between the sales price and market value is a charitable gift. Typically this provides "tax-free" cash to the donor.

For more information about these plans, call **Michael Occhipinti** at (949) 452-7230 or visit our planned giving Web site www.smfgift.org

donations from January 1, 2006 through December 31, 2006

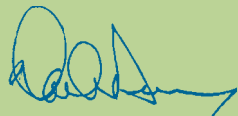
Dear Donors and Friends:

Your most generous gifts of over \$4 million in Fiscal Year 2006 helped Saddleback Memorial Foundation sustain its fiscal health and ability to support our not-for-profit, community hospital. In fact, in Fiscal Year 2006, the Saddleback Memorial Foundation Board of Directors approved more than \$3 million in funding to Saddleback Memorial Medical Center. Funds were used to purchase capital equipment, provide educational programs and support patient care at the medical center.

On the following pages, we gratefully acknowledge donors who contributed from January 1, 2006 through December 31, 2006.* We are pleased to recognize these gifts and endowments from individuals, foundations, and corporations.

Rising healthcare costs, declining insurance reimbursements, limited availability of essential personnel, and advancing technology are some of the biggest challenges facing our hospital. By continuing to work together, we will face these challenges, and our community hospital will sustain the highest quality of healthcare for our loved ones, friends and neighbors.

Sincerely,



Nolan G. Draney
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Elephant Bar Restaurant	The Improv	Matanzas Creek Winery	Ramona Bowl Amphitheatre	State of California Department of Parks and Recreation
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 William C. Woods
 Brandon Yates
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 Dawn M. Goetz
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 Richard Hamilton
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 Rosalie Heller
 Katherine A. Hile
 Hospice of Saddleback Valley
 Marion Houseman
 Stephen J. Ierardi, M.D.
 Donna and Gene Jumper
 Paul Kanan
 Sam King
 Helen W. Lyon
 Joan Polito

When updating your estate plans, please remember Saddleback Memorial Medical Center.

William J. Schaaf, M.D.
Bonnie B. Shaddock
Stephanie Shaffer
SMMC Coordinated Home Care
SMMC ICU/PCU Nurses
John W. Smock
Elaine Travenick

IN CELEBRATION OF BIRTHDAY

Mavis Barton
Robert A. Pompei, M.D.

IN CELEBRATION OF 90TH BIRTHDAY

Claire Still

IN CELEBRATION OF 60TH ANNIVERSARY

Mr. and Mrs. Warren Sprayregen

Questions?

We apologize if there have been any discrepancies in your printed name or gift total or if a name has been inadvertently omitted in this issue. Should you notice any errors or have any questions about your gift, please contact Mona Lopez at (949) 452-3962.

*Thank You for
Your Generous Support!*

Heritage Society Donors

Strengthening Saddleback Memorial's Future

In calendar year 2006, Heritage Society members, old and new, established irrevocable and revocable charitable estate and planned gifts that amounted to \$7.9 million!

Saddleback Memorial Foundation's Heritage Society was established to recognize the foresight and thoughtful generosity of those donors who have chosen to support Saddleback Memorial through charitable estate and planned gifts. Most of these gifts are deferred by nature and the assets are not available until the donor passes away. These gifts are vital to Saddleback Memorial's future, as they will:

- Strengthen Saddleback Memorial's long-term financial stability and ability to face challenges
- Assure Saddleback Memorial will have the resources to remain on the cutting edge of medical technology, facilities and personnel as well as continue to be the premier provider of healthcare in South Orange County
- Allow Saddleback Memorial the flexibility to meet the changing future needs of our communities

The extraordinary giving of the Heritage Society donors has allowed Saddleback Memorial to grow with our community over the years. They have created a profound philanthropic legacy that will be far-reaching, touching the lives of hundreds of people for many years to come.

You, too, can make a significant difference and leave a lasting legacy for your community by utilizing one or more of the various charitable estate and planned giving opportunities (see page 16 for a description of these opportunities).

For more information about the Heritage Society and charitable estate and planned giving opportunities, please contact Michael Occhipinti, Vice President of Gift and Estate Planning, at (949) 452-7230 or e-mail him at mocchipinti@memorialcare.org.

NEW HERITAGE SOCIETY MEMBERS

Alan and Lila Altman
Bruce B. and Isabella W. Bartholow
Renee Fosher
Sylvia Holtom
Maria E. Lindberg
Mr. Charles T. Murphy
Rochelle M. Reno
D.J. and Margaret Smith
James and Alice Wilson

I Care Donations

More than 125 employees regularly contribute to Saddleback Memorial Foundation's Employee

"I Care" campaign. Employees who give via automatic payroll deductions or cash gifts can direct their donations to the area of most need or a specific program within the hospital. The following employees are expected to donate a total of more than \$50,000 this year.

Laguna Hills Campus

Shahin Abiri	Terri Deeds	Mozhgan Khoee	Shannon Plate
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Sam Clemente Campus

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Debbie Weddle
Marie-Aline Zappia-Kuzmack



mission statement

To improve the health and well-being of individuals, families, and our communities through innovation and the pursuit of excellence.

vision

To become Southern California's preferred, operationally excellent, fiscally sound provider of comprehensive, high quality health services.

values

Accountability
Best Practices
Compassion
Synergy



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