Dear Friends,

Expanding the scope of high-quality patient-centered care to Connecticut and New York residents was a major impetus at Greenwich Hospital this year.

A highlight of the year was the opening of the West Putnam Medical Center in Greenwich, which houses the Yale New Haven Health Heart and Vascular Center, the Yale New Haven Children’s Hospital Pediatric Specialty Center and other services. The outpatient facility underscores our commitment to provide residents with preventive and medical care close to their home and work.

At the hospital’s main campus, we opened a new $4.5 million interventional laboratory featuring biplane imaging to provide life-saving stroke surgery. The neurovascular program is part of the hospital’s $160 million strategic investment to expand clinical services to meet the needs of our patients.

These are just a few of the accomplishments outlined in this report. We extend our heartfelt gratitude to the physicians, nurses, clinicians, employees, volunteers, trustees and donors who made these achievements possible. Greenwich Hospital owes its national reputation as a leader in clinical excellence and patient satisfaction to these dedicated and compassionate individuals.

Arthur C. Martinez
Chairman
Board of Trustees

Norman G. Roth
President and
Chief Executive Officer

James R. Sabetta, MD
Chief of Staff
Greenwich Hospital – Year in Review

As part of Yale New Haven Health, Greenwich Hospital provided innovative, compassionate, world-class care to area residents.

The Patient Experience

Thousands of residents from Connecticut and New York relied on Greenwich Hospital for their health care in 2019. Inpatient discharges reached 12,735 for the year, with outpatient encounters at 269,352. The hospital welcomed 2,689 newborns during the year. The Emergency Department handled 38,451 visits.

Recognized as a national leader in patient experience, Greenwich Hospital received two coveted awards from Press Ganey, the nation’s leader in measuring, understanding and improving the patient experience. The Pinnacle of Excellence Award in Patient Experience went to Outpatient Services for maintaining consistently high levels of excellence over multiple years, while the Emergency Department received the Guardian of Excellence Award in Patient Experience for consistently performing in the top 5 percent nationwide for one year. The hospital also received five 2019 Women’s Choice Awards, including America’s Best Hospital for Obstetrics, Breast Center, Cancer Care, Bariatric Surgery and Stroke Center.

Staff commitment to providing an excellent patient experience was evident when the overall rating score of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a patient satisfaction survey required by the Centers for Medicare and Medicaid Services, exceeded the hospital’s target.

Greenwich Hospital’s commitment to enhancing quality and safety remained a priority. The hospital’s high-quality stroke care program earned The Joint Commission’s Gold Seal of Approval and the American Heart Association/American Stroke Association’s Heart-Check mark for primary stroke centers. Greenwich was re-accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. The hospital also was designated as an LGBTQ Healthcare Equality leader by the Human Rights Campaign Foundation.

In partnership with the Connecticut Hospital Association, Greenwich Hospital became one of the eight hospitals in Connecticut to have the first Patient and Family Engagement Innovation Unit to foster patient-centered care. The Patient and Family Advisory Council provided feedback on ways to enhance the delivery of care at the hospital.

Always mindful of enhancing the patient experience, Greenwich Hospital created a “Comfort Menu” that lists different ways patients can manage acute pain. The hospital garnered two coveted national awards for consistently excelling in patient experience.

Neurovascular surgeons Akli Zetchi, MD and Charles Matouk, MD in the new $4.5 million interventional laboratory featuring biplane imaging to provide life-saving stroke surgery (mechanical thrombectomy) and other neurovascular procedures.
By the Bedside and Beyond

The scope of clinical services was enhanced to better serve patients. In the outpatient arena, Greenwich Hospital and Yale New Haven Health opened the West Putnam Medical Center in Greenwich. The newly renovated outpatient facility includes the Yale New Haven Children’s Hospital Pediatric Specialty Center, Greenwich Hospital Pediatric Outpatient Clinic, Yale New Haven Health Heart and Vascular Center, Northeast Medical Group physician practices, Endoscopy Center and an expanded physical medicine area.

On the main hospital campus, Greenwich expanded its neuroscience offerings with the introduction of tele-stroke and the installation of a new $4.5 million interventional laboratory featuring biplane imaging to provide life-saving stroke surgery, known as mechanical thrombectomy, to area residents. An Acute Care for the Elderly Unit was established to decrease the physical and mental decline of older adults when hospitalized.

Greenwich also launched the MAT Education Program, a physician education program to help all doctors recognize potential early signs of breast and ovarian cancer in an effort to diagnose both diseases much sooner.

As a Magnet-designated organization, Greenwich Hospital exemplified nursing excellence and sought innovations in professional practice.

Greenwich took first place in Yale New Haven Health’s annual nursing research conference for a study that looked at improving nurse self-efficacy for palliative care through simulation. The hospital’s nurse residency program was awarded accreditation with distinction, the highest recognition awarded by the American Nurses Credentialing Center’s Commission on Accreditation in Practice Transition Programs.
2019 YEAR IN REVIEW

Greenwich Hospital’s nurse residency program was awarded accreditation with distinction by the American Nurses Credentialing Center for helping new graduate nurses develop essential skills.

Inspiring a Culture of Excellence

Greenwich Hospital’s commitment to foster a culture of excellence that embraces diversity and inclusion continued to attract and retain high caliber physicians, nurses, clinicians and staff. Close to 300 employees achieved service milestones and 524 volunteers collectively provided more than 44,000 hours of service.

Several physicians, nurses and clinicians were honored by state and regional organizations for their commitment to care. Two nurses were honored with the international DAISY Award that recognizes extraordinary nurses who make a difference in the lives of the people in their care.

Greenwich Hospital strengthened its ties with Yale Medicine physicians as well as community doctors. An additional 85 physicians joined the medical staff, including cardiologists, neurologists and neurosurgeons. Connecticut Magazine’s Best Doctors in America® list featured 61 Greenwich Hospital physicians in the annual compilation.

Building Healthy Communities

More than 18,300 people attended Greenwich Hospital-sponsored community health programs that included health education lectures, health fairs, free screenings, health risk assessments and support groups. Collaborating with the Breast Cancer Alliance, the hospital provided free breast cancer screenings and services to women in Fairfield and Westchester counties who were under- or uninsured. Free prostate cancer screenings were offered in collaboration with community urologists. The hospital held programs to promote awareness of mental health and took part in community educational events to address the opioid addiction epidemic.

Working with the Greenwich Community Health Improvement Partnership in Connecticut and the Council of Community Services in New York, Greenwich Hospital completed a new community health needs assessment that identified priorities and action plans to address three areas of need: promoting healthy lifestyles to reduce chronic disease, promoting behavioral and mental health, and improving access to care.

The Teddy Bear Clinic – the hospital’s largest community event – attracted more than 1,800 area residents for a family-friendly day that offered children a hands-on experience to teach them about medical procedures and help reduce their fear of doctors.
More than 1,800 youngsters and parents from Fairfield and Westchester counties attended Greenwich Hospital’s annual Teddy Bear Clinic, a family-friendly outdoor mini-hospital under tents.

Generosity and Benevolence

Gifts to the Greenwich Hospital Foundation exceeded $8.6 million from more than 1,500 donors through the annual fund, major gifts supporting the clinical growth plan and special events. Donations included gifts to support neuroscience equipment and education, pediatric food allergy, the refurbishment of the ICU waiting room, pediatric clinical education and more.

Over 360 people attended the Foundation’s Gala at the Greenwich Country Club, which raised more than $1 million for the Emergency Department. The Under the Stars event in May raised over $1 million and included over 520 guests at Riverside Yacht Club with gifts benefitting women’s and children’s health services. The Foundation also launched the Elias C. Benedict Legacy Society in honor of the Greenwich resident who provided the land and funds for a new hospital in 1917. The Greenwich Hospital Auxiliary donated $275,000 to enhance the hospital’s cardiology, stroke and pediatric services and funded four annual scholarships for high school graduates pursuing healthcare careers.

Greenwich Hospital remains committed to working with its community partners to deliver high-quality and compassionate care in a setting that recognizes the dignity of every patient.

Students from Eagle Hill School in Greenwich expressed their gratitude to doctors and nurses with colorful, hand-crafted cards with messages such as “Thank you for helping people when they need it.”
“I was walking home from the train and feeling really exhausted,” said Donald Kerr, recalling an otherwise routine commute in 2014 from his office in Manhattan to his home in Westchester County. Within hours, he was being evaluated by doctors at Greenwich Hospital. Two days later, he was undergoing triple bypass surgery at Yale New Haven Hospital.

“They saved my life,” said Kerr, who today is heart-healthy and enjoying golf and tennis.

Kerr had experienced increasing fatigue for about three months. His wife was out of town on business that fateful evening. When a friend called, Kerr mentioned he was having chest pains. Shortly after that call, he was on his way to Greenwich Hospital’s Emergency Department. “I just knew something was wrong with my body,” Kerr said.

After an examination, the physicians ordered blood tests and called Maria Pavlis, MD, a cardiologist who recommended he have a coronary angiogram, an X-ray of the heart and its arteries. The test revealed blocked arteries, and he was immediately transported by ambulance to Yale New Haven Hospital, where he successfully underwent triple bypass surgery.

Kerr’s case exemplifies the comprehensive scope of cardiovascular services at Yale New Haven Health Heart and Vascular Center at 500 West Putnam Ave. in Greenwich, all provided by Yale Medicine specialists. The center brings together a wide range of cardiovascular physicians and specialties, including general cardiologists, interventional cardiologists, electrophysiologists, cardiothoracic surgeons and other cardiovascular physicians who specialize in women’s cardiac health, heart valve replacement and vascular issues such as peripheral artery disease. Patients have access to diagnostic tests such echocardiogram, nuclear imaging, vascular imaging, stress tests and other studies. Minimally invasive procedures are performed at Greenwich Hospital, while major cardiovascular surgeries are done at Yale New Haven Hospital. Patients return to Greenwich for post-operative services and cardiac rehabilitation.

“What is working, and I’m in good shape. They saved my life.”

“In this new and bigger space, we can provide even more inpatient and outpatient services to the Greenwich and lower Fairfield communities,” said Christopher Howes, MD, chief of Cardiology at Greenwich Hospital and director of the center. “Most important, there is greater local availability of Yale Medicine cardiovascular specialists from New Haven,” he said, in addition to the community physicians who have already been treating patients in the area.

As for Kerr, he sees Dr. Pavlis for an annual checkup and continues his daily commute to Manhattan. “Everything is working,” he said, “and I’m in good shape.”
Where kids are the center of attention

When a child has a serious illness that requires surgery or complex treatment, having convenient access to a trusted hospital staffed with top-notch medical professionals becomes paramount. That’s what Johanna and Salvatore Caruso of Queens, NY, discovered when their son, Dominic, needed surgery to correct a congenital condition known as ureteropelvic junction obstruction, or UPJO, which results in urine building up in the kidneys.

They turned to Sarah Lambert, MD, a pediatric urologist at Greenwich Hospital and the Yale New Haven Children’s Hospital (YNHCH) Pediatric Specialty Center, located at the West Putnam Medical Center at 500 West Putnam Ave. in Greenwich. The center provides children and their families with access to nine nationally ranked specialties, including urology. Yale New Haven Children’s Hospital ranks 16 in the nation in pediatric urology.

The Carusos were impressed with Dr. Lambert’s experience and the advanced surgical tools available to her at Greenwich Hospital. Dominic was among the first patients at the center, adorned with cheerful, child-friendly themes. He was immediately drawn to the Stepping Stones Museum’s digitally projected gigantic interactive wall in the waiting room during a follow-up visit with Dr. Lambert.

Back in April 2018, Dr. Lambert performed a complex, minimally invasive surgical operation, called a robotic-assisted laparoscopic pyeloplasty, to remove a blockage in the ureter that drains urine from Dominic’s left kidney. During the operation, she made three small incisions, removed the abnormal ureter, and placed a stent in the ureter to facilitate healing.

Dominic spent one night at Greenwich Hospital, then returned two weeks later for an outpatient procedure, during which Dr. Lambert removed the stent. “Since then, I have been monitoring his condition with ultrasound tests, and he has improved beautifully,” she said.

Dr. Lambert has been caring for Dominic since he was born. Then affiliated with a New York hospital, Dr. Lambert was called when a congenital condition known as hydronephrosis was discovered when Dominic’s mother underwent a routine sonogram.

“Everything went really well. Dr. Lambert and the nurses were amazed at how smoothly he handled the whole operation. Dominic was comforted by being in a caring pediatric setting.”

Over the next four years, Dr. Lambert routinely checked Dominic’s condition. “He didn’t have any symptoms,” she noted, “but the drainage out of the kidney wasn’t improving.” By last spring, the condition was getting worse, leading Dr. Lambert to recommend surgery.

“Dr. Lambert was confident, and we felt comfortable taking her word,” said Caruso. He and his wife consulted other urologists, a nephrologist and Dominic’s pediatrician before moving ahead with Dr. Lambert and Greenwich Hospital.

“Everything went really well. Dr. Lambert and the nurses were amazed at how smoothly he handled the whole operation,” said Caruso. “Dominic was comforted by being in a caring pediatric setting.”
PATIENT STORIES

A better approach for managing pain

Few people watching Zevi Tilles sprint across the soccer field would suspect he could barely get out of bed a few months earlier due to severe back and leg pain.

The trouble began when Tilles felt a sharp pain in his lower back and leg. He brushed it off, figuring he had tweaked something during his weekly soccer game. But when Tilles was unable to walk, the New Rochelle, NY, resident headed to Greenwich Hospital’s Emergency Department, where an MRI scan revealed the source of his debilitating pain: a herniated disc between two vertebrae in his lower spine.

While Tilles was at the hospital, Richard Zhu, MD, an interventional pain physician, treated him with an epidural injection containing a steroid and local anesthetic. Tilles soon felt well enough to go home. He received instructions to take non-opioid pain medications such as acetaminophen and was asked to sign up for physical therapy. Two months later, Tilles had a second epidural to address lingering mild pain. That finally did the trick.

Tilles benefited from the multimodal approach used by Greenwich Hospital’s Center for Pain Management to address acute and chronic pain with methods that lessen the use of opioids, whether patients are hospitalized or seeking outpatient care. The approach uses pain-relief medications and non-opioid treatments, such as epidural injections, spinal cord stimulators, regenerative medicine, radiofrequency ablation, physical therapy and more. The treatments are managed by a team of specialists, including board-certified pain physicians, anesthesiologists, surgeons, nurses, pharmacists, physical therapists, social workers and case managers.

“People think they need to live with pain, especially as they age, but that’s not the case.”

Dr. Sekhar said more patients are turning to innovative treatments to manage pain. “We’ve seen a big push in the use of regenerative medicine, which involves the use of platelet-rich plasma and stem cell injections,” he said. “These are safe, nonsurgical procedures that stimulate healing of injured tissue.” Other novel options include radiofrequency ablation, which stops or lessens pain by selectively destroying nerve cells, and spinal cord stimulators that continuously deliver gentle electronic currents to the spine to block pain signals to the brain.

These days, Tilles is back to playing soccer every Sunday. “I went from not being able to walk to sprinting,” he said.

“People think they need to live with pain, especially as they age, but that’s not the case,” said Rajat Sekhar, MD, an interventional pain physician. “It’s important to address pain early, especially if you’re beginning to lose function.”
## Assets

Year ended September 30. (Amounts are in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$141,902</td>
<td>$113,590</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>32,829</td>
<td>11,642</td>
</tr>
<tr>
<td>Accounts receivable for services to patients, less allowance for uncollectible accounts</td>
<td>47,955</td>
<td>49,114</td>
</tr>
<tr>
<td>Professional liabilities insurance recoveries</td>
<td>14,083</td>
<td>10,237</td>
</tr>
<tr>
<td>Other assets</td>
<td>25,976</td>
<td>19,112</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>262,745</strong></td>
<td><strong>203,695</strong></td>
</tr>
<tr>
<td><strong>Assets limited as to use</strong></td>
<td>14,549</td>
<td>14,630</td>
</tr>
<tr>
<td><strong>Long-term investments</strong></td>
<td>38,346</td>
<td>66,200</td>
</tr>
<tr>
<td>Interest in the net assets of Greenwich Hospital Endowment Fund, Inc.</td>
<td>98,754</td>
<td>102,654</td>
</tr>
<tr>
<td><strong>Other assets</strong></td>
<td>10,958</td>
<td>10,185</td>
</tr>
<tr>
<td>Professional liabilities insurance receivable</td>
<td>20,561</td>
<td>14,027</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>268,133</td>
<td>267,983</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$714,046</strong></td>
<td><strong>$679,374</strong></td>
</tr>
</tbody>
</table>

## Liabilities and Net Assets

Year ended September 30. (Amounts are in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$72,852</td>
<td>$55,482</td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>3,032</td>
<td>2,970</td>
</tr>
<tr>
<td>Professional liabilities</td>
<td>14,083</td>
<td>10,237</td>
</tr>
<tr>
<td>Variable rate debt classified as current</td>
<td>20,735</td>
<td>—</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>1,754</td>
<td>7,864</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>112,456</strong></td>
<td><strong>76,553</strong></td>
</tr>
<tr>
<td><strong>Long-term debt, net of current portion and deferred financing costs</strong></td>
<td>—</td>
<td><strong>23,503</strong></td>
</tr>
<tr>
<td><strong>Accrued pension benefit obligations</strong></td>
<td><strong>46,120</strong></td>
<td><strong>19,256</strong></td>
</tr>
<tr>
<td><strong>Other long-term liabilities</strong></td>
<td><strong>18,620</strong></td>
<td><strong>17,583</strong></td>
</tr>
<tr>
<td><strong>Professional liabilities</strong></td>
<td><strong>31,318</strong></td>
<td><strong>23,474</strong></td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>208,514</strong></td>
<td><strong>160,369</strong></td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>358,004</td>
<td>369,321</td>
</tr>
<tr>
<td>With donor restrictions</td>
<td>147,528</td>
<td>149,684</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>505,532</strong></td>
<td><strong>519,005</strong></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td><strong>$714,046</strong></td>
<td><strong>$679,374</strong></td>
</tr>
</tbody>
</table>
Consolidated Statements of Operations

Year ended September 30. (Amounts are in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New patient service revenue, less provision for bad debts</td>
<td>$389,641</td>
<td>$372,291</td>
</tr>
<tr>
<td>Other revenue</td>
<td>23,047</td>
<td>16,888</td>
</tr>
<tr>
<td><strong>Total operating revenue</strong></td>
<td>$412,688</td>
<td>$389,179</td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>150,002</td>
<td>150,642</td>
</tr>
<tr>
<td>Supplies and other</td>
<td>217,409</td>
<td>195,696</td>
</tr>
<tr>
<td>Depreciation</td>
<td>25,532</td>
<td>24,111</td>
</tr>
<tr>
<td>Insurance and interest</td>
<td>6,101</td>
<td>4,385</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>399,044</td>
<td>374,834</td>
</tr>
<tr>
<td><strong>Income from operations</strong></td>
<td>$ 13,644</td>
<td>$ 14,345</td>
</tr>
</tbody>
</table>

**Non-operating losses and gains**

- Change in fair value of swap, including counterparty payments | (1,425) | 408 |
- Change in unrealized gains and losses on investments, net | 3,020 | 5,022 |
- Other non-operating gains and losses, net | — | 5,430 |

**Excess of revenue over expenses, before non-controlling interest**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCESS OF REVENUE OVER EXPENSES</td>
<td>$15,238</td>
<td>$19,775</td>
</tr>
</tbody>
</table>

**Revenue 2019**
- Managed Care and Blue Cross: 61.2%
- Medicare: 25.7%
- Medicaid: 4.5%
- Commercial Insurance and Other: 8.6%

**Expenses 2019**
- Food, Supplies, General Insurance and Other Expenses: 55.9%
- Interest: 0.14%
- Salaries and Benefits: 37.6%
- Depreciation: 6.4%
## Statistical Review

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient beds</td>
<td>206</td>
</tr>
<tr>
<td>Average census</td>
<td>137.8</td>
</tr>
<tr>
<td>Patient days of care</td>
<td>50,306</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>4</td>
</tr>
<tr>
<td>Discharges</td>
<td>12,735</td>
</tr>
<tr>
<td>Newborns</td>
<td>2,689</td>
</tr>
<tr>
<td>Recovery Center discharges</td>
<td>216</td>
</tr>
<tr>
<td>Emergency Medicine visits</td>
<td>38,451</td>
</tr>
<tr>
<td>Outpatient Medical Clinic visits</td>
<td>13,457</td>
</tr>
<tr>
<td>Operating Room procedures (total)</td>
<td>8,378</td>
</tr>
<tr>
<td>Ambulatory cases (total)</td>
<td>11,361</td>
</tr>
<tr>
<td>Surgical cases</td>
<td>5,711</td>
</tr>
<tr>
<td>Medical cases</td>
<td>5,650</td>
</tr>
<tr>
<td>Cancer Center visits</td>
<td>40,590</td>
</tr>
<tr>
<td>Diagnostic services (EEG, EKG, EMG, Cardiac Lab, Cardiac Catheterization)</td>
<td>36,138</td>
</tr>
<tr>
<td>Cardiac Rehabilitation visits</td>
<td>7,550</td>
</tr>
<tr>
<td>Hearing, Speech &amp; Language Center visits</td>
<td>2,737</td>
</tr>
<tr>
<td>Laboratory procedures</td>
<td>1,402,137</td>
</tr>
<tr>
<td>Pharmacy orders filled (inpatient &amp; outpatient)</td>
<td>758,882</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation treatments</td>
<td>53,508</td>
</tr>
<tr>
<td>Psychiatric Treatment Center visits</td>
<td>6,904</td>
</tr>
<tr>
<td>Radiologic procedures</td>
<td>133,917</td>
</tr>
</tbody>
</table>

## Greenwich Hospital Family

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustees (including emeritus)</td>
<td>30</td>
</tr>
<tr>
<td>Medical Staff (active attending)</td>
<td>732</td>
</tr>
<tr>
<td>House Staff (residents)</td>
<td>25</td>
</tr>
<tr>
<td>Employees</td>
<td>1,729</td>
</tr>
<tr>
<td>Volunteers</td>
<td>524</td>
</tr>
<tr>
<td>Volunteer Hours</td>
<td>44,518</td>
</tr>
</tbody>
</table>
## Hospital Trustees & Greenwich Health Care Services, Inc.

As of September 30, 2019

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Norman G. Roth, President & CEO  
Anne Juge, Treasurer  
Frank Gilbride, Secretary  

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As of September 30, 2019

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<th>Specialty</th>
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<tr>
<td>Podiatry</td>
<td>Joseph Bauer, DPM</td>
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<td>Kristen McGinness, DPM</td>
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<td>David Rosenzweig, DPM</td>
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<td>Psychiatry</td>
<td>Tisa Adkinson, DO</td>
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<td>Jeremy Barowsky, MD</td>
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<td>Devra Braun, MD</td>
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<td>Cheryl Cottrol, MD</td>
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<td>John Tamerin, MD</td>
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<td>Psychiatric Medicine</td>
<td>Michael Suzman, MD</td>
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<td>Mrudangi Thakur, MD</td>
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<td>Julie Vasile, MD</td>
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<td>Medical Staff</td>
<td>Joseph Bauer, DPM</td>
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<td>Kristen McGinness, DPM</td>
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<td>David Rosenzweig, DPM</td>
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