Our Traditions
As a cornerstone of our thriving community, St. Mark’s Hospital offers invaluable expertise gained from delivering exceptional patient care since 1872. Our Hospital is dedicated to providing high-quality healthcare. We meet that standard through changes in upgrading technology and advanced procedures.

While these changes may be constant, our tradition of caring will never fade.
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MESSAGE FROM THE CEO

Dear Community Members:

This year St. Mark’s Hospital is proud to celebrate 140 years of caring, quality, growth and giving back – traditions we have kept alive since our Hospital opened in Salt Lake City. In 1872, the Episcopal Diocese of Salt Lake founded our Hospital. St. Mark’s has had three locations since its inception, and has been in its current location in the Millcreek Township since 1972.

This Report to the Community is meant to communicate the successes and contributions of the Hospital, with an emphasis on transparency and commitment, to the community we serve.

St. Mark’s Hospital enjoys an outstanding reputation due in large measure to the high quality of its staff and volunteers. Their efforts have great impact on this superb reputation, as reflected in several prestigious national awards our Hospital has recently received (see page 13 for a complete list):

- Excellence Awards for Overall Women’s Health Services and Pulmonary Care; Five-star rated for Treatment of Heart Failure, Joint Replacement, Spine Surgery, Overall Pulmonary Services, COPD, Treatment of Pneumonia, Pulmonary Embolism, Stroke, Pancreatitis, and Women’s Services (HealthGrades)
- “50 Top Cardiovascular Hospitals” award recipient for 9 years (Thomson Reuters)
- Joint Commission certified in Stroke Care; American Heart and Stroke Association Gold Status for Stroke Care

Choosing a physician and hospital are some of the most important decisions people can ever make. As Utah’s first hospital, St. Mark’s has been the hospital of choice for thousands of area residents since 1872. In many ways, St. Mark’s Hospital is “Utah’s Finest Hospital.”

Our focus is providing quality service to every patient and family with whom we interact. We also invest prudently in needed equipment, technology and facilities to provide superior services. We invite you to visit St. Mark’s Hospital for your healthcare needs if you are not already a current patient, and hope you continue to if you are already a patient.

It is our pleasure to continue serving our community.

Sincerely,

Steven B. Bateman
Chief Executive Officer
CLINICAL SERVICES AT ST. MARK’S HOSPITAL

Advanced Imaging Services
64-Slice CT Scans
Bone Density Exams
Digital Mammography
Interventional Radiology
MRI
Nuclear Medicine
Ultrasound
X-Ray

Cancer Care Services

Comprehensive Heart Care
Cardiac Catheterization
Cardiac Electrophysiology
Cardiac Rehabilitation
Electrocardiogram (ECG/EKG)
Cardiovascular Surgery

Comprehensive Weight Loss Services
Exercise and Nutrition Counseling
Weight Loss Surgery

Critical Care
Intensive Care Unit
Pulmonary Function Tests

Diabetes Treatment Services

Diagnostic Sleep Studies
Adult Studies
Pediatric Studies

Emergency Department

Endoscopic Services

Inpatient Rehabilitation Services
Occupational Therapy
Physical Therapy
Recreation Therapy
Speech Therapy

Neurodiagnostic & Neuro-related Services
Electroencephalogram (EEG)
Electromyogram (EMG)
Neurosurgery

Orthopedic Medicine

Outpatient Laboratory Services

Pain Medicine Center

Senior Health Center

Surgery
Inpatient Surgery
Laparoscopic Surgery
Outpatient Surgery
Robotic Surgery

Transitional Care Center

Women’s Services
Labor and Delivery
Mammography Center
Maternal-Fetal Medicine
Newborn Intensive Care Unit
OUR TRADITION OF Caring
At St. Mark’s, putting our patients first and serving their needs with compassion is something we’ve made a priority since 1872. Finding trained nurses to care for patients in those early days was often difficult. So, in 1894, St. Mark’s opened its own school of nursing – the first in the Intermountain region. Today, St. Mark’s continues to train nurses from area colleges and universities.
It’s in Our Roots
One hundred forty years ago, St. Mark’s Hospital opened its doors as an answer to the ever-growing need for medical care in the Salt Lake Valley when there was virtually none available.

At the time, the population of Salt Lake City was rapidly expanding – with 12,000 residents and growing. Hundreds of workers laboring in the mines and on the railroad suffered from a variety of illnesses. The city was due for another addition – a hospital. Recognizing this need, Episcopal Bishop Rev. Daniel S. Tuttle gathered the funds necessary to purchase equipment and furnishings then rented an adobe house at 500 East 400 South. Staffed with one physician and all male nurses, St. Mark’s Hospital – the first hospital in Utah – started admitting patients on April 30, 1872. The facility had six beds.

For the first few years, the St. Mark’s medical staff consisted of only one physician – Dr. John F. Hamilton – who worked with dedication and for no pay. The hospital was often flooded with patients, especially miners. Local mining companies arranged an early form of health insurance with St. Mark’s – for $1 a month, miners were entitled to full medical treatment and a hospital bed. However, patients were cared for regardless of their ability to pay. In those early years, Bishop Tuttle noted that the hospital took care of two to three charity patients per month and never refused admittance to anyone when there was a bed available. And so began our tradition of caring – truly putting a patient’s care first and letting the rest fall into place. That sentiment holds just as true today as it did in 1872, echoed in the core values of our hospital.

Patient Experience
At St. Mark’s, we strive to provide the finest patient care and experience in Salt Lake County. A big part of providing high-quality healthcare is listening to what our patients have to say – about our Hospital, about what they need, about how they feel – and responding to it. We know there is always room for improvement. Thus, we regularly survey our patients on their experience and use that information to continue or change current practices, so that we are consistently improving our efforts in care. Patients are surveyed on communication with nurses and doctors, responsiveness of Hospital staff, cleanliness of the Hospital, overall satisfaction, their willingness to recommend our Hospital, and more. The results of these surveys are analyzed monthly, so that we can respond quickly to patient concerns.

83,369 Outpatient Visits
15,111 Admissions
9,000 Surgeries
3,176 Births

One Year

Our expansion over the last 14 decades is not about becoming the biggest hospital in Salt Lake City. It’s about answering the needs of our patients – just like when St. Mark’s opened its doors more than a century ago. We aim to steadily increase the service lines offered at St. Mark’s Hospital, so that we can continue to accommodate the individuals and families in our service areas and provide the best care possible. In the coming years, we will see additions and improvements in cardiovascular services (see The Heart Center, page 20), orthopedic services, cancer services, and rehabilitation services (see Acute Rehabilitation Center, page 20).
Kristin and Dan Brown playing with their now 18-month-old son, Calvin, in their South Jordan home.
With the premature birth of their son, Calvin, Kristin and Dan Brown found themselves in the St. Mark’s Hospital NICU almost every day for four months straight. They were happy to discover a warm and inviting staff that turned into their friends and family.

Kristin and Dan Brown’s story with St. Mark’s Hospital started long before their baby boy, Calvin, was delivered there in December 2010. Dan, who works as a firefighter, had always regarded St. Mark’s as the best hospital, so when they found out Kristin was pregnant the first time, their plan was always to deliver at St. Mark’s. Unfortunately, complications with Kristin’s cervix caused her to dilate and deliver too prematurely for the baby to be saved in both her first and second pregnancies. During such an emotional time for their family, Dan and Kristin felt a lot of support from the staff at St. Mark’s.

In 2010, Kristin and Dan discovered they were expecting a baby again. Like most parents-to-be, they were thrilled, but they were also prepared to take every precaution necessary to keep their baby healthy. When Kristin was 13 weeks pregnant, she underwent a surgery that was intended to help keep her cervix from dilating too soon. But, when she started to dilate at 19 weeks pregnant, her doctor ultimately decided to have her go on bed rest at the hospital for the remainder of her pregnancy, so she could be monitored closely and constantly to make sure dilation wouldn’t continue. At that time, Kristin left her job as a sixth grade teacher, determined to give everything she had to her baby.

While the situation caused them to worry they might face the same result as their first two pregnancies, it also gave them peace of mind to know that Kristin would be watched and cared for so closely. “It was a time with a lot of anxiety and a lot of praying, but it was also a fun time. The nurses were really, really nice, and I got to know them well,” Kristin remembers. “They made me feel really good about being there.” Because of all the measures they were taking, the couple fully expected that Kristin would stay on bed rest for the remaining months of her pregnancy and deliver at a normal, healthy time.

But, baby Calvin had other plans. He was born on December 20, 2010 when Kristin was just 26 weeks pregnant. His due date had been March 28, 2011.

Two days earlier, Kristin’s nurses had noticed she was leaking fluid. It wasn’t necessarily a cause for alarm because mothers can often maintain pregnancies when there’s leaking, but Kristin’s doctors still decided to put her on medication that would help to strengthen the baby and give him a better chance for survival if she did happen to deliver. One of the medicines caused feelings of nausea and dizziness, so Kristin was asked not to get up for a period of 24 hours. But after some time, Kristin wanted to get up to go to the bathroom. Dan called in the nurse to make sure it was okay. “The nurse said, ‘Ok. There’s going to be a lot of people coming in here and I want you to stay calm.’ Then she pressed a button and five minutes later, Kristin was whisked off to the delivery room. I’ve seen a lot of stuff in my life, but I was not prepared for that,” Dan says.

As it turns out, it was actually pressure from Calvin’s foot making Kristin feel that she needed to go to the bathroom. She was rushed to the delivery room for an emergency c-section and what seemed like just 15 minutes later, Calvin was born. He weighed 1 pound, 15 ounces, and wasn’t breathing. He was rushed immediately to the NICU to be hooked to a special ventilator that would help him breathe, even though his tiny lungs weren’t developed enough to expand entirely. “It was tough. It’s still surreal to me,” Dan recalls. “I was just hoping he would survive because, at that point, there was no guarantee.”

Kristin was sent home three days after giving birth, but Calvin’s condition was very fragile. He was put in an incubator and after a week, his parents could touch him only very gently. Because the doctors and nurses were working...
so hard to help Calvin grow, they feared stimulation from too much touching or holding would cause him to burn too many calories and defeat their efforts. Finally, after nearly a month, they were able to hold Calvin in their arms – but even then, it couldn’t be for too long. “It seemed like every time we came to the hospital, there was a new tube or something on him,” Kristin remembers.

Calvin was making progress, but remained in the NICU for four months after his birth. Dan and Kristin basically settled into a routine of going to the hospital each and every day to see him. After they got past the point of worrying Calvin wouldn’t make it, it just became their normalcy. “Sometimes it felt easy,” says Kristin. “But, then there were times when I’d call at night and could hear him crying in the background, and I felt like I needed to be there.” Gradually, Calvin progressed through various stages of the NICU. First, he went off the ventilator, then no longer needed the incubator, and later taken off feeding tubes.

“The NICU staff is what really impressed us,” Dan says. “I remember the first day I came in… I just started bawling.

And one of the nurses came over and comforted me. I’ll never forget that.”

Finally, near the end of March, Calvin was allowed to go home. “It was almost bittersweet,” says Dan. “We were so happy to bring him home, but we were also scared.” Lucky for them, Calvin’s progress didn’t stop in the NICU. Today, Calvin is a very healthy and happy baby – one who makes the neighbors jealous by letting his parents sleep through the night. “He’s very laid-back,” laughs Kristin. “Just like his Dad.”

Kristin and Calvin still make it a point to stop by and visit every month to see their friends in the NICU. This past year for Calvin’s first birthday, they stopped by with cupcakes and Christmas cards for all the babies in the NICU. Kristin even tracked down a nurse that had been there with her through her first two pregnancies. She had since moved to the Emergency Room because Labor & Delivery had become emotionally difficult for her. “I got to show her Calvin, and show her that we got a happy ending,” says Kristin. “And she was so happy.”

Because Kristin and Dan were told this could happen again with another pregnancy, they are currently in the process of adopting another child, and one of the NICU staff members even wrote a letter of recommendation for them. The staff at St. Mark’s became somewhat of their second family during the six total months they spent at the hospital. “I really believe they were more like friends than nurses,” says Dan. “They saved our son.”

After Calvin was sent home, his father Dan created a YouTube video to express his gratitude to the staff at St. Mark's Hospital for keeping his son alive. View his video, “The Story of Calvin and St. Mark’s,” online at: http://www.youtube.com/watch?v=Tf8uOZMkacQ&feature=youtu.be

When he was born, Calvin Brown weighed just 1 pound 15 ounces.
OUR TRADITION OF Quality
St. Mark’s Hospital has always strived to provide the best possible patient care and that often means upgrading our equipment, technology, or procedures with advancements in the healthcare industry. We’ve come a long way since the operating rooms of the early 1900s (inset). Today, St. Mark’s stays equipped with state-of-the-art technology and equipment.
Since its beginning, St. Mark’s Hospital has strived to provide the best possible patient care to the individuals and families in our community. Our steadfast commitment to answering the needs of our patients while weathering the changes over 14 decades of service has earned the Hospital respect in the community and recognition nationwide. St. Mark’s is consistently one of the top 10 hospitals within our parent company, HCA (Hospital Corporation of America), which consists of more than 160 hospitals across the country. But, that’s not all we have to brag about.

**HealthGrades Awards**
HealthGrades is a third-party, independent company that evaluates 5,000 hospitals across the country each year in order to provide up-to-date information to consumers. Using the most recent data obtained directly from the Centers for Medicaid Services to conduct their analysis, HealthGrades is able to assess the quality of each and every hospital without their opting in. Among those thousands of hospitals in the nation, including our competing hospitals in the state of Utah, here’s how St. Mark’s stacks up.

**Nationwide Rankings**
- Top 5% for Overall Pulmonary Services, 2007-2012
- Top 5% for Women’s Health, 2012

**Statewide Rankings:**
- #1 for Overall Pulmonary Services, 2011-2012
- Top 5 for Overall Cardiac Services, 2011-2012
- Top 5 for Overall Orthopedic Services, 2003-2012
- Top 5 for Spine Surgery, 2011-2012
- Top 5 for the Treatment of Stroke, 2012
- Top 5 for GI Medical Treatment, 2012


**50 Top Cardiovascular Hospitals Award**
For the ninth year, St. Mark’s Hospital was named one of the nation’s 50 Top Cardiovascular Hospitals by Thomson Reuters. Selected from more than 1,000 U.S. hospitals, the winners of this award have proven to provide top-notch care and set new standards for the healthcare industry. The nationwide study conducted by Thomson Reuters examines the performance of hospitals by analyzing outcomes for patients with heart failure and heart attacks and for those who received coronary bypass surgery and percutaneous coronary interventions such as angioplasties. Through comparison, the study found that if all cardiovascular providers performed at the level of this award’s winners, nearly 7,700 additional lives could be saved, approximately 6,500 additional patients could be complication-free, and more than $1 billion could be saved.

**Joint Commission Primary Stroke Center Certification**
After undergoing an on-site evaluation and demonstrating compliance with nationally developed standards for stroke care, St. Mark’s Hospital has earned The Joint Commission’s Gold Seal of Approval™ for certification as a Primary Stroke Center. Each year, about 795,000 people experience a new or recurrent stroke, making it the nation’s third leading cause of death. On average, someone suffers a stroke every 40 seconds and someone dies of a stroke every 3.1 minutes. In stroke care, time is brain. This certification confirms that St. Mark’s Hospital provides effective, timely care to stroke victims and significantly improves outcomes for stroke patients.

**American Heart Association/American Stroke Association Get With the Guidelines Achievement**
To receive this recognition, St. Mark’s Hospital had to achieve 85% or higher adherence to all Get With The Guidelines® Stroke Performance Achievement indicators for consecutive 12-month intervals and 75% or higher compliance with six of 10 Get With The Guidelines Stroke Quality Measures to improve quality of patient care and outcomes. These measures include aggressive use of medications, such as tPA, antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol-reducing drugs, and smoking cessation – all aimed at reducing death and disability and improving the lives of stroke patients.
Dell McDonald and his wife, Harriet, sit in a chair in their living room where Dell experienced a stroke two years ago.
After serving as a military officer in the U.S. Air Force for 20 years, Dell McDonald felt pretty confident that he could handle almost anything. But, when he suffered a stroke one evening in April 2010, he had to rely on his wife, a team of paramedics, and the remarkable staff at St. Mark’s Hospital to save his life.

It was early in the evening on April 29, 2010. Dell McDonald, a Holladay resident, had just finished working out in the basement of his condo – something he did regularly as a way to stay fit and healthy and to manage his type 2 diabetes. He showered, then poured himself a glass of water and sat down to watch the 5 o’clock news. Moments later, the glass tipped over scattering water and ice cubes across the wood floor. As Dell tried to reach after it, he suddenly realized he couldn’t.

He couldn’t pick it up. He couldn’t even speak. And he couldn’t understand why.

His wife, Harriet, had been upstairs in her office when she heard the commotion of the glass hitting the floor. She heard it hit the floor again and again as Dell tried futilely to pick it up. What she didn’t hear was Dell’s voice. Sensing something was wrong, she rushed downstairs to see what was happening. Having been a speech pathologist for 30 years, Harriet recognized Dell’s symptoms right away. He was having a stroke.

“I knew it immediately. He had asymmetry of his face, lack of any kind of strength or coordination in his right arm and leg. He was confused, couldn’t speak... all the classic signs of a stroke,” Harriet recalls. Fortunately, Harriet also knew that time was of the essence in this situation. The sooner she could get Dell to care, the better off he would be. She helped him over to the couch, sat him down, and hurriedly called 911.

“I was really panicked at that point,” says Dell. “I was dumbfounded; I didn’t know what was going on.” In less than 10 minutes, the paramedics arrived at their home. They rushed into the house and Harriet began to fill them in on what had happened. “The paramedic came in, grabbed me by the shirt and asked me my name. I couldn’t say it.” The EMT team went to work and got Dell into the ambulance as quickly as they could. He was rushed to the emergency department at St. Mark’s Hospital, where a stroke team had already been alerted of his condition. “From that point on,” Dells says, “it was a blur.”

When he arrived, Dell was taken back for a cat scan that determined his stroke was caused by a blood clot which meant he was a candidate for a drug known as tPA. The drug is used to help break down blood clots and thereby return blood flow to the brain. (A stroke is caused by a stop of blood flow to the brain.)

Harriet had to make the decision for Dell as to whether he’d take the drug or not. “It was a little scary,” she remembers. “They said, ‘It could make a significant positive difference, it could make no difference at all, or it could kill him. Do you want to go ahead with it?’ I said, ‘Absolutely.’” During the next hour while Dell received the tPA drip, a series of tests were performed every ten minutes. “You could just see his function coming back.” Though, he wasn’t quite back to speaking yet.

Dell spent the night in ICU and continued to regain feeling. During the night, his nurse worked with him and he was finally able to speak a few words. “For the nurses to continually try to stimulate his mind after a stroke like that, rather than just checking to make sure things were medically okay, I felt was really important,” Harriet mentions.

“He couldn’t pick up the glass. He couldn’t even speak. And he couldn’t understand why.”

Before leaving the hospital, Dell met with an occupational therapist who ran some tests which revealed Dell was having difficulty remembering different denominations of money and simple math functions, which proved to be frustrating for Dell, having been a math minor in college. After being discharged, he was asked to complete several weeks of speech therapy. The speech pathologist worked with Dell during the day, and Harriet worked with him at night. “The speech pathologist also ran tests to check Dell’s ability to swallow and his gag reflex,” remembers Harriet. “I really appreciated the follow-through from all the different specialists.”

“Gradually, I started to come back, but I still had some residual effects,” Dell says. “I was used to doing a lot of writing and my writing ability just wasn’t there.” But, Dell kept working on it and slowly his writing ability started to return. Dell continues to see Dr. Diana Banks, the physician.
who treated him the night he was rushed to the hospital, a few times a year to monitor his condition. He still occasionally struggles with some residual effects of the stroke, but he and Harriet have developed strategies to help overcome them.

Dell also continues to eat well and exercise, travel with Harriet, and volunteer for several charitable organizations in the area. “I have a new lease on life,” he says. “As far as the stroke goes, we talked about it in the beginning for a while, but I didn’t go around with it on my shoulder. Now, we don’t even talk about it. It’s in the past.”

“I feel very grateful for the care I got at St. Mark’s. I’m grateful for Dr. Banks and the other doctors and the nursing team,” says Dell. In the months following his stroke, Dell participated in an event at St. Mark’s satellite emergency department in Draper – Lone Peak Emergency Center – and ran into one of the nurses who’d been on the team that cared for him the night of his stroke. “She saw me and said ‘I can’t believe it,’ and gave me a great big hug. Now, that’s care.”

“I don’t think I could have gotten better care anywhere. Anywhere,” says Dell. “If it weren’t for my wife’s quick reaction, the paramedics, and the wonderful stroke team at St. Mark’s Hospital, they wouldn’t be looking at the man they’re looking at today. I would be severely debilitated. I can’t give them enough credit for what they did.”

They were his life-saving combination.

IF YOU RECOGNIZE THE SIGNS OF STROKE – ACT F.A.S.T.

FACE
Ask the person to smile. Does their face look uneven?

ARMS
Ask them to raise both arms. Does one arm drift downward?

SPEECH
Ask them to repeat a simple phrase. Does their speech sound strange?

TIME
If the person shows any of these symptoms, call for help fast.

CALL 911!

St. Mark’s Hospital is turning treatment guidelines into lifelines for Stroke Care.
OUR TRADITION OF Growth
Aerial view of St. Mark's Hospital looking southeast.
St. Mark’s Hospital has grown significantly since its opening in 1872. What started as a 6-bed hospital in a rented adobe house at 500 East 400 South (inset) has become a 318-bed, multi-building facility at 1200 East 3900 South. When St. Mark’s first started, it was staffed with one physician. Today, our hospital includes a staff of more than 600 physicians and specialists. Our growth over the years has occurred through meeting the needs of the community around us.
St. Mark’s Hospital is constantly growing and changing to accommodate the needs of patients in our community, as well as to improve the services we already offer. We are dedicated to providing high-quality healthcare and set high standards for patient care. We have several projects underway to expand our service lines and our service area. Learn about some recent improvements at St. Mark’s and the expansion still to come.

The Heart Center at St. Mark’s
At the start of 2012, The Heart Center, a cardiovascular clinic located on the St. Mark’s campus, officially joined together with St. Mark’s Hospital as one organization. All of The Heart Center’s physicians and staff became HCA (St. Mark’s parent company) employees as of January 1. This new collaboration will result in better patient care, expanded cardiovascular services within the Hospital, and continued success now and in the future. The Heart Center at St. Mark’s will feature location on our Hospital’s campus in Salt Lake City, as well as in West Valley City, South/West Jordan, on the Lone Peak campus in Draper, and more locations are likely to be added in the future.

Acute Rehabilitation Center
In July 2012, St. Mark’s Hospital will open the doors to its brand new Acute Rehabilitation Center (ARC). This facility will provide another venue for post-acute care, alongside our Transitional Care Center, and complements our Hospital’s growing stroke, orthopedic, and trauma services.

The ARC is being designed for patients who are recovering from a significant disabling event, such as a stroke, brain injury, neurological disease, and others. It will feature an intensive therapy program where patients will receive, on average, three hours of therapy six days a week. A patient’s average length of stay is anticipated to be 16 – 17 days. The goal of the program is to restore functional independence to patients, so they may return to their homes safely. During the first six months of operation, the facility is expected to have an average of nine patients daily. Over time, that number is expected to increase to 12 to 13 patients. The facility will include 14 beds and a large therapy gym.

Lone Peak Hospital
Lone Peak Emergency Center, a satellite emergency department located on a sister campus of St. Mark’s Hospital in Draper, Utah, opened its doors in May 2010. In its first year of operation, the satellite ED reported approximately 10,000 patient visits. The facility was the first satellite emergency department in Utah and currently offers comprehensive emergent care through a team of experienced and board-certified physicians from St. Mark’s Hospital. The Lone Peak Medical Campus also includes Lone Peak Imaging, which offers on-site diagnostic services 24/7 for emergency patients and outpatients, digital mammography, and bone density scanning, as well as the Lone Peak Medical Office Building, which is currently fully occupied by primary care physicians and specialists. Due to this success and the much-needed inpatient services in the Draper area, this campus will expand to include its own hospital in 2013.

Construction for Lone Peak Hospital is now underway. As Utah’s newest hospital, this 30-bed facility will offer expanded hospital services and enhance the outpatient care currently provided at the Lone Peak Emergency Center, Lone Peak Imaging, SouthTowne Surgery Center, and multiple physician practices in the MountainStar Medical Group. Lone Peak Hospital will help complete the MountainStar network of hospitals in Utah; with its addition, comprehensive services will be available within 30 minutes anywhere along the Wasatch Front. The hospital will better meet the healthcare needs of the families in South Valley communities, especially in areas of obstetric care, surgery services, and additional outpatient diagnostic services.
OUR TRADITION OF Giving Back
St. Mark’s tradition of giving back started over a century ago. In our first years of operation, the Hospital cared for two to three charity cases per month and never refused admittance to someone if there was a bed available. Today, St. Mark’s is involved with many community organizations including The Road Home, the Utah Food Bank, and The Christmas Box House. In 2011, St. Mark’s Hospital donated more than $8,000 in gifts to The Christmas Box House (background photo).
As a cornerstone of the Salt Lake region, St. Mark’s Hospital has always placed great importance on giving back to the community that gave it its start. The care we provide is not just contained in the walls of our Hospital; rather, we extend our reach to all of the individuals and families in our community – whether they’re our patients or not.

**Sponsorships & Partnerships**
Having been around for as long as we have, St. Mark’s has built significant partnerships with organizations in the community and has also made an effort to sponsor worthwhile causes in the area.

**Westminster College**
Our relationship with Westminster College dates back more than 60 years when nursing students from St. Mark’s began studying at their facility. Though the last class to graduate from the St. Mark’s School of Nursing (started in 1894 – the first in the Intermountain region) was in 1970, the Hospital has continued to provide clinical training in various units of the Hospital to nursing students at Westminster College and other area nursing schools.

**Juan Diego Catholic High School**
For the past two years, St. Mark’s Hospital has provided funding for the physical therapy portion of the athletic program at Juan Diego Catholic High School in Draper. We have also partnered to bring education to students and families on topics pertinent to them, such as drug and alcohol education and eating disorders.

**Important Causes**
St. Mark’s Hospital is part of the fight against many of the diseases and conditions that plague Americans. For the past 11 years, the Hospital has sponsored the Susan G. Komen Race for the Cure in Salt Lake City to help put an end to breast cancer. Beyond sponsorship, the Hospital also builds a team to raise funds and participate in the race itself. Similarly, St. Mark’s has been a significant participant in the American Diabetes Expo in Utah for more than 10 years. This major event is all about providing the proper education and support to individuals with or at risk for diabetes. St. Mark’s also participates in and supports key events of The Road Home, Ballet West, American Heart Association, American Cancer Association, and Millcreek Township.

**Annual Giving Campaign**
Every fall, the Hospital hosts an annual giving campaign. This campaign is funded by employee donations, matched by the hospital, and benefits internal emergency assistance funds at the hospital and corporate level, in addition to community organizations such as The United Way. In 2011, we raised more than $40,500.

Outside of this regular campaign, the Hospital’s Employee Advisory Group (EAG) holds an annual food drive to benefit the Utah Food Bank, as well as a collection of donations during the holiday season for The Christmas Box House.

**Community Education**
Another priority for St. Mark’s Hospital is educating the community which it serves on the latest topics in healthcare or any new services provided at the hospital from which they could benefit. The hospital hosts as many as 15 free physician lectures throughout the year on topics ranging from heart disease to weight loss surgery to joint replacement. Check out our calendar of events at www.stmarkshospital.com for updates.

This year, St. Mark’s and the MountainStar division also awarded $1,500 in scholarships to 10 qualified students in the School of Health Science at Salt Lake Community College. Those students were later honored at SLCC’s Annual Scholarship appreciation luncheon. St. Mark’s and MountainStar will continue partnering with SLCC and hopes to present even more opportunities for education through that relationship in the future.
2011 FINANCIAL & OPERATIONAL STATEMENT

TAXES PAID BY ST. MARK’S HOSPITAL

Local Taxes
School District $787,068
County Government $888,447
Other Government $44,041
Sales Tax $2,635,530
Total $4,355,086

State and Federal Taxes
Income Tax $7,970,747
Unemployment Tax $214,755
Hospital Bed Tax $1,638
Total $8,187,140

UNCOMPENSATED CARE

Charity $27,788,807
Uncollected Funds $18,320,711
Contractual Allowances $580,656,696
Total $626,766,214

CHARITABLE CONTRIBUTIONS/PUBLIC SERVICE

Local Health Improvement Organization $48,031
Local Civic Improvement Organization $122,155
Municipal School Partnerships $84,000
Public Service/Educational Activities $2,350
Total $256,537

HOSPITAL AUXILIARY (a non-profit organization serving St. Mark’s Hospital)

Number of Volunteers 207
Total Donated Hours 26,859
Total Funds Raised and Donated to Local Community $49,800

ADDITIONAL ECONOMIC IMPACT

Total Employees 1,451
Salaries/Wages/Benefits $109,795,241
Capital Funds Budgeted in Current Year $17,462,639
Capital Funds Reinvested Last Year $13,869,745
Capital Funds Reinvested Over the Last 5 Years $79,391,834
Total Assets $184,755,871
Total Hospital Services Rendered $954,457,651
The following employer-sponsored health insurance plans are currently accepted at St. Mark’s Hospital.

Aetna
Altius
Corvel (Workers Comp Only)
Coventry
CIGNA
Deseret Mutual (DMBA)
  - Deseret Choice, Student Health Plan
First Health/CCN
Health Utah
Humana
Great-West Healthcare
Mailhandlers
MultiPlan
Private Healthcare Systems (PHCS)
Public Employees Health Plan (PEHP)
Preferred
Summit
Wise Provider Network
Regence BlueCross/BlueShield
  - Focal Point
  - Valuecare
  - Traditional
  - Federal Program
Tricare (formerly called Champus)
USA Managed Care
University of Utah Health Plan
Wise Provider Network
Workers’ Compensation

Medicaid Plans
Molina
Healthy U

Medicare Plans
Medicare
Altius/Coventry
Molina
Humana
Regence
SecureHorizons (United)
Sterling
Deseret Mutual (DMBA)
Universal
Private Fee for Service Plans