



TRUE NORTH

2014 ANNUAL REPORT



Carolinas HealthCare System



TRUE NORTH



Few topics today are more newsworthy than healthcare. Indeed, few matters of public policy have been more visible (or controversial) than healthcare reform. And while there's no shortage of viewpoints on the best way to achieve that goal, there is strong consensus on one point: the need to boost quality while simultaneously reducing costs.

Carolinas HealthCare System is a recognized national leader in transforming healthcare delivery to meet these divergent needs. In the stories that follow, you will see excellent examples of initiatives undertaken during 2014 to enhance the quality and value of care delivered in all the communities we serve.

In Anson County, for instance, we introduced a new model of healthcare that fosters better access to the particular types of care needed in that community. Our innovations in virtual care have made it easier for patients throughout the Carolinas to receive diagnosis and treatment using digital platforms. These remote capabilities add considerable value to the patient experience in terms of minimizing travel, reducing wait times and extending the reach of available expertise.

We continued to introduce sophisticated new medical procedures, such as adult bone marrow transplants and "total artificial hearts" (devices that sustain patients' lives until donor organs can be secured). Our community outreach initiatives included successful campaigns to identify and treat pre-diabetic patients, address behavioral health conditions early on, and marshal resources to tackle other community health needs.

Now, in conjunction with the celebration of our 75th Anniversary, our principal goal remains the same as it's always been: accommodating the ever-changing needs of ever-changing communities in which we live and work.

sincerely

Michael C. Tarwater
MICHAEL C. TARWATER

P R E S I D E N T A N D C E O

Carolinas HealthCare System is one of the leading healthcare organizations in the Southeast and one of the most comprehensive public, not-for-profit systems in the nation.

As 2014 drew to a close, the System owned or managed 39 hospitals, serving patients at more than 900 care locations.

11.5M

System operations comprised more than 7,500 licensed beds, employed nearly 60,000 people and accounted for more than **11.5 million patient encounters**.

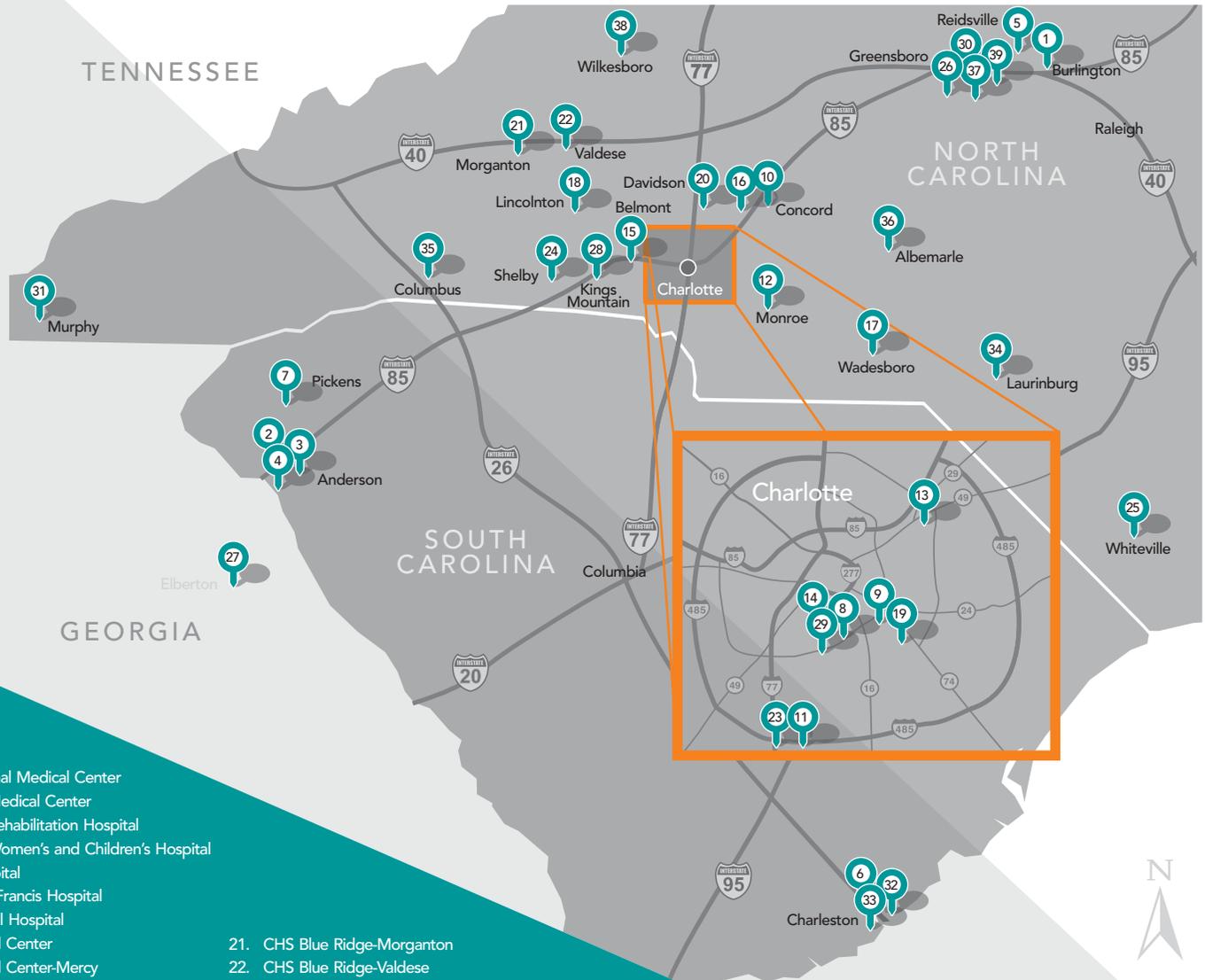
900

CARE LOCATIONS

FREESTANDING EMERGENCY DEPARTMENTS
OUTPATIENT SURGERY CENTERS
PHYSICIAN PRACTICES
IMAGING CENTERS
NURSING HOMES
LABORATORIES
PHARMACIES

Carolinas HealthCare System's mission is to create a comprehensive system to provide healthcare and related services, including education and research opportunities, for the benefit of the people it serves.

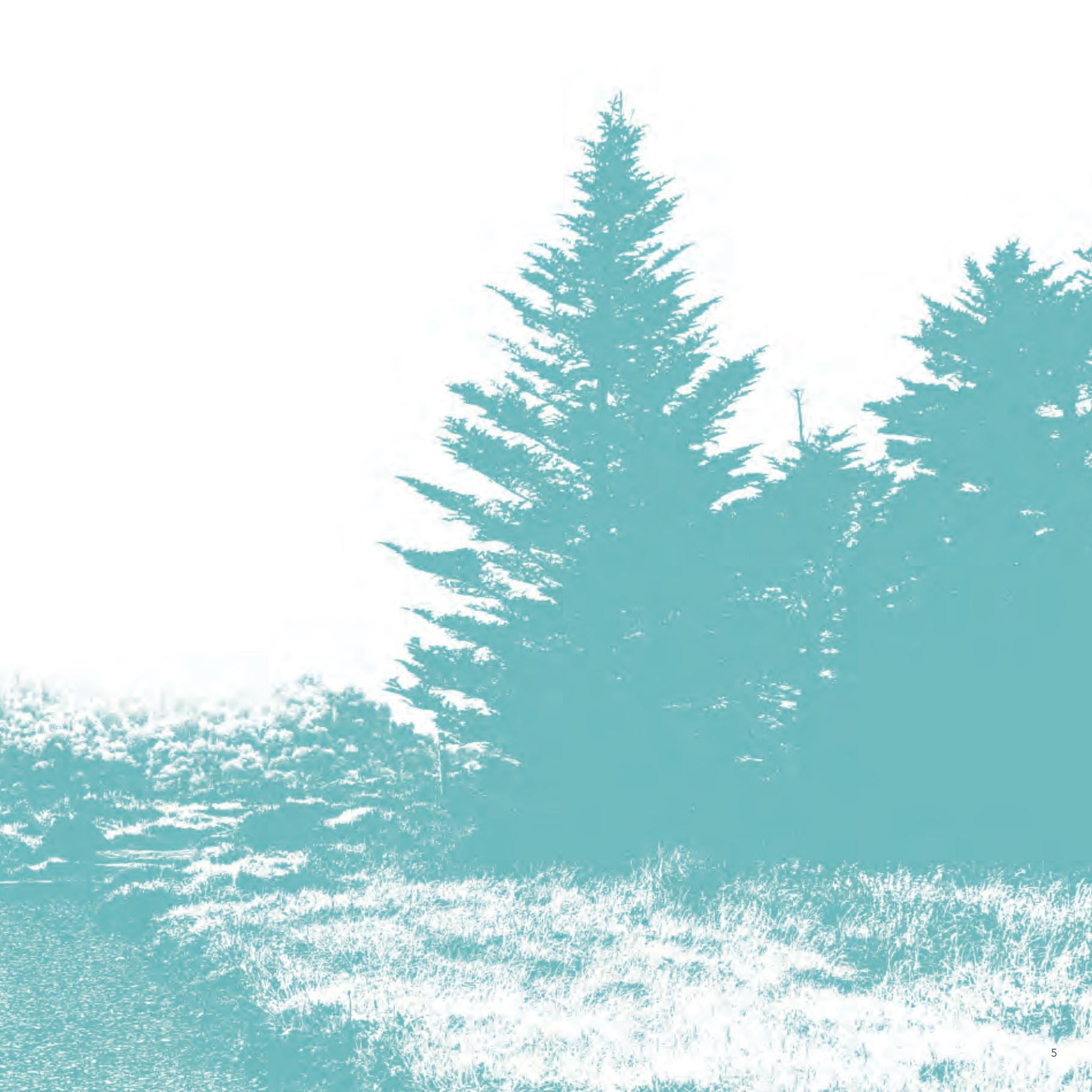
FACILITY LOCATIONS



- | | | |
|--|---|------------------------------------|
| 1. Alamance Regional Medical Center | 21. CHS Blue Ridge-Morganton | 34. Scotland Memorial Hospital |
| 2. AnMed Health Medical Center | 22. CHS Blue Ridge-Valdese | 35. St. Luke's Hospital |
| 3. AnMed Health Rehabilitation Hospital | 23. CHS Rehabilitation | 36. Stanly Regional Medical Center |
| 4. AnMed Health Women's and Children's Hospital | 24. Cleveland Regional Medical Center | 37. Wesley Long Hospital |
| 5. Annie Penn Hospital | 25. Columbus Regional Healthcare System | 38. Wilkes Regional Medical Center |
| 6. Bon Secours/St. Francis Hospital | 26. Cone Health Behavioral Health Hospital | 39. Women's Hospital |
| 7. Cannon Memorial Hospital | 27. Elbert Memorial Hospital | |
| 8. Carolinas Medical Center | 28. Kings Mountain Hospital | |
| 9. Carolinas Medical Center-Mercy | 29. Levine Children's Hospital | |
| 10. Carolinas Medical Center-NorthEast | 30. Moses H. Cone Memorial Hospital | |
| 11. Carolinas Medical Center-Pineville | 31. Murphy Medical Center | |
| 12. Carolinas Medical Center-Union | 32. Roper Hospital | |
| 13. Carolinas Medical Center-University | 33. Roper St. Francis Mount Pleasant Hospital | |
| 14. Carolinas Rehabilitation | | |
| 15. Carolinas Rehabilitation-Mount Holly | | |
| 16. Carolinas Rehabilitation-NorthEast | | |
| 17. Carolinas HealthCare System Anson | | |
| 18. Carolinas HealthCare System Lincoln | | |
| 19. CHS Behavioral Health-Charlotte | | |
| 20. CHS Behavioral Health Mindy Ellen Levine Campus-Davidson | | |

THE STORIES THAT ILLUSTRATE THE
STRENGTH
OF CAROLINAS HEALTHCARE SYSTEM
ARE MANY.

THESE FEW ILLUSTRATE THE MISSION AND VALUES
OF AN ORGANIZATION ON THE LEADING EDGE OF
EXCELLENCE IN CARE DELIVERY,
NOT JUST FOR SOME, BUT FOR ALL.





COMMUNITY HEALTH

A New Approach in One NC Community

In 2014, Carolinas HealthCare System continued to adapt and evolve – becoming more efficient and cost-effective and providing more value to patients. This model of healthcare adaptability is now in action in Wadesboro, a small town in Anson County, NC. The healthcare needs of Wadesboro are unique. **Among the 27,000 residents of**



Anson County, obesity, diabetes and heart disease were becoming increasingly common. The existing community hospital cared for patients in crisis, but could do little to root out and reverse the causes of these chronic health conditions.

Rather than maintaining focus on a facility that was no longer what the community needed, a new care model for Anson County was designed, geared toward reducing the high rates of the most common chronic conditions. Carolinas HealthCare System replaced the aging 52-bed inpatient hospital with a \$20 million modern outpatient facility that includes an emergency department, medical offices and fewer inpatient beds. As a result of this new model of care, there is now a steady increase in the number of patients being referred to primary care – helping them avoid unnecessary emergency department visits. These primary care visits average 900 each month, an increase of almost 250 percent from the same period a year ago. This total includes more than 300 referrals each month from the emergency department triage unit.

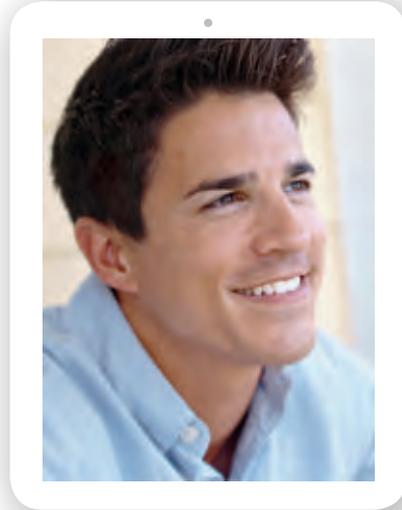
In addition, this first-of-its-kind facility – Carolinas HealthCare System Anson – is supported by population-based programs focused on patient engagement, prevention and wellness. The result so far? More appropriate utilization of care locations and breaking down barriers of access to the types of care most needed in rural communities.

STRENGTHENING CARE ACROSS THE REGION

Carolinas HealthCare System launched a unique service agreement with New Hanover Regional Medical Center (NHRMC) in Wilmington, NC, in 2014. This agreement allows the organizations to collaborate on enhancing patient care and share knowledge while preserving local governance and ownership. With the knowledge and expertise of the entire System behind it, this NC hospital now has access to a wide variety of additional services, including clinical trials through Levine Cancer Institute.

“One of the challenges of being an independent hospital today is developing the depth of resources necessary to keep up with the rapid changes in the healthcare environment,” says Jack Barto, president and CEO of NHRMC. “This agreement allows us access to resources we need to keep our organization moving forward and continue to deliver quality patient care.”





NO APPOINTMENT NEEDED Just a Connection

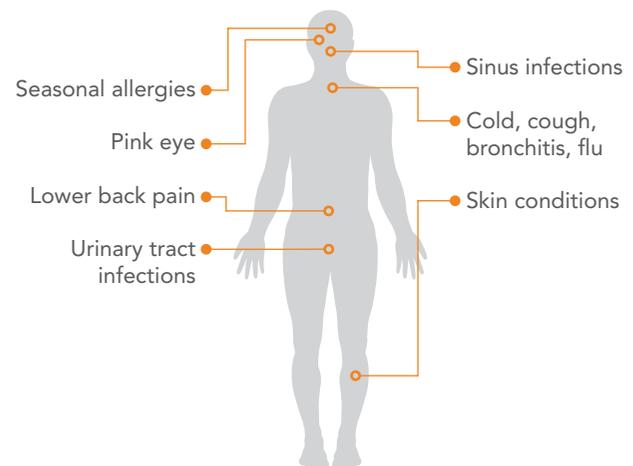
In the fall of 2014, Virtual Visit was introduced, just in time for flu season. No longer limited to squeezing doctor appointments into a busy, heavily scheduled life, patients can receive instant two-way communication with a Carolinas HealthCare System medical provider via a smart device. Users are able to discuss symptoms, receive a diagnosis and even get a prescription, if appropriate.

HEALTHCARE DELIVERY IN THE DIGITAL AGE

With the prevalence of smart devices integrated into everyday life, it only makes sense that real-time access and feedback be utilized in healthcare interactions as well.

In 2014, Carolinas HealthCare System incorporated virtual care techniques into numerous access points, allowing better care for patients when and where they need it. This approach has also given our medical experts instant access to the vital information and support they need. This could be a second opinion on treatment options or instant access to a patient's lab results to inform a course of treatment.

CONDITIONS TREATED WITH VIRTUAL VISIT



1,331

VIRTUAL VISITS COMPLETED

7,934

PATIENTS ENROLLED



Virtual Visit
allowed patients easier
access to care, avoiding:

55 ER VISITS

500 URGENT CARE VISITS

401 OFFICE VISITS

115 HEALTH CLINIC VISITS



WORLD-CLASS CARE

Close to Home

In May 2013, Pam Grooms was given the news that would change her life and that of her family: she had multiple myeloma, a rare blood cancer that requires extensive, aggressive treatment.

LEVINE CANCER INSTITUTE

Shortly after discovering a mass in her lower back that was causing severe pain, Pam was referred to David Miller, MD, a hematologist at Carolinas HealthCare System. Several imaging tests later, Dr. Miller confirmed Pam's diagnosis and told her she would need a bone marrow transplant.

Dr. Miller referred Pam to Saad Usmani, MD, FACP, director of the Plasma Cell Disorders Program and director of Clinical Research in Hematologic Malignancies at the System's Levine Cancer Institute. Pam, a mother of three, underwent numerous rounds of chemotherapy, radiation and surgery. She recently became the Institute's first patient to receive a blood and marrow transplant (BMT) at its new BMT unit and is now cancer-free. Because treatment can often take up to six weeks, Pam and her family were able to stay together – and close to home – during treatment.

Leading the US in Blood Cancer Trials

Under the leadership of Ed Copelan, MD, and Belinda Avalos, MD, chair and vice-chair, respectively, of Levine Cancer Institute's Department of Hematologic Malignancies and Blood Disorders, the Institute opened the blood and marrow transplant unit in January 2014. It was the first – and by December 31, 2014, still the only – adult BMT unit in the Charlotte area, performing 65 transplants by year-end.

Throughout the year, the Institute opened eight new clinical trials for blood cancer, and was one of the leading enrolling sites for blood cancer clinical trials in the country by year-end.

Game-Changing Technology Offers Patients Hope

Bringing leading-edge technology to the treatment of cancer across the region is a focus for Carolinas HealthCare System. At Roper St. Francis Healthcare in Charleston, SC, oncologists used a highly specialized device applied to the scalp to treat brain cancer in patient Linda Morris.

"This is very personalized medicine," says Ashley Sumrall, MD, neuro-oncologist with Levine Cancer Institute. "It could truly be a game changer for patients who think they have exhausted all other options."

Dr. Sumrall is lead investigator on a clinical trial testing the device. Optune (previously NovoTTF), uses tumor-treating fields on patients with a specific brain cancer that does not sufficiently respond to chemotherapy and radiation. In 2014, the only places in the US the trial was available were Roper St. Francis and in Charlotte, NC at Levine Cancer Institute.



BREAKTHROUGH TECHNOLOGY **SAVES LIVES**

Adding to its legacy of quality through innovation in 2014, the System's Sanger Heart & Vascular Institute implanted a total artificial heart in a patient – the first in the Carolinas. Until then, heart failure patients had few options.

Regional First in **HEART TRANSPLANT**

In the past, heart failure patients without the means and ability to travel outside of the region for care were faced with limited treatment options. For those who could travel, the process was difficult because of the many complications associated with such a critical illness.

The need for a viable option is dire: According to the US Department of Health & Human Services, about 4,000 people wait for a donor heart transplant on any given day, while the supply of approximately 2,300 donor hearts annually has been flat in the US for over 20 years.

The total artificial heart sustains patients' lives until donor hearts can be found, while also providing mobility to patients so they can leave the hospital and live as typical a life as possible.

Taking this innovative care to even the tiniest of patients, Levine Children's Hospital kept a 15-month-old alive with a total artificial heart – which is implanted externally on a child because their chest size cannot accommodate the device. The cardiac team at Levine Children's Hospital also performed the heart transplant when a donor heart became available.

Specialized Care for Exceptional Patients

The System's nationally ranked Levine Children's Hospital has the region's only dedicated pediatric cardiovascular intensive care unit. Here, an elite team of nurses and physicians monitor the most critical moments of a child's recovery from heart surgery.

Benjamin Peeler, MD, chief of pediatric and adult congenital cardiothoracic surgery at Levine Children's Hospital, maintains low mortality rates, while keeping a short length of stay for his patients, nine days below the national average. For four years, Levine Children's Hospital has maintained a 4.1 percent mortality rate for the Norwood procedure, a complex surgery to treat a rare congenital heart defect called hypoplastic left heart syndrome. The Society for Thoracic Surgeons puts the national average at 17.0 percent.

At the Heart of Innovation in Greensboro

In 2014, Cone Health Heart and Vascular Center, in Greensboro, NC, began offering an alternative treatment for aortic valve disease in patients who are typically considered too high-risk for traditional valve replacement. The procedure – called transcatheter aortic valve replacement (TAVR), and also available at Carolinas Medical Center in Charlotte – is performed in a highly advanced hybrid operating room at The Moses H. Cone Memorial Hospital.

"TAVR is a terrific option for those who are unable to undergo the rigors of open-heart surgery usually required to replace a valve," says Rich Lundy, vice president of Cone Health's Heart and Vascular Center. "It is great to offer this procedure to patients in our community and region."



COMMUNITY HEALTH OUTREACH

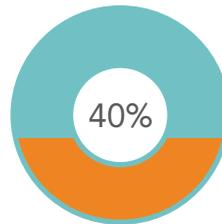
Carolinas HealthCare System conducted over 53,000 risk assessments for prediabetes in 2014 as part of the Pre-D Challenge.

PRE-D CHALLENGE

The Pre-D Challenge is a partnership with the YMCA of Greater Charlotte to identify individuals at risk for developing or who have prediabetes, a precursor to Type 2 diabetes.

Over 27,000 people were identified as at-risk for developing diabetes. Over 18,000 blood sugar tests were done, identifying 1,000 people with Type 2 diabetes and 6,700 others with prediabetes. All at-risk candidates were offered a chance to participate in the National Diabetes Prevention Program, a Centers for Disease Control lifestyle change program, at a variety of locations across the Charlotte metro area.

Of the monitored program participants, 40 percent have successfully decreased their blood sugar from prediabetes levels back to the normal range.



53,000

R I S K A S S E S S M E N T S

MENTAL HEALTH FIRST AID

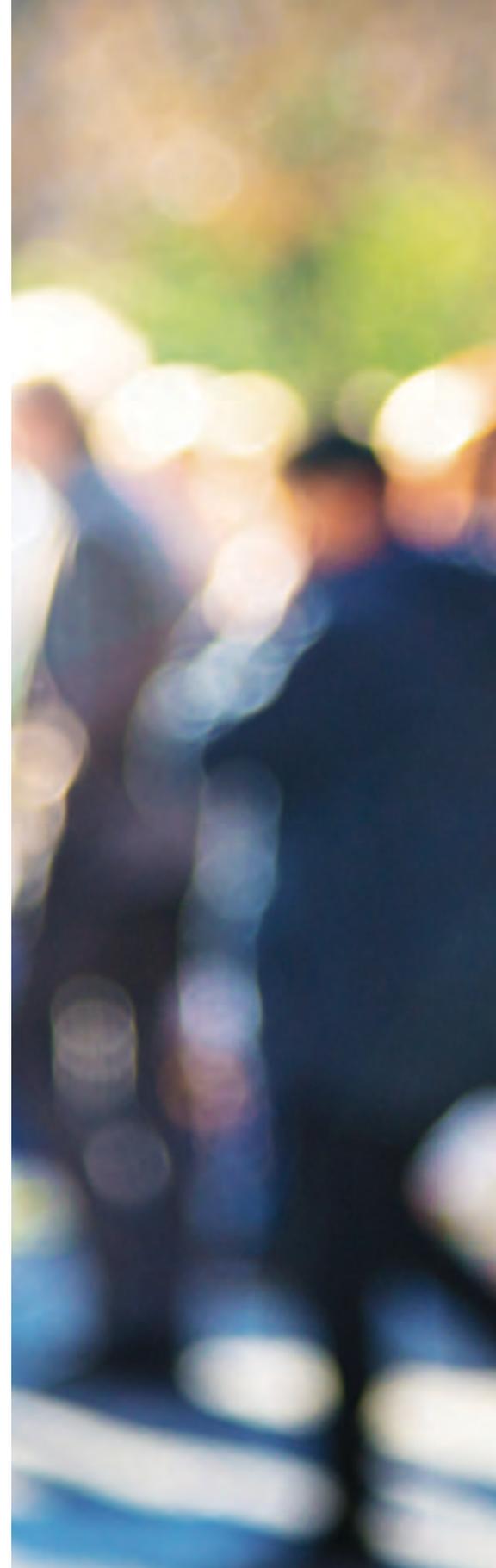
At a time when the need is great and community resources are few, Carolinas HealthCare System is maintaining a forward-thinking approach to the area's behavioral health needs.

Partnering with the National Council for Behavioral Health, the System promoted widespread adoption of Mental Health First Aid (MHFA). This program develops a network of instructors who can teach a class designed to increase awareness of mental health in a variety of settings across the community. The goals of MFHA are:

- ① To increase understanding of mental health issues in the community.
- ② To decrease the stigma associated with mental illness.
- ③ To teach people how to help someone who is developing a mental illness or is in a crisis situation.

The System's training program resulted in **90 certifications** for people to teach MFHA classes, building one of the largest networks of MHFA instructors in the state. Certified instructors trained over **1,700 community members** in more than **95 classes** in faith communities, schools, non-profits and the System itself.

One in every four people in the US deals with a mental health issue. Data show that untreated behavioral health conditions can increase the cost of treating physical ailments by 60 to 70%.



CLOSING THE GAP ON HEALTH DISPARITIES

With a \$1.63 billion investment in programs to benefit the community, Carolinas HealthCare System improves both the quality of medical care and the quality of life in communities it serves.

The System provides significant financial assistance to uninsured and underinsured patients; subsidizes Medicare and Medicaid reimbursements; and finances other services including graduate medical education, allied health education, research, behavioral health and community health clinics. During 2014, Carolinas HealthCare System also placed an increased focus on programs that provide treatment and promote health in response to identified community needs, such as diabetes risk.

\$1.63

B I L L I O N

I N C O M M U N I T Y B E N E F I T

IN GUATEMALA, EIGHT HOSPITALS
NOW HAVE ECHO LABS AND
TOGETHER HAVE PROVIDED OVER

INTERNATIONAL HEALTHCARE EFFORTS

The International Medical Outreach (IMO) program, a collaboration between Carolinas HealthCare System and the Heineman Foundation of Charlotte, continued to nurture the cardiology and cardiac surgery program it helped found at Karl Heusner Memorial Hospital (KMH) in Belize City in 2011.

In 2014, IMO donated diagnostic echocardiography (echo) equipment and trained local technicians to operate the machines, allowing KMH to more than double the number of patients it screens for heart problems.

In Guatemala, IMO also enhanced cardiac services in 2014, with the opening of two echo laboratories in regional hospitals in Zacapa and Quiché.

In Honduras, IMO partnered with Chiquita Brands to install a mobile cardiac catheterization laboratory (cath lab) at La Lima Medical Center, increasing access to this service by thousands of residents in nearby regions.

The IMO program has a long history of assembling, refurbishing, and donating equipment and supplies worldwide. Medical teams from Carolinas HealthCare System frequently travel abroad to train and support teams in using the equipment and in performing highly specialized procedures.

12,300

E C H O C A R D I O G R A M S



TRUE COMMUNITY BENEFIT

From tree-planting to home-building to serving meals, Carolinas HealthCare System's employees made a lasting community impact by volunteering 42,176 hours – the equivalent of **\$1.6 million** in in-kind contributions – in 2014.

42,176

VOLUNTEER HOURS

GIVING
TOTAL
HIGHEST
EVER

The System's 2014 giving campaign produced the highest results to date. The figures below show results in areas served by Primary Enterprise facilities (those in the greater Charlotte region), except the United Way sub-total, which includes both Primary and Regional Enterprise (those outside the greater Charlotte area). Carolinas HealthCare System was awarded the "United Way Spirit of NC Award" for conducting a campaign of distinction and excellence.

- Arts and culture organizations in Mecklenburg, Anson, Cabarrus, Cleveland, Gaston, Lincoln, Stanly, Union and York counties
\$748,081

- Children's Miracle Network
\$1,535,386



- Regional Facility Donations
\$1,771,846

- United Way
\$1,409,746





600

PHYSICIAN, CLINICIAN
VOLUNTEERS

2,705+

STUDENT ATHLETES

HEART OF A CHAMPION DAY

Mecklenburg, Union, Lincoln and York Counties

In a unique community outreach program, Carolinas HealthCare System provides student athletes with free physical exams that include an electrocardiogram (ECG). Volunteer physicians and clinicians perform this heart exam, which traces the heart's electrical activity, in addition to reviewing the athlete's medical history, providing a sports-specific medical and musculoskeletal exam, and performing a vision test.

If there are abnormalities discovered in the athlete's medical history or in the results of the physical examination or ECG, an echocardiogram (ultrasound of the heart) may be performed. Such heart screenings increase the chance of detecting a heart problem that could affect an athlete's ability to participate in sports safely.

LASTING IMPACT

Carolinas HealthCare System employees continue to support the communities in which they live and work.

A DAY OF SERVICE

Honoring Martin Luther King, Jr.

1,200 HOURS

700 EMPLOYEES

17 AGENCIES

SHARE THE WARMTH

Crisis Assistance Ministry, Mecklenburg County
Cabarrus Partnership for Children, Cabarrus County
Rowan Helping Ministries, Cabarrus County
United Way, Lincoln County

3,400 COATS, BLANKETS, GLOVES,
SCARVES and HATS

SALVATION ARMY'S CHRISTMAS BUREAU

Cabarrus, Cleveland, Union and Gaston Counties
and Charlotte

2,000 STOCKINGS

1,000s of BICYCLES

15 YEARS of SUPPORT

NET REVENUE AND EXPENSES

For the year ended Dec. 31, 2014
(dollars in thousands)

NET REVENUE	Primary Enterprise and The Carolinas HealthCare Foundation A		Regional Enterprise B		Total Enterprise	
	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL
Tertiary and Acute Care Services	\$3,312,825	66%	\$2,990,313	82%	\$6,303,138	73%
Continuing Care Services	198,847	4%	88,972	2%	287,819	3%
Specialty Services	25,211	1%	48,587	1%	73,798	1%
Physician's Services	1,121,639	22%	482,340	13%	1,603,979	18%
Other Services	262,493	5%	14,634	0%	277,127	3%
Non-Operating Activities C	111,668	2%	77,672	2%	189,340	2%
Totals	\$5,032,683	100%	\$3,702,518	100%	\$8,735,201	100%

NET EXPENSES	Primary Enterprise and The Carolinas HealthCare Foundation A		Regional Enterprise B		Total Enterprise	
	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL
Wages, Salaries and Benefits	\$2,930,005	58%	\$1,892,981	52%	\$4,822,986	55%
Materials, Supplies and Other	1,480,925	29%	1,364,936	37%	2,845,861	33%
Depreciation and Amortization	252,337	5%	240,216	6%	492,553	6%
Financing Costs	84,971	2%	38,561	1%	123,532	1%
Funding for Facilities, Equipment and New Programs	284,445	6%	165,824	4%	450,269	5%
Totals	\$5,032,683	100%	\$3,702,518	100%	\$8,735,201	100%

A Only the Primary Enterprise and The Carolinas HealthCare Foundation, collectively known as the Obligated Group, have a direct obligation to pay amounts due with respect to CHS bonds.

B Regional Enterprise includes all CHS managed facilities.

C Consists primarily of investment results including realized and unrealized gains and losses.

BOARD OF COMMISSIONERS AND ADVISORS

Edward J. Brown III, Chair*

Malcolm E. Everett III, First Vice Chair*

William C. Cannon, Jr., Vice Chair*

Vicki S. Sutton, Vice Chair*

Gracie P. Coleman, Secretary*

Bishop George E. Battle, Jr.*

Thomas M. Belk, Jr.*

Amy Woods Brinkley*

Donnie R. Baucom

James W. Cannon

Marshall Carlson**

Ki-Hyun Chun, Ph.D.**

Michael R. Coltrane

Rush S. Dickson III

Willis Frank Dowd IV

John R. Georgius, Jr.**

G. Bryon Gragg, Jr.**

May Beverly Hemby

Hal A. Levinson**

Albert L. McAulay, Jr.

Thomas C. Nelson

William T. Niblock

Laurence H. Polsky

Edward K. Prewitt, Jr.

Elizabeth G. Reigel

Michael D. Rucker

Felix S. Sabates, Jr.

Angelique R. Vincent-Hamacher

Donaldson G. Williams

Richard "Stick" Williams**

Ronald H. Wrenn

* Executive Committee

** Board of Advisors

NOTE: This list includes the names of board members who were in office at the conclusion of calendar year 2014.

C O R P O R A T E S T A F F

Michael C. Tarwater, MHA, FACHE
Chief Executive Officer

Joseph G. Piemont
President & Chief Operating Officer

Paul S. Franz, MHA, FACHE
Executive Vice President, Regional Group

Greg A. Gombar, CPA
Executive Vice President & Chief Financial Officer

Laurence C. Hinsdale, MHA, FACHE
Executive Vice President, Regional Group

John J. Knox III, MHA
Executive Vice President & Chief Administrative Officer

Carol A. Lovin, MSN, MHSA
Executive Vice President & Chief Strategy Officer

Dennis J. Phillips, MHA
Executive Vice President, Metro Group

Debra Plousha Moore, MS
Executive Vice President & Chief Human Resources Officer

Roger A. Ray, MD
Executive Vice President & Chief Physician Executive

Keith A. Smith, JD
Executive Vice President & General Counsel

Connie C. Bonebrake, MSW
Senior Vice President & Chief Patient Experience Officer

Sara J. Herron, RN, MPH, CHC
Senior Vice President & Chief Compliance and Privacy Officer

Zeev E. Neuwirth, MD, SM
President & Chief Clinical Executive, CHS Medical Group

Craig D. Richardville, MBA, FACHE
Senior Vice President & Chief Information Officer

Joan T. Thomas, MBA
President, Managed Health Resources

Robert H. Wiggins Jr., CPA
Senior Vice President, Financial Services

Mary Ann Wilcox, MS, RNC, NEA-BC
Senior Vice President, System Nurse Executive

Phyllis A. Wingate, MHA, FACHE
Division President, Northern Group
President, Carolinas Medical Center-NorthEast

Zachary J. Zapack, M. Arch
Senior Vice President, Facilities Management Group

NOTE: This list includes corporate staff in office on December 31, 2014, and titles in effect at that time.

Cabarrus College of Health Sciences

Dianne O. Snyder, BSN, MSN, DHA
Chancellor

Carolinas College of Health Sciences

V. Ellen Sheppard, BS, MEd, EdD
President

Carolinas HealthCare System Anson

(formerly known as Anson Community Hospital)

Gary A. Henderson, MBA
Assistant Vice President-Facility Executive

**Carolinas HealthCare System Behavioral Health,
a facility of Carolinas Medical Center**

- **Charlotte Campus** *(formerly known as CMC Randolph)*
- **Mindy Ellen Levine Campus - Davidson**

Martha Whitecotton, RN, MSN, FACHE
Senior Vice President

John Santopietro, MD, DFAPA
Chief Clinical Officer

Carolinas HealthCare System Lincoln

(formerly known as CMC-Lincoln)

Peter W. Acker, MHA, FACHE
President

Carolinas Medical Center

W. Spencer Lilly, MHA
President, Carolinas Medical Center
Division President, Central Group

Carolinas Medical Center-Mercy

Scott R. Jones, MBA, FACHE
Vice President-Facility Executive

Carolinas Medical Center-NorthEast

Phyllis A. Wingate, MHA, FACHE
President, CMC-NorthEast,
Senior Vice President, Northern Division

Carolinas Medical Center-Pineville

Christopher R. Hummer, MHA
President, CMC-Pineville,
Senior Vice President, Southern Division

Carolinas Medical Center-Union

- **Jesse Helms Nursing Center**

Michael J. Lutes, MHA
President, CMC-Union
Senior Vice President, Southeastern Division

Carolinas Medical Center-University

William H. Leonard, MHA
President

Carolinas Rehabilitation

- Carolinas Rehabilitation
- Carolinas Rehabilitation-Mount Holly
- Carolinas Rehabilitation-NorthEast
- Carolinas HealthCare System Rehabilitation,
a facility of CMC-Pineville

Robert G. Larrison Jr., MBA, FACHE
President

Cleveland County HealthCare System

- Cleveland Regional Medical Center
- Crawley Memorial Hospital*
- Kings Mountain Hospital

Brian D. Gwyn, MBA
President & Chief Executive Officer

Cleveland Pines Nursing Center

Charlotte Young, NHA
Executive Director

Continuing Care Services

- Healthy@Home
 - ◆ Home Health
 - ◆ Home Medical Equipment
 - ◆ Home Infusion
- Hospice & Palliative Care Network
- Skilled Nursing Facilities
- Sleep Services
- Pain Services
- YMCA, Sports and Event Medicine

Collin H. Lane, MSPH, MHA
Group Vice President

Huntersville Oaks

Melessia (Missy) McGinnis, MHA, NHA
Executive Director

James G. Cannon Research Center

Michael A. Gibbs, MD
Interim Vice President, Research

Levine Children's Hospital

Callie F. Dobbins, RN, MSN, NEA-BC
Facility Executive, Levine Children's Hospital
Vice President, Central Division

Sardis Oaks

Colin C. Clode, NHA
Executive Director

Note: Crawley Memorial Hospital ceased operations on March 1, 2014.

REGIONAL ENTERPRISE FACILITIES

AnMed Health

- AnMed Health Medical Center
- AnMed Health Rehabilitation Hospital
- AnMed Health Women's and Children's Hospital

William T. Manson III, FACHE
Chief Executive Officer

Cannon Memorial Hospital

Norman G. Rentz, MHA
President & Chief Executive Officer

Carolinas HealthCare System Blue Ridge

- Carolinas HealthCare System Blue Ridge-Morganton
- Carolinas HealthCare System Blue Ridge-Valdese
- Carolinas HealthCare System Blue Ridge-College Pines
- Carolinas HealthCare System Blue Ridge-Grace Heights
- Grace Ridge Retirement Community

Kathy C. Bailey, FACHE
President & Chief Executive Officer

Columbus Regional Healthcare System

Carla Parker Hollis, MHA
President & Chief Executive Officer

Cone Health

- Alamance Regional Medical Center
- Annie Penn Hospital
- Behavioral Health Hospital
- Edgewood Place at The Village at Brookwood
- Moses H. Cone Memorial Hospital
- Wesley Long Hospital
- Women's Hospital
- Penn Nursing Center

Terry Akin
Chief Executive Officer

Murphy Medical Center

- Murphy Medical Center Nursing Home

J. Michael Stevenson, CPA
President & Chief Executive Officer

Roper St. Francis Healthcare

- Bon Secours St. Francis Hospital
- Roper St. Francis Mount Pleasant Hospital
- Roper Hospital
- Roper Hospital-Berkeley
- Roper Rehabilitation Hospital

David L. Dunlap, FACHE
President & Chief Executive Officer

Scotland Health Care System

- Scotland Memorial Hospital
- Gregory C. Wood, FACHE
President & Chief Executive Officer

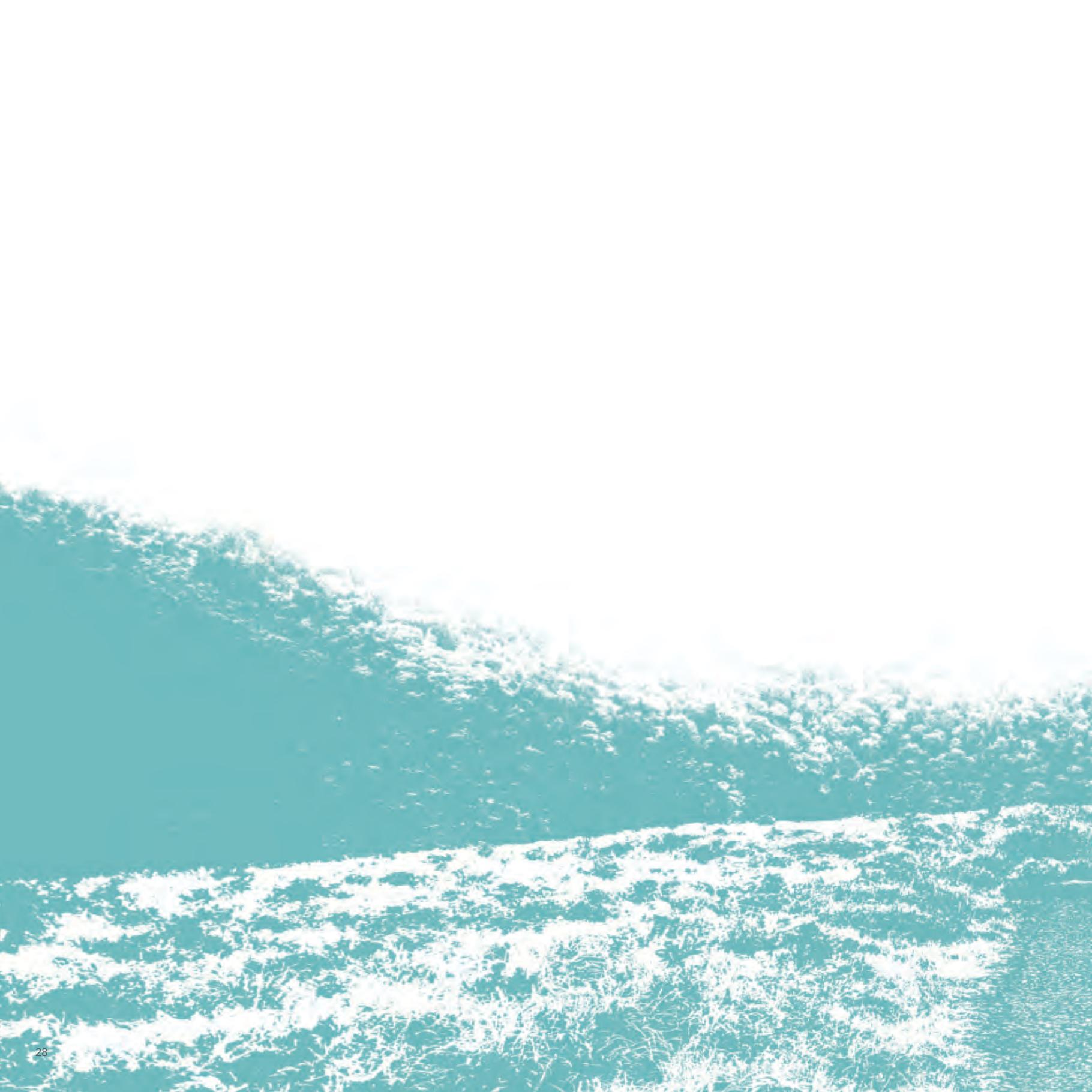
St. Luke's Hospital

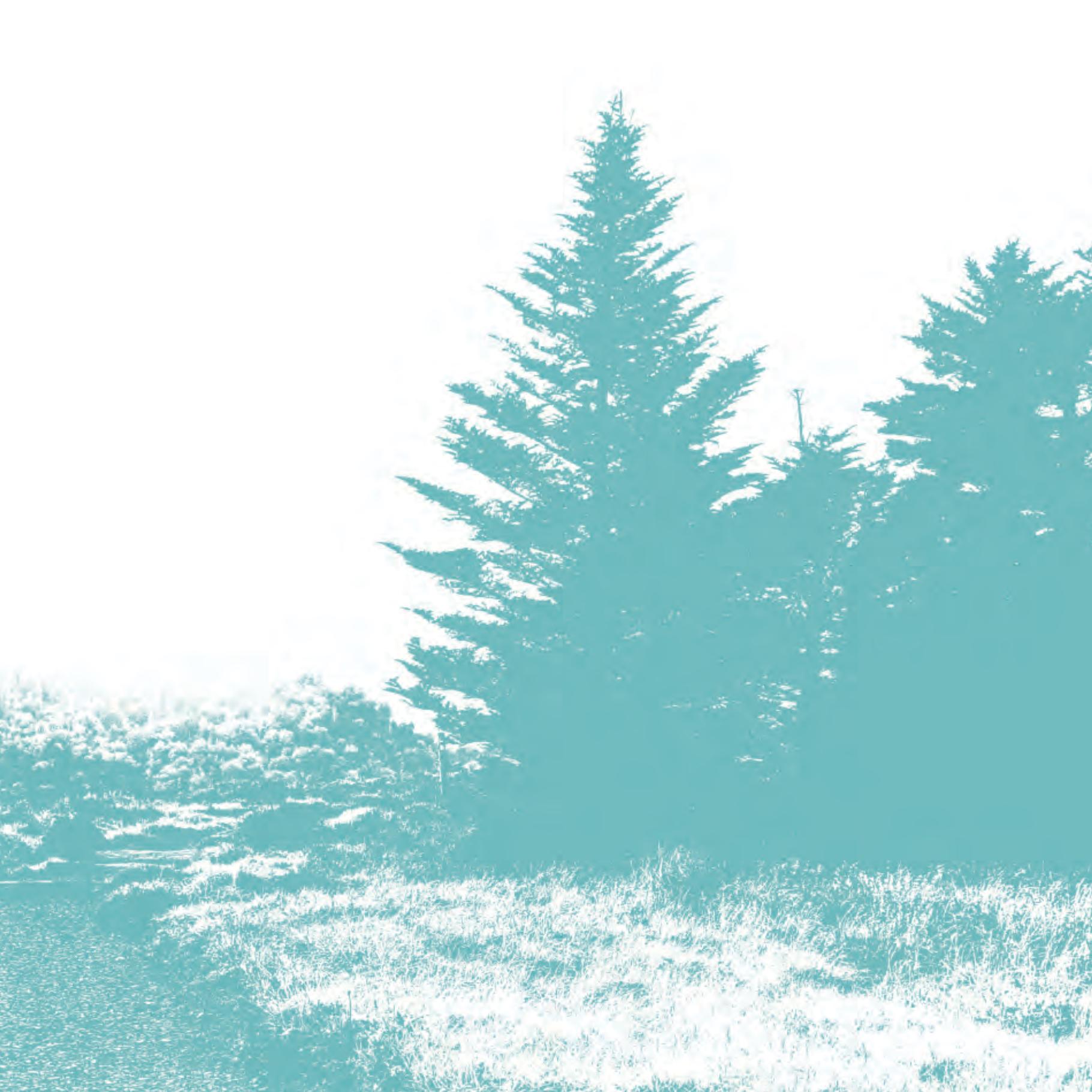
Kenneth A. Shull, FACHE
Chief Executive Officer

Wilkes Regional Medical Center

J. Gene Faile, FACHE
President & Chief Executive Officer

This list of Primary and Regional Enterprise facilities includes the names and titles of facility executives who were in office on December 31, 2014.







Carolinas HealthCare System

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