



2006 ANNUAL REPORT

THE VALUE OF NETWORKS

HOSPITALS

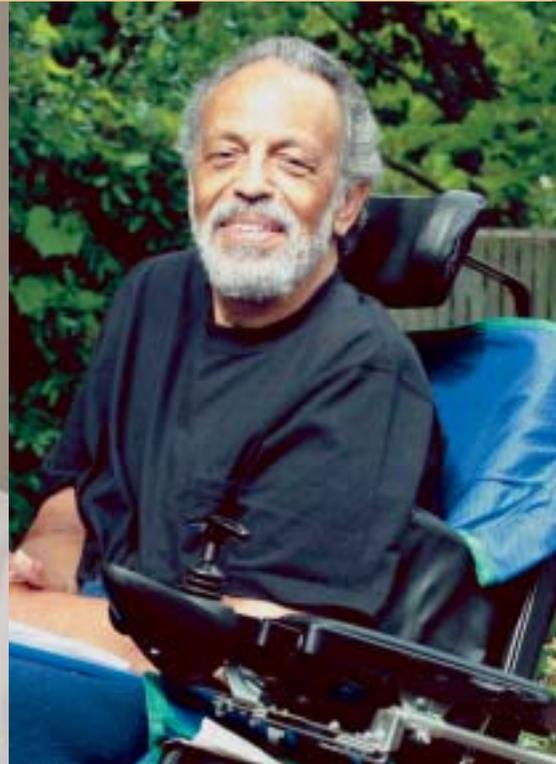
INNOVATION

CLINICS

PHILANTHROPY

COMPASSION

CONVENIENCE



MEDICAL EDUCATION

COMMUNITY PARTNERSHIPS

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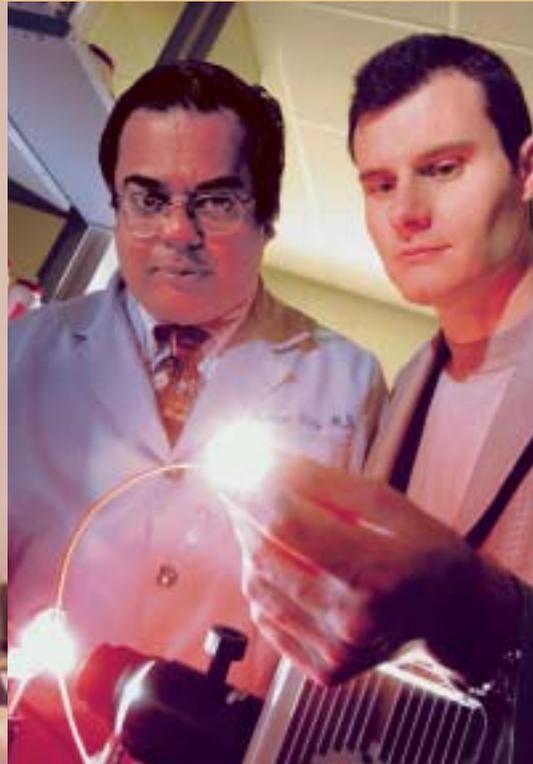
SERVICE

ELECTRONIC MEDICAL RECORDS

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MULTIDISCIPLINARY CARE

THE VALUE OF NETWORKS

Evanston Northwestern Healthcare is one of the top integrated healthcare networks in the nation. But what does this really mean to patients? It means that they can draw on even more resources to get the care they need.



Mark R. Neaman and William L. Davis

Integration means that our people—whatever their position, whatever their location—are working together to serve you. It means that your electronic medical records are secure but immediately available to anyone who needs to take care of you. It means that you can get the treatment you need—whether it's a routine checkup or lifesaving surgery—within our system. And it promises that you'll never need to navigate that system alone.

The power and the value of our integrated delivery system have been

evident throughout 2006. We see them every day in stories like the ones you'll read in this Annual Report.

In our hospitals, we continue to invest in our equipment and facilities to remain at the leading edge of medicine. At the same time, we invest in skilled, compassionate physicians, nurses and staff who can achieve the best results given the right tools.

Our network of primary and specialty physicians offers a wide range of expertise, and our electronic medical record system makes it easier for doctors

to consult with one another and share their knowledge. We've also used the power of our network to improve access to care—our physician practices have added evening, weekend and walk-in hours—and to improve our billing systems.

Milestones this year include the 25th anniversary of the Kellogg Cancer Care Center and the 10th anniversaries of the Evanston Northwestern Healthcare Research Institute, Evanston Northwestern Healthcare Home Services, and the student health center we operate in Evanston

Township High School. These help us carry out our mission by advancing medical knowledge and bringing it into our communities.

We are delighted to be the only institution in the U.S. named among Solucient's Top 100 Hospitals and Top 15 Major Teaching Hospitals 11 times. We again made Verispan's list of the Top 100 Integrated Healthcare Networks, and remain one of the Most Wired/ Most Wireless healthcare organizations, according to the journal of the American Hospital Association. US News and World Report ranked us among the nation's best in cancer, neurology/ neurosurgery and gynecology.

Our achievements have been underscored by generous donors, who made The Campaign for Evanston Northwestern Healthcare a great success. Our goal was to raise \$100 million in five years; we hit that target 16 months early and have set a new goal of raising an additional \$50 million by 2008.

Philanthropy remains crucial to our ability to carry out our mission. Significant financial challenges continue, including additional reductions in federal and state reimbursement. Malpractice expenses remain high—costing each Evanston Northwestern Healthcare inpatient some \$1,500 per admission—a staggering sum.

Further, the level of uninsured patients unable to pay their bills continued to swell our charity care costs. Total charity care commitments per the state of Illinois formula approached a record \$180 million in 2006.

Without nonprofit hospitals like ours, state and local government would

have to step in to directly meet the community's healthcare needs. Remember, there is no such thing as free medical care—someone, whether a hospital or the taxpayers, must bear the cost. With more and more people uninsured and unable to pay for their medical care, costs must be shifted elsewhere—thus contributing to the rising cost of healthcare for all.

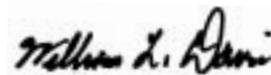
Community outreach is important to our mission. Evanston Northwestern Healthcare has formed community advisory committees at each of our hospitals to seek input from local leaders. An employee volunteer program, the Community Care Corps, gives our staff a chance to work together on community service projects. We are a partner in the Evanston African-American Health Ministry Coalition, bringing speakers and screening tests into the churches. We provided lead screenings and immunizations to the un/underinsured students of Highland Park and Highwood, and provided clinical staff to administer vaccines to underserved children residing in Northfield Township.

You may recall that in last year's Annual Report, we said that we were in court defending our 2000 merger with Highland Park Hospital. Unfortunately, that is still the case; following the judge's ruling in favor of the Federal Trade Commission last October, we filed an appeal and are waiting for that ruling. We will appeal as long as necessary to keep Highland Park in the ENH system and to continue to bring high-quality healthcare to the Highland Park community.

Highland Park Hospital's new President, Jesse Peterson Hall, is eager to build on the accomplishments of outgoing President Mary O'Brien and to bring the hospital into its next era. We wish him success in his new role, and offer our best wishes to Mary as she moves on to a new opportunity.

Despite the challenges, we remain optimistic and are making investments for our future. Our Board of Directors recently approved a major expansion of Evanston Hospital's operating rooms and intensive care units. We launched a Clinical Trials Center to bring the latest drugs and therapies to the patients we serve. We are building a better network for patients with new geographic sites, added specialist capabilities and an expansion of our electronic medical record system to community-based physicians.

The combined strengths of our integrated healthcare network have made us the world-class institution we are today. Those strengths include sound leadership from our Board of Directors, the generous support of philanthropists, the innovation of our research scientists and the many talents of our physicians, nurses and staff.



Chairman of the Board



President and
Chief Executive Officer

IN THE HOSPITAL: WE INVEST IN THE RIGHT PEOPLE AND THE RIGHT TECHNOLOGY

Medical knowledge changes daily; new technologies rapidly supplant the old. But machines don't deliver excellent hospital care—it's the people who use them, interpret their results and explain them to patients and their families.

As a major teaching and research facility, Evanston Northwestern Healthcare has built a team of highly skilled and compassionate caregivers, and we've invested in the tools they need to do their jobs at the highest level.

For example, the Department of Radiology offers the latest generation 4-, 8- and 16-detector multi-slice CT scanners, digital mammography, a 1.5 Tesla cardiovascular MRI system with enhanced gradient capabilities, and an ultra-high field 3 Tesla MRI system (the only such system on Chicago's North Shore) that produces images of unparalleled quality.

Equally important, however, is the caliber of the physicians reading those images. "Given the complexity of the technology and the kinds of diseases we see, subspecialty training is so important," said Robert Edelman, MD, William B. Graham Chair of Radiology and

Professor of Radiology at Northwestern University's Feinberg School of Medicine. ENH radiologists specialize in Body Imaging, Breast Imaging, Musculoskeletal Imaging, Neuroradiology, Pediatric Radiology and Vascular-Interventional Radiology.

"You wouldn't expect a general practitioner to be an expert on some esoteric kind of brain tumor," Dr. Edelman said. "And you wouldn't expect a generally trained radiologist to have useful expertise on specific kinds of conditions. Our specialists are tremendously experienced in their particular areas, so they can be far more accurate in their diagnoses and perform procedures more effectively."

A new piece of surgical equipment holds great promise for minimally invasive procedures. The first surgery in Illinois using the da Vinci® S™ robotic surgical system was performed earlier this year at Evanston Hospital by

William K. Johnston III, MD, Director of Laparoscopy and Minimally Invasive Urology at ENH and Assistant Professor at Northwestern. Dr. Johnston was formally trained in laparoscopic and robotic surgery at the University of Michigan, and will be sharing his knowledge with other ENH surgeons.

Also in 2006, ENH introduced one of the most advanced radiation treatment options available for tumors of the brain, head and neck, breast, lung, liver, prostate and spine. The Novalis® Advanced Stereotactic Radiosurgery platform is offered at fewer than 40 sites in the United States. It delivers a precise dose of high-energy radiation that's continuously shaped to match the size and shape of a patient's tumor from all angles.

The ENH team includes physicians—neurosurgeons and radiation oncologists—who determine when a patient is a candidate for the procedure, and identify the area that needs to be treated. Then medical physicists figure out precisely how to deliver the radiation and create a treatment plan. A radiation therapist will prepare the patients and administer the treatment according to the plan. The patient's nurse is involved at every step of the way.

Multidisciplinary teams like these enable us to provide the highest-quality care because they offer the benefit of multiple perspectives, combined expertise and a commitment to keep the patient at the center of everything we do.



Will Johnston, MD, (left) demonstrates robotic surgery; Issam Awad, MD, explains stereotactic radiosurgery.

ADVANCED CREDENTIALS, EXCEPTIONAL COMPASSION ARE THE RIGHT COMBINATION

We believe that no one person is responsible for a patient's care—it's a team working together. We take this approach in both inpatient and outpatient settings, and it's particularly evident in the Kellogg Cancer Care Center, which marks its 25th anniversary this year.

At Kellogg, the team surrounding each patient includes physicians specializing in surgical, medical or radiation oncology; registered nurses who have been nationally certified by the Oncology Nursing Certification Corporation; oncology pharmacists; genetics counselors; clinical nutritionists; psychologists; and social workers. They are hired for their clinical expertise, but also for their empathy and dedication to helping people with cancer.

One patient calls Diane Nechi-Fragassi, RN, who works in the Kellogg

Cancer Care Center at Highland Park Hospital, "one of the most caring people I have ever had the privilege to meet."

Carmaine Callahan was diagnosed with breast cancer in January 2006 and had a lumpectomy followed by chemotherapy. "Diane was the first person I saw when I went to meet Dr. [Douglas] Merkel," Callahan said. "She stayed with me long after the center was closed to take care of me and answer my questions. Everything she told me was right on—she just knew every symptom. If I was sick, she brought me soup. She even called me on weekends, and when I asked why she was calling, she'd just say 'you were on my mind and I wanted to see how you were doing.' When I had my last chemo treatment in July, she brought me roses. I should have been bringing her roses. How she does this day after day I don't

know, but I'm so glad she does."

The telephone is an important medical device for Nechi-Fragassi, who worked on the surgical floors at Evanston Hospital before switching to medical oncology 21 years ago. "Phone follow-up is so important," she explained. "Patients don't want to bother anybody, so they tend not to call when they need help. I spend a lot of time making phone calls after my paperwork is done."

For her part, Nechi-Fragassi says that she finds her patients inspiring. "It's challenging and rewarding to be with people at the time they get their diagnosis and work with them until they're back living their normal lives. When people ask me how I do this work, I say it keeps me grounded and makes me feel blessed every day."

Carmaine Callahan and Diane Nechi-Fragassi, RN



IN THE DOCTOR'S OFFICE: PUTTING A PRIORITY ON SERVICE, RELATIONSHIPS AND CONNECTIVITY

When you visit your doctor's office, whether it's for a routine checkup or an immediate problem, you might not be thinking about your doctor's relationship with Evanston Northwestern Healthcare. But a physician connected to ENH has a lot to offer beyond his or her own practice.

ENH patients have access to a network of 1,400 outstanding primary and specialty physicians and all the services of an academic medical center.

In 2006, we've continued to strengthen the connections among our Professional Staff in order to improve our patients' experiences with ENH.

One of the most significant ways we've done this is to offer our electronic medical records (EMR) system to any community-based physician who wishes to participate. A \$1 million grant from the Searle Funds at The Chicago Community Trust is helping this effort.

To date, 34 independent physicians have joined the 500 physicians in ENH practices who use electronic medical records in their offices. (All physicians use the system in the hospital setting.)

Cardiologist Irwin M. Silverman, MD, and his partners at Cardiovascular Associates of Glenbrook & Evanston, LLC, recently launched their EMR

system. Dr. Silverman says that, as specialists, he and his partners depend on accurate, efficient communication with referring physicians. "In order for us to get cardiac graphics lab results into the hands of those doctors in the way they wanted and needed the information, we needed to be on the system," said Dr. Silverman, an Assistant Professor at Northwestern.

What's more important, his patients will benefit. When physicians who are networked into ENH's system refer patients to him, he now has the information he needs at his fingertips. "We have access to the patients' charts, including medical history, medications and lab results," said Dr. Silverman. "That makes our process easier."

Internist Glynn J. Elliott III, MD, of North Shore Physicians' Group, LLC, notes that it can be equally important for his patients' records to be accessible to hospital staff and specialty physicians.

"ENH hospitals have fully invested themselves in this system," said Dr. Elliott, an Assistant Professor at Northwestern. "If we're working independently of them and our records aren't available when our patients are in the emergency room, or when our patients go to a subspecialty appointment, their care is delayed or impeded."

"Group practice used to mean you were partners with the four other doctors in your office," explained Joseph Golbus, MD, President of ENH Medical Group. "Now your colleagues are anyone with access to the electronic medical records system." The opportunities for physicians to consult and collaborate on a patient's care have increased dramatically.

For their part, ENH Medical Group offices continue their efforts to improve service and access. Before, about 5 percent of patients who called for an appointment were seen the day of their call. Today, more than one third of all appointments to our primary care physicians are "same-day" or "walk-in" appointments thanks to flexible scheduling, broad access and additional evening and Saturday hours.

All Medical Group employees have been trained on our Service Values—and are being held accountable for demonstrating those values every day. The emphasis is on teamwork, communications and professionalism, in an effort to better serve patients, referring physicians and fellow employees.



Julie Holland, MD, with a young patient. Drs. Elliott (left) and Croghan are getting rid of paper patient charts.

PRIMARY CARE PHYSICIAN, SPECIALIST AND PATIENT FORM THE “PERFECT TRIANGLE OF CARE”

“The internist spends a long time looking for the needle in the haystack,” according to Todd Newberger, MD. The benefit of being affiliated with a system like Evanston Northwestern Healthcare is that the internist has a lot of allies. “If you don’t have good subspecialists to refer your patients to, you’re not going to be successful,” he said.

Dr. Newberger, an Assistant Professor at Northwestern, relies on good communication with his patients to make successful diagnoses; those same skills are important for cultivating relationships with specialists. A free flow of information among the primary care physician, specialist and patient results in what Dr. Newberger calls “the perfect triangle of care,” as Virginia Cozad’s experience shows.

Cozad came to see Dr. Newberger

for a routine physical. Upon completing his exam, he asked her if there was anything else she wanted to discuss. Cozad brought up what she referred to as a “vanity statement” about her stomach that she thought he would dismiss. Dr. Newberger ordered an ultrasound. He subsequently referred her for surgery, which led to her diagnosis for non-Hodgkin’s lymphoma, and she was placed under the care of hematologist Lynne Kaminer, MD, an Assistant Professor at Northwestern.

“I have always felt it was a miracle that my cancer was found,” Cozad said. “Without Dr. Newberger, I may never have known Dr. Kaminer.”

“We’ve found that the physicians and nurses at Evanston Northwestern Healthcare have been excellent,” added James Cozad. “It’s a caring institution

that impressed us greatly.”

This care inspired Cozad and her husband to make a \$1.5 million gift to ENH to establish the Virginia and James Cozad Chair of Hematology/Oncology, which is held by Dr. Kaminer.

“I have fulfilling relationships with my patients, and the Cozads’ gift is an affirmation of that,” Dr. Kaminer said. “I also respect the expertise of the primary care physician—we’re working together to provide the best care.”

Physicians put in a lot of work behind the scenes to make the patient’s care seamless, but patients need not be concerned with that. “Our patients shouldn’t be intimidated by the system,” Dr. Newberger said. “The easier we make it, the better it works.”

Virginia and James Cozad



IN THE COMMUNITY: OUR MISSION EXTENDS BEYOND OUR DOORS

Evanston Northwestern Healthcare, as a nonprofit healthcare system, exists to serve the healthcare needs of the community. But "community" can mean different things: our patients and their families, our neighborhoods, our medical and scientific colleagues, sometimes even the whole world.

Integrated healthcare systems care for patients in a variety of settings, and ENH Home Services is an essential part of our continuum of care. Ever since the century-old Visiting Nurse Association (VNA) became part of ENH 10 years ago, our home care and hospice services have steadily grown. In 1995, VNA cared for 2,969 home health patients and 149 hospice patients. In 2006, ENH Home Services took care of 4,500 home health patients with more than 50,000 home visits and provided 18,000 days of hospice care for more than 570 hospice patients.

Also celebrating its 10th anniversary this year is the health center in Evanston Township High School, which ENH staffs with a physician, four nurse practitioners, a public health nurse and a social worker. Students turn to the

center for physical exams, immunizations and treatment of illnesses. Each year, it serves 65 to 75 percent of ETHS' student body—including a growing number of uninsured teens.

The newly-formed Community Care Corps harnesses the caring spirit of ENH employees to participate in service projects. In April, volunteers got together to perform repairs and yard work for a local homeowner facing financial difficulty. Back-to-School Health Fairs at Glenbrook Hospital provide needed immunizations to underserved kids. The Healthy Highland Park initiative, co-sponsored by ENH, provided three free health screenings and education programs to residents of Highland Park and Highwood. And ENH residents and interns volunteer to provide health screenings and wellness information at

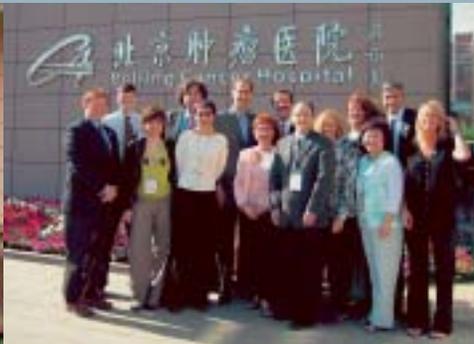
health fairs and other community events.

In addition to caring for people in our own neighborhoods, however, ENH physicians and nurses often take a wider view. In fact, a landmark study launched this year promises to change how breast cancer is detected in women around the world.

The China Million Women Study is the brainchild of Stephen Sener, MD, ENH Vice Chairman of Surgery, Professor of Surgery at the Feinberg School, and past-president of the American Cancer Society (ACS). In collaboration with the ACS and the Chinese Anti-Cancer Association, Dr. Sener brought a team of 12 ENH doctors and nurses to Beijing to meet doctors from China's 76 cancer hospitals and share the latest developments in detecting and treating breast cancer.

Buses specially outfitted with advanced digital mammography equipment began traveling to factories, stores and other places of employment. The buses will screen one million Chinese women—using both mammography and ultrasound—every 12 or 18 months over the next five years.

The study will help researchers determine the best method of screening and how much time should pass between screenings. "We have an opportunity to have an imprint on surgical thought in a country of 4 billion people," Dr. Sener noted. "That's a powerful and exciting responsibility." The data this study generates will benefit women throughout the world.



ENH volunteers work on a Glenview house (left). Our team shared surgical knowledge in Beijing.

THERAPISTS GO THE DISTANCE TO HELP PATIENT GAIN INDEPENDENCE

Sitting on the porch is a simple pleasure that many of us take for granted. But Charles Cross couldn't get to his porch by himself, until two dedicated ENH therapists helped him regain his health and reclaim his independence.

Cross has been in and out of Evanston Hospital for much of the last two years. Physical therapist Sarah McDonnell began working with him when he was admitted for surgery for skin deterioration on his lower leg. As she reviewed his case, she noted that he had two broken wheelchairs at home—a manual chair and a power chair, which he had never used. Cross' situation was complicated by the use of the manual chair; because he was unable to shift his own weight, he experienced rapid skin deterioration.

McDonnell knew that if he could learn to use the motorized wheelchair, he would be able to adjust his seating position and relieve pressure on the skin. She set about getting both chairs repaired. "After about a billion phone calls, we were able to get both projects completed," McDonnell said.

With his power chair ready to roll, Cross had to learn how to maneuver it. But first, he needed to build strength in his arm. Occupational therapist Karen Fjallberg worked with him to strengthen his fingers and increase his elbow's range of motion.

The two put Cross through his paces on an obstacle course set up in a hospital hallway and on regular terrain outside the hospital. But even that wasn't good enough for McDonnell and

Fjallberg—they wanted to make sure that he could get around his own house. The three scheduled a Pace bus to pick them up from the hospital and take them to his home. Riding the public bus offers another avenue of independence for Cross.

"With this chair I can roll right onto the porch and go outside and play with the dogs," Cross said. "There's even a Homer's ice cream shop down the street, and I can just cut through the alley! What Sarah and Karen have done for me is invaluable," Cross said.

"The whole goal of this healing and learning process has been to end Mr. Cross' cycle of coming back in and out of the hospital and to get him home and on his porch," McDonnell said. "I think we've accomplished our goal."

Charles Cross and friends



Foundation

Evanston Northwestern Healthcare (ENH) was founded on the principles of philanthropy and volunteerism. Dating back to 1891, a group of 40 influential local residents formed the Evanston Emergency Hospital Association—what would eventually become Evanston Northwestern Healthcare—to address the community's health needs.

And today, with support from more than 14,000 individuals, foundations and corporations, The Campaign for Evanston Northwestern Healthcare reached its original fundraising goal of \$100 million in February 2006—nearly a year and a half ahead of schedule. In the current fiscal year ending September 30, 2006, The Campaign had raised more than \$116 million.

Many of our donors have had personal experiences with our physicians. Based on their relationships with our superb caregivers and staff, they were inspired to make charitable gifts that will have a lasting impact on thousands of patients for years to come. These contributions truly reflect the high esteem our patients have for all ENH staff.

Our donors have made, and continue to make, a difference in the health and well-being of our communities. The potential of philanthropy is limitless. Because of their generosity, thousands of patients have benefited from the continued recruitment of the best healthcare professionals; significant investments in clinical programs, new technologies and promising research; and major renovation and construction projects at Evanston, Glenbrook and Highland Park Hospitals.

Healthcare has changed rapidly since the late 1800s, but what has remained constant is philanthropic support from a cross-section of people who value ENH as a vital, nationally renowned healthcare institution in our own community. We are honored to have this network of donors whose generosity is helping us fulfill our mission to preserve and improve human life for generations to come.

Ronald G. Spaeth
President
ENH Foundation

Auxiliaries

Throughout ENH's history, two organizations have demonstrated the power of strong leadership and community support—The Auxiliary of Evanston Northwestern Healthcare and The Auxiliary of Highland Park Hospital.

In addition to fundraising, both groups support our Hospitals in other important ways—sponsoring blood drives, making infant caps for newborns, supporting various hospital programs and awarding healthcare career scholarships, to name a few.

The Auxiliary of Evanston Northwestern Healthcare, celebrating its 70th anniversary, completed its two-year funding commitment for the Division of Gastroenterology's Center for Inflammatory Bowel Disease. From two Hospitals' Galas, including this year's "Bright Lights Black Ties, Broadway Chicago Style," more than \$1 million was raised. The 23rd Annual American Craft Exposition (ACE) raised approximately \$350,000 for breast and ovarian cancer research, and the group continued to cultivate future physician-scientists through its Research Scholar support. Scholarship winner Jennifer Jo Kim, PhD, specializes in perinatal depression. Additionally, the Associate Board provided more than \$40,000 in funding for needs in Evanston Hospital's Infant Special Care Unit.

The Auxiliary of Highland Park Hospital completed its \$1 million Campaign pledge to the Ambulatory Care Center. The group's "Virtual Event" was a fundraising success, raising more than \$100,000. The Alcove Gift Shop remains a large source of income, and the "Saks Key to the Cure" event earned more than \$20,000, helping in part to support the Arthur G. Michel, MD, Breast Fellow in Breast Cancer Research. Additionally, the Auxiliary supported the Mobile Meals program and Adult Day Care Services.

ENH TEAM TACKLES RARE CEREBROVASCULAR CONDITION

It's hard enough for teenagers to fit in—especially when they may need life-saving medical care. Linda and Bruce Byus of Arlington Heights learned this firsthand in 2003 when their daughter, Maggie, now 17, suffered a hemorrhage from a tangle of blood vessels that had ruptured inside her brain.

Maggie and Linda Byus



Maggie was diagnosed with a serious medical condition called arteriovenous malformation (AVM), which can lead to seizures, stroke, disability and death. Her family felt like they had nowhere to turn; the condition is extremely rare in adolescents, and few physicians and hospitals were fully prepared to treat Maggie.

After months of searching, they found a team of experts at Evanston Northwestern Healthcare (ENH), including Hunt Batjer, MD, Chief of Neurosurgery; Issam Awad, MD, Director of Neurovascular Surgery and Neurocritical Care; and Bernard Bendok, MD, who has specialized training in embolization procedures to reduce blood flow through an AVM and make treatment safer. Drs. Batjer and Awad are Professors at Northwestern; Dr. Bendok is an Assistant Professor. They performed four separate procedures at Evanston Hospital to remove the abnormal blood vessels in Maggie's brain. The team of ENH neurovascular experts has achieved national recognition in treating the most complex brain AVMs.

"When the doctors diagnosed my condition, I remember thinking that I just wanted them to fix it so I could go back to my normal life," said Maggie. "Now, I feel like the whole experience happened to someone else."

"Even though Maggie never doubted a successful outcome, our experience changed our lives," said Linda. "We want to make a difference for families who may someday be in a circumstance similar to the one we suddenly found ourselves facing."

The Byus family's philanthropic contribution established a unique program—The Program for Young Patients with Cerebrovascular Disease. Located at Evanston Hospital, this comprehensive program bridges the gap between pediatric and neurovascular specialists so patients ages 11 to 25 can obtain critical diagnostic care and treatment.

Research Institute

The Evanston Northwestern Healthcare Research Institute continues to bring new and novel treatment options to our patients in record numbers. This year clinical trials grew 30%, as new major corporate sponsors chose Evanston Northwestern Healthcare as a major site for their studies.

Two vital elements of the Evanston Northwestern Healthcare Research Institute's mission to add value to the clinical care programs are: integration of leading-edge research into clinical activities and recruitment of the very best physician-scientists. The ENH Research Institute clearly is fulfilling that mission.

The ENH Research Institute began its 10th anniversary year in October 2006. Since its inception, ENH's ranking by the National Institutes of Health has risen from 65 to 20 among the nation's top independent research hospitals. Today ENH is also the #1 independent research hospital in the State of Illinois and the #10 comprehensive independent research hospital in the nation.

All in all, FY2006 was another banner year for growing value to our patients. For this we owe our numerous stewards and supporters a debt of gratitude.

Harry M. Jansen Kraemer, Jr.
Chairman of the Board
ENH Research Institute

Leopold G. Selker, PhD
President
ENH Research Institute

VITAL SIGNS

For the years ended September 30

	2005	2006*
Number of Proposals	412	426
Federal and Private Grants	\$33.5 million	\$33.3 million
Total Expenditures	\$37.8 million	\$38.6 million

**Unaudited*

THEN AND NOW

For the years ended September 30

	1996	2006
Square Footage	25,000	115,000
Number of Externally Funded Principal Investigators	75	163
Annualized External Awards	\$3 million	\$33.3 million
Total External Awards	\$8 million	\$115 million
National Ranking by NIH		
All independent research hospitals	65	20
Comprehensive independent research hospitals	36	10

CLINICAL TRIALS OFFER PATIENTS MORE OPTIONS

When Stan Kopecky had trouble breathing while mowing the lawn, his wife insisted he visit his doctor. The Prospect Heights resident was shocked to learn that he had life-threatening coronary artery disease. But because he chose a physician affiliated with Evanston Northwestern Healthcare, Kopecky had options that he wouldn't have had elsewhere.

Drs. Feldman (left) and Kogan with Stan Kopecky



His cardiologist, Alan Kogan, MD, is in private practice with offices in Evanston, Winnetka and Arlington Heights. Dr. Kogan sent Kopecky to Evanston Hospital for a series of tests, which revealed significant blockage (as much as 95 percent) in four major arteries.

At nearly every other hospital in the country, Kopecky would have been immediately referred for open-heart bypass surgery. But Dr. Kogan knew about a groundbreaking clinical trial that was exploring another option for patients as ill as Kopecky—opening the arteries with a balloon and inserting drug-eluting stents to keep them open.

The SYNTAX trial is designed to determine the best treatment for people with complex coronary artery disease, explained Ted Feldman, MD, principal investigator for the study, Director of Cardiac Catheterization at ENH and Professor at Northwestern. Evanston Hospital is the only hospital in Illinois and one of only 12 hospitals in the country participating in the study.

Kopecky jumped at the chance to participate, and was randomly assigned to the group that received the stent treatment. Drs. Kogan and Feldman teamed up for the two-hour procedure, during which they inserted five stents.

Kopecky spent just one night in the hospital and was back at work the following week. "I'm really feeling great," he said. "I feel 20 years younger, and my wife tells me I look better than ever," he said. "I can't speak highly enough of the entire Evanston Northwestern Healthcare team."

Medical Group

In 2006, the Evanston Northwestern Healthcare Medical Group increased its efforts to develop a broader cadre of engaged and talented physicians, and the results have been gratifying.

It was a remarkably successful year for additions, with more than 45 new physicians recruited. This added expertise will help us serve patients even better.

Growth has continued on all fronts. The Medical Group's net revenue is up 10 percent, and physician RVUs (relative value unit—a widely-accepted government formula for valuing a physician's work) are up 5 percent across the whole group. Adult primary care volume is up 10 percent—the second straight year of double-digit growth. We are pleased to report that the ENH Medical Group's financial results were ahead of plan for 2006.

Our electronic medical records system is one enabler of our success. Today, more than 21,000 patients use ENH*first* Platinum to schedule appointments, order prescription refills and view their medical records.

For added convenience, all primary care offices now offer extended hours and weekend appointments. Our pediatric practices have even added Sunday morning walk-in hours.

And these are just facets of a larger cultural change: a push to make the Medical Group an even more customer-focused, service-driven organization. We believe we have three groups of customers—patients, referring physicians and employees—and an obligation to serve them equally well. To drive that message home, we have trained all Medical Group staff on our service values with the expectation that they incorporate these values into their day-to-day interactions. We have also altered our employee selection process to ensure that we select employees who best demonstrate a customer service orientation. This is not an "initiative" or a "program," but rather the way we strive to do business every day.

Our key metric simply is this: On a scale of one to five, with five being "extremely likely," how likely are you to refer someone to this practice? Our fiscal year target was 80 percent of patients checking "five," and we achieved this goal in 2006.

Every person in the ENH Medical Group shares in this success and should be very proud. But our work is not finished; in the coming year, we will work to earn the same level of loyalty from all our customers, including our employees and referring physicians. Patients will be better served by increased collaboration among physicians, and our staff will have an even better place to build a career. We look forward to continued success and further improvements in 2007.

David P. Winchester, MD
Chairman
ENH Medical Group

Joseph Golbus, MD
President
ENH Medical Group

ENH FINANCIAL STATEMENTS

Assisted by a strong fourth quarter, Evanston Northwestern Healthcare's (ENH) unaudited income from operations for the fiscal year 2006 was \$36.8 million as compared to the \$38.1 million reported in the audited results of fiscal 2005.

In comparing the two years, it is important to note that the State Medicaid Tax program, which contributed a net \$5 million to income from operations in fiscal 2005, was not renewed by the government in fiscal 2006. Normalizing for the Medicaid Tax program, net income from operations increased 11% year over year.

Setting aside the Medicaid Tax program impact, which affected both revenue and expense in fiscal 2005, there were four key factors impacting the fiscal 2006 results.

- In Hospitals and Clinics, gross patient service revenue (a measure of patient activity) increased \$167 million or 9.5%.
- Higher levels of charity care and a continued shift of patients to Medicaid and other lower-paying managed care plans increased write offs by 2.1% of gross billings, so that the increase in net patient service revenue was reduced to \$29 million or 3.9%.
- Income from operations in the Medical Group improved \$2.9 million.
- Across the company, expense management continued with total expenses, increasing only \$46.3 million or 5% (again setting aside the Medicaid Tax in fiscal 2005).

Primarily as a result of higher short-term interest rates, unaudited non operating income for fiscal 2006 was \$12.3 million or 45% higher than fiscal 2005. Net income, thus, was \$76.4 million, a 19% increase over fiscal 2005. ENH's balance sheet remained strong with 482 "days in cash," an industry measure of liquidity, remaining among the highest in the industry. During the year Standard and Poor's reaffirmed the Corporation's AA+ rating and Moodys reaffirmed our AA3 rating.

During the fiscal year, ENH entered into a project to further increase the reliability of our clinical systems by designing and beginning the construction of a larger data center in Skokie. The center will more than double the size of our current data center and will provide state-of-the-art facilities. Completion is scheduled for early in fiscal 2007. Once the primary data center has been relocated to the new center, the existing data center in Evanston will be converted to a back-up facility to further insure continuous operation of these critical information systems.

We previously reported that ENH had, pursuant to new State of Illinois regulations, filed a "Community Benefits Report" detailing the cost of corporate activities that contribute to the benefit of our communities. These activities, as defined by the regulations, included healthcare delivered to patients in our clinics, the shortfall between the cost of delivering care to Medicare and Medicaid patients and the amounts which we are reimbursed, the cost of supporting research and education and even the imputed cost of volunteer work. Unfortunately, while the intention of the regulation was to support community-wide understanding, a well-orchestrated effort at the Federal, State and County levels continues to question whether tax-exempt hospitals are doing enough to "earn" their tax-exempt status. The debate centers on the definitions of what is "enough" and what "counts." A recent decision by the Illinois Department of Revenue to revoke the tax-exempt status of a downstate hospital employed a very narrow definition of what counts and has established a troubling precedent to all tax-exempt hospitals. It is too soon to predict how this debate will evolve, but the financial consequences of the challenge to ENH and other tax exempt hospitals could be considerable.

As fiscal 2007 unfolds, ENH will continue to emphasize the integration of our physicians and our hospitals to further grow patient services. Our Value Improvement Program has again targeted \$10 million of operating costs to be improved from operations. Our Research Institute will begin work on major new grants and our new data center will be placed into service. All these activities are intended to better serve the needs of our patients.

Evanston Northwestern Healthcare Corporation

Statements of Financial Condition

As of September 30, 2006 and 2005
(in thousands of dollars)

ASSETS		2006*	2005
Current Assets	Cash and cash equivalents	\$ 51,263	\$ 24,025
	Accounts receivable, net of allowances	160,834	158,256
	Other current assets	32,248	33,481
	Collateral proceeds received under securities lending program	104,777	85,640
	Total current assets	349,122	301,402
Investments in Marketable Securities, Available for General Use		1,514,142	1,388,807
Investments Limited As To Use	Internally designated for capital replacement and expansion and other	124,861	118,084
	Externally designated under bond indenture	5,000	5,001
		129,861	123,085
Other Assets	Property and equipment, net	562,750	583,418
	Other	81,576	78,327
		644,326	661,745
	Total Assets	\$2,637,451	\$2,475,039

LIABILITIES AND CORPORATE EQUITY		2006*	2005
Current Liabilities	Accounts payable and accrued expenses	\$ 135,562	\$ 121,411
	Securities lending program liability	104,777	85,640
	Current maturity of long-term debt	25,100	10,000
	Other current liabilities	30,042	19,753
	Total current liabilities	295,481	236,804
Noncurrent Liabilities	Long-term debt, less current maturities	602,200	617,300
	Other	256,819	254,314
	Total noncurrent liabilities	859,019	871,614
Corporate Equity	Unrestricted net assets	1,326,516	1,224,214
	Temporarily restricted net assets	115,375	103,871
	Permanently restricted net assets	41,060	38,536
	Total corporate equity	1,482,951	1,366,621
	Total liabilities and corporate equity	\$2,637,451	\$2,475,039

* Unaudited

Evanston Northwestern Healthcare Corporation

Statements of Operation

For the Years Ended September 30, 2006 and 2005

(in thousands of dollars)

		2006*	2005
Unrestricted Revenue and Other Support	Net patient service revenue	\$ 944,971	\$ 925,751
	Premium revenue	42,871	44,237
	Other revenue	31,192	21,966
	Investment earnings to support operations	20,000	20,000
	Contribution from Healthcare Foundation of Highland Park	4,000	4,000
	Net assets released from restrictions used for operations	48,128	45,064
	Total unrestricted revenue and other support	1,091,162	1,061,018
Operating Expenses	Salaries, wages and benefits	544,817	504,754
	Supplies and services	350,549	344,352
	Depreciation and amortization	77,278	80,837
	Insurance	55,031	66,296
	Provision for uncollectable accounts	16,712	17,591
	Interest expense	10,004	9,060
Total operating expenses	1,054,391	1,022,890	
	Income from operations	36,771	38,128
Nonoperating Income		39,658	27,322
	Revenue, gains, losses and other support in excess of expenses	\$ 76,429	\$ 65,450

* Unaudited

VITAL SIGNS

	For the years ended September 30	2006	2005
Admissions (includes births)		38,361	38,850
Occupancy Percentage		81%	81%
Average Length of Stay (in days)		4.8	4.7
Total Emergency Room Visits		93,591	91,265
Outpatient Visits (excluding OP ER visits)		896,909	850,919
Philanthropy (in millions)		\$ 15.1	\$ 14.9

During our fiscal year, October 1, 2005 to September 30, 2006, gifts and pledges of more than \$20 million were received to support our programs and research. We are pleased to recognize the following individuals, corporations and foundations for their generosity.

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A \$1.25 million pledge from the Parkinson's Disease Research Society (PDRS) helped launch the Parkinson's Disease Early Detection Center to develop tests that diagnose the disease earlier and help clinicians better understand genetic and environmental risk factors. The program is under the direction of Michael Rezak, MD, PhD, (left), seen here with Jack Orlav, PDRS President, and Betty Ann Alter, Immediate Past President.

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\$100,000 to \$249,999

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A \$1.5 million gift from the Daniel F. and Ada L. Rice Foundation will establish The Patricia G. Nolan Center for Breast Health at Glenbrook Hospital. Radiologist Jan Jeske, MD, and surgical oncologist David J. Winchester, MD, both of whom are on the faculty of Northwestern University's Feinberg School of Medicine, will be the Center's co-directors.

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A state-of-the-art pediatric playroom was created at Evanston Hospital in partnership with the Toys "R" Us Children's Fund and the Starlight Starbright Children's Foundation. On hand at the dedication were Evanston Hospital President and CEO Raymond Grady (left), with Geoffrey the Giraffe from Toys "R" Us; Ronny Ziebart, Vice President, Board of Directors Starlight Starbright Children's Foundation; Michael S. Caplan, MD, Chairman, Department of Pediatrics at ENH, and Nigel Rowe, Director of Children's Services at Starlight Starbright Children's Foundation.



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