EXHIBIT G

3/17/11 Navigant Slides

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Morton Hospital & Medical Center

Confidential Presentation

March 17, 2011

Confidential

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I. Review of Legal Considerations

Review of Legal Considerations

Topics to be Discussed

- **Fiduciary Duties**
  - Duty of Care
  - Duty of Loyalty
- **Transaction Structures**
  - For-profit
  - Non-profit
- **Massachusetts Law Regarding For-Profit "Conversions"**
  - AG Jurisdiction (Statute)
  - AG Guidelines
  - Precedents (Caritas and Essent)
- **Other Considerations**

Duty of Care

- **Make prudent, reasonable decisions**
- **Exercise independent judgment**
- **Be aware, informed, and attentive:**
  - Attend meetings
  - Read and understand materials

Duty of Loyalty

- Exclusive focus on best interests of the charitable organization (The Hospital)
- Avoidance of personal conflicts of interest
- Confidentiality

Transaction Structures

- **For-Profit**
  - Purchase of assets
  - Pay-off or assumption of liabilities
  - Post-closing commitments and enforcement
  - Some assets remain non-profit
  - Reviewed by AG and DPH
- **Non-Profit**
  - Change of control (by-law amendment)
  - Asset and liabilities not transferred
  - Post-closing commitments and enforcement
  - All entities are transferred
  - Review by DPH (Not by AG)

Massachusetts Law Regarding For-Profit "Conversions"

STATUTE

- Non-profit hospital must give AG notice if it intends to sell a substantial amount of its assets or operations to a for-profit entity

STATUTE

- **AG shall consider any factors it deems relevant, including, but not limited to, whether:**
  - The proposed transaction complies with applicable general non-profit and charities law;
  - Due care was followed by the non-profit entity;
  - Conflict of interest was avoided by the non-profit entity at all phases of the decision making;
  - Fair value will be received for the non-profit assets; and
  - The proposed transaction is in the public interest

Massachusetts Law Regarding For-Profit "Conversions"

AG GUIDELINES:

- AG must fairly, but vigorously, enforce Mass. Law governing public charities and charitable trusts, to fully protect the charitable assets for the benefit of the public, who are the beneficiaries of the trust on which all charitable corporations hold their assets.
- AG oversees the actions of non-profit directors in order to ensure that they meet their duties of due care and loyalty and to ensure that the assets of public charities are used for their charitable purposes.
- **AG review includes:**
  - Were reasonably viable non-profit alternatives thoroughly considered
  - Hospital's long- and short-term financial viability
  - Hospital's ability to carry out its charitable mission under each of the proposed alternatives

Massachusetts Law Regarding For-Profit "Conversions"

CARITAS STATEMENT

- **Did Caritas carefully, thoughtfully, and deliberately explore and evaluate all available options?**
- **Caritas complied with standards of due care. The board actively explored a variety of options, including:**
  - Remaining a stand-alone
  - Becoming part of another non-profit system
  - Transferring its assets to a for-profit entity. It retained the services of experienced consultants and reached a decision only after a deliberative and thoughtful process directed by the board and in which the board was fully involved
- **Charities law and the attorney general's review favor the maintenance of charitable assets in charitable hands. <u>In the event there were comparable proposals from a non-profit and a for-profit operator, absent other factors (such as market concentration issues), both the law and the attorney general's office would favor the non-profit operator.</u>**

Massachusetts Law Regarding For-Profit "Conversions"

ESSENT STATEMENT

- **Proposals were evaluated based on criteria developed by Nashoba:**
  - Amount of consideration
  - Contingencies and commitments
  - Enforceability of payments
  - Ability to fund capital commitments.
  - Other factors included the impact of the transaction on physician recruitment and clinical development, community perception and acceptance, and continuation of services in the community.

- **Nashoba did consider the non-profit alternatives. Charities laws require that a charity enter into a viable non-profit affiliation such as a merger with another charity before 'converting' to for-profit status. Nashoba carefully weighed the different aspects of each proposal based upon Nashoba's stated criteria. That comparison led Nashoba to concluded that an affiliation with either BIDMC or Mt. Auburn would not provide the residents in Nashoba's service areas with a competitive and upgraded community hospital.**

Massachusetts Law Regarding For-Profit "Conversions"

ESSENT STATEMENT

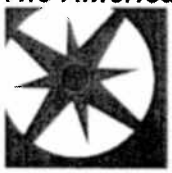
- The non-profit alternatives would certainly allow Nashoba to continue to operate in the community as it has in the short-term. But the offers from BIDMC and Mt. Auburn, if accepted, would not substantially change or enhance the long-term financial position of Nashoba or provide the level of capital that Nashoba deems critical to its future viability. The sale to Essent provides a purchase price and capital commitment that substantially exceed the offers from either of the non-profit proposals. The Essent proposal would also substantially improve the operation and facilities of the hospital in a way that no other option can provide. In this particular case and under the circumstances faced by Nashoba, it appears likely that Nashoba will be able to continue to provide health care services in the community to a greater extent and/or for a longer time as a for-profit entity that it would as a non-profit entity.

Other Considerations

- AG will conduct thorough inquiry
- AG will review board minutes
- AG's independent consultant will review decision to convert and fairness of value
- AG interrogatories and document requests
- AG public hearing

II. Rationale for Hospital Mergers

The American Hospital Association's



CENTER FOR HEALTHCARE GOVERNANCE™

Is the Case for Merger/Sale Becoming Compelling for Your Health System?

National Symposium in Leading and Governing Health Care Organizations - Phoenix, AZ

February 15, 2011

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Today's Health Care...

Today, U.S. Health Care Is More Volatile and Complex...

Evolving Business Models

1. Demographic and Disease Burden Trends
2. Changing Sponsor Characteristics
3. Global Financial Crisis
4. State Budget Crisis
5. Health Care Reform and Changing Reimbursement Models
6. Growing Regulatory Burden and Increased Transparency
7. Natural Disasters

Science And Technology Trends

8. Advanced Medical Technologies
9. Integrated Health Record
10. Migration to Lower Acuity/ Cost Settings

Health Care Industry Configuration Trends

11. Growing Payer Concentration
12. Changing Health System Landscape
13. Changing Physician Dynamics

Evolving Business Models

14. Growing Patient Financial Responsibility and Consumerism
15. Emergency of Accountable Care Organizations to Improve Quality and Reduce Waste
16. Workforce Challenges

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More hospitals and beds are in systems, but the average number of hospitals per system has been stable

Top Ten Systems by Staffed Beds: 1990 vs. 2008

Ten Largest Hospital Systems, 2008	Headquarters	Hospitals	Beds
HCA	Nashville, TN	162	35,791
Community Health Systems	Franklin, TN	122	15,848
Ascension Health	St. Louis, MO	75	14,801
TENET Health Care Corporation	Dallas, TX	53	12,281
Universal Health Services	King of Prussia, PA	68	10,117
Catholic Health Initiatives	Denver, CO	59	8,932
Catholic Health Care West	San Francisco, CA	38	8,447
Health Management Associates	Naples, FL	55	7,528
Catholic Health East	Newtown Square, PA	23	6,790
Trinity Health	Novi, MI	30	6,774

Ten Largest Hospital Systems, 1990	Headquarters	Hospitals	Beds
HCA	Nashville, TN	124	20,799
Humana	Louisville, KY	79	16,583
Daughters of Charity National Health System	St. Louis, MO	35	12,121
Healthtrust - The Hospital Company	Nashville, TN	85	10,068
New York City Health & Hospitals Corp.	New York, NY	13	9,333
American Medical International	Dallas, TX	40	8,075
Charter Medical Corporation	Macon, GA	66	6,550
Kaiser Foundation Hospitals	Oakland, CA	29	6,254
National Medical Enterprises	Santa Monica, CA	32	5,742
Mercy Health Services	Farmington Hills, MI	18	5,652

Observations

•Five of the 10 largest health systems by staffed beds are for-profit and the other 5 are Catholic.

•While the total number of hospitals in the US has been declining over the past 20 years, the number of multihospital systems and hospitals within those systems have been steadily increasing.

Hospital System Metrics	1990	2000	2008	
Total Community Hospitals	5,384	4,915	5,010	POP ↑ HOSP ↓
Total Staffed Beds	927 K	824 K	808 K	BEDS ↓
Multihospital Systems	**232**	**253**	**348**	SYSTEMS ↑
Hospitals in Systems	2,040	2,442	3,030	
Staffed Beds in Systems	410 K	479 K	542 K	
Avg. System Size (hospitals)	**8.8**	**9.7**	**8.7**	SIZE THE SAME
% of Hospitals in Systems	**38%**	**50%**	**60%**	
% of Staffed Beds in Systems	**44%**	**58%**	**67%**	

Note: Multihospital hospital and bed counts include owned, leased and sponsored hospitals and exclude contract-managed facilities. Also excludes government hospitals (e.g., the VA system). Sources: AHA Guide to the Health Care Field (1991, 2002 and 2010 editions).

Likely "New Normal" Impacts Hospital Budgeting

What's Changing?

- Soft unit reimbursement
  - new methodologies
- Soft volume
- Diminished payer mix
  - difficult to develop the Exchange=Medicaid scenario
- Physician services an increasing part of the pie

Emerging Challenge

- Fill margin gap (i.e., maintain 4-6% net under slower reimbursement, volume market)
- "Backfill" conversation
- Maintenance of physician "subsidies"

Revisit Economic Model

- Revenue management
  - stay +30
  - bundle
  - performance bonus
- Expense management
  - care management/ continuum of care through put fixed costs (GAP is large % of variable) no longer forego scale
- Capital priorities
- Acquisition, divestiture
- Funds flow & incentives – where is the margin?
- Managed care

Independent Organization Frequently Seeking...

- Perpetuation of mission/services to the community
- Enhanced access to capital/capital infusion
- Enhanced physician recruitment and retention
- Competitive Clinical programs
- "Bandwidth" to address
  - Quality
  - Regulation
  - Reform
- Continued local decision making
- Back office economies of scale
- Potentially convert a competitor to a colleague
- Confidence that with this deal we are big enough/vs. being "rolled" up into another organization in two years

III. Critical Success Factors for a Community Hospital

Critical Success Factors for Community Hospitals in Today's Environment

1) Ability to Recruit/Retain Strong Physician Base
2) Access to Market Based Managed Care Rates
3) Experienced Management Team and Administrative Support
4) Low Cost Operating Model
5) Access to Capital
6) Community Support

Critical Success Factors for Community Hospitals in Today's Environment

1) Ability to Recruit/Retain Strong Physician Base:

- Maintain diverse base of Primary Care and Specialist
- Healthy demographic mix
- Continuous recruitment focus

Key Requirements:

- Range of affiliation opportunities (employment, co-management, network affiliation, etc.)
- Access to competitive managed care plans
- Practice development and recruitment support (guarantees, loans, etc.)
- Practice management infrastructure (IT support, purchasing discounts on medical supplies, insurance)
- Access to leading medical technology

Critical Success Factors for Community Hospitals in Today's Environment

2) Access to Market Based Managed Care Rates:

Key Requirements:

- Broad medical service offering
- Strong physician network
- Patient satisfaction and resulting demand
- Consistent history of quality outcomes
- Low cost operating model
- *Ability to manage risk based reimbursement model*

Critical Success Factors for Community Hospitals in Today's Environment

3) Breadth and Depth of Management Team

- Requires sufficient management resources and administrative infrastructure to manage:
  - Clinical Staff / Employee Relations
  - Physician Relations & Recruitment
  - Contract management
  - Regulatory compliance
  - Financial reporting

Key Requirements:

- High integrity individuals with direct experience
- Market knowledge

Critical Success Factors for Community Hospitals in Today's Environment

4) Low Cost Operating Model

Key Requirements:

- Diverse offering of inpatient /outpatient settings for treatment
- Robust IT infrastructure for:
  - Billing/coding/utilization review
  - Managing inventory
  - Scheduling labor
- Efficient Care Management protocols
- Economies of scale to create purchase discounts with respect to medical supplies, insurance, other services

Critical Success Factors for Community Hospitals in Today's Environment

5) Access to Capital

- Necessary to fund consistent growth and attract quality employees and medical staff
- Hospitals are capital intensive!!

Key Requirements:

- Profitable operations
- Long term track record
- Access to multiple capital sources (debt markets, equity markets, sponsor organizations)

Critical Success Factors for Community Hospitals in Today's Environment

6) Community Support

- Patient satisfaction
- Signature medical services that attract positive attention to community
- Good corporate citizenship
- Local philanthropy efforts
- Supportive of local institutions (schools, churches, community events)

Key Requirements:

- Local management and employee base
- Visible in community
- Deliver quality services

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IV. Analysis of Key Financial and Operating Capabilities for Steward and Southcoast

Health Care System Overview

	Southcoast Health System	Steward Health Care
Overview	Three acute care hospitals located in southeastern Massachusetts with a total of 659 beds and over 6,200 employees . Southcoast Physicians Network currently has 211 member practitioners in 10 practice groups.	Six acute care hospitals in eastern Massachusetts with 1,552 beds and over 12,000 employees. Steward Physician Network currently has over 1,500 physicians.
Hospitals	**St. Luke's Hospital-** New Bedford, MA (300 beds) **Charlton Memorial Hospital-** Fall River, MA (285 beds) **Tobey Hospital-** Wareham, MA (74 beds)	**Carney Hospital-** Dorchester, MA (164 beds) **Good Samaritan Medical Center-** Brockton, MA (231 beds) **Holy Family Hospital-** Methuen, MA (261 beds) **Norwood Hospital-** Norwood, MA (264 beds) **Saint Anne's Hospital-** Fall River, MA (160 beds) **St. Elizabeth's Medical Center-** Boston, MA (205 beds)
Other Facilities & Services	**Southcoast Center for Cancer Care-** Fairhaven, MA **Southcoast Surgery Center** - North Dartmouth, MA **Southcoast Sleep Center** - North Dartmouth, MA **Southcoast Visiting Nurse Association**	**Caritas Hospice-** Brighton, MA **Caritas Home Care-** Norwood, MA **Labouré College** - Boston MA
Other Proposed Acquisitions	None	Merrimack Valley Hospital (Essent) - Haverhill, MA (124 beds) Nashoba Valley Medical Center (Essent) - Ayer , MA (57 beds) Jackson Memorial Hospital in Miami, FL (1,550 beds)
Leadership Team	Carl Ribeiro – Board of Trustees Chair Keith Hovan – President & CEO Linda Bodenmann – EVP & COO Bill Grigg – EVP & CFO	Ralph del la Torre -- Chairman and CEO Robert Guyon – EVP & COO Mark Rich – EVP of Corporate Strategy and Management James Renna – EVP & CFO

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A. Financial Position

Financial Position

Income Statement ($ in millions)

Key Metrics	Southcoast Health System	Steward Health Care
Total Revenues:		
-- 2009 Actual	$675.0	$1,325.7
-- 2010 Actual	706.1	1,407.9
-- 2011 Estimate	723.1	1,465.7
EBITDA[1]:		
-- 2009 Actual	$ 49.1	$ 76.9[2]
-- 2010 Actual	52.6	82.0[2]
-- 2011 Estimate	51.2	81.0[2]
Capital Expenditure Forecast	Est. $275 million for 2011 - 2015. Includes $20 million in unspent debt proceeds for Fairhaven Cancer Center.	Est. $150 million annually for current Steward system. Approximately 50% is financed from current operations.

(1) As a non-profit, Southcoast does not pay income tax. Steward will not pay income taxes for two years due to NOL carry forwards.

(2) Excludes transaction-related costs of $13.8 million in 2009, $25.6 million in 2010, and $33.8 million in 2011.

Financial Position

Balance Sheet ($ in millions)

Key Metrics	Southcoast Health System[1]	Steward Health Care[2]
Cash Position	Cash and ST Investments $114.3 Restricted Assets $129.8 LT Investments $317.3 **$561.4**	Cash and Investment $111.9 Restricted Assets 3.7 Total **$115.6**
Debt	Total Bond Debt $164.5	-- $3.0M of capital leases -- Currently structuring $500M credit facility
Pension Plan	Southcoast has $11.4M of non-pension post retirement benefits.	Steward assumed approximately $223M of pension obligations as part of conversion. The plan assets associated with these assets are currently being segmented and valued.
Credit Rating	S&P: A Moody's: A2	No Rating-No debt outstanding at present
Additional Capital Source	Per CFO, estimates additional debt capacity of $125M before any acquisition	$400M [2] commitment from Cerberus Capital to be spent on Health Care facilities in Mass.

(1) As of December 31, 2010.

(2) Commitment is in form of guarantee if Steward does not invest $400M from operations and borrowings. $77M of this amount was committed to existing capital projects at time of conversion. Essent acquisition does not count toward commitment.

Key Observations

- **Southcoast has cash of $560M and additional borrowing capacity of $125M**
  - Current debt $164M
  - Annual capital expenditures of $55M
  - No pension plan commitment
  - Annual EDITDA of approximately $50M
- **Steward has cash of $112M and additional borrowing capacity of $500M**
  - No debt at present but undetermined pension liability
  - Annual capital expenditures of $150M
  - Assumed existing pension plan from Roman Catholic Archdiocese of Boston
  - Annual EBITDA of $80M
  - Access to equity capital through Cerberus

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B. Physician Network

Physician Network & Practice Support

Key Metrics	Southcoast Health System	Steward Health Care
Physician Network		
-- Primary care Physician	64	405
-- Specialists	121	1,141
-- NP/PAs	26	NA
Total	211	1,546
Physician Network Development & Recruitment Process	Hospital physician recruitment is handled through an HR team. SPN recruitment is handled through leveraging internal resources i.e., network president and others.	5 FTEs committed to network development and recruiting. Integrates Hospital, SMG, private practice strategies.
Estimated Covered Lives	40,000 – 45,000	95,000 Commercial Assigned HMO/POS in 2010, estimate 35% increase in 2011

Physician Network & Practice Support

	Southcoast Health System	Steward Health Care
Practice Management Support		
-- Malpractice Insurance	Malpractice insurance is only offered for employed physicians. No concrete plans in place to offer to non-employed physicians.	TRACO - Professional and general liability insurance offered to physicians at discounted rates across all hospitals. Available to employed and affiliated MDs.
-- Health Insurance	Health Insurance is only offered to employed physicians. No concrete plans to offer to non-employed physicians.	Work in process over next 6 months to offer an EPO - In-network product in-network physicians practice at lower than market value rates
-- Patient Credentialing	NIA and radiology pre-authorizations are completed through call center discussed below.	Work in progress on a Central Verification Office – will significantly reduces physician overhead.
-- Call Center Services Offered to MDs	SPA offers practice support and management services including an answering service and plans for a call center. NIA and radiology pre-authorizations are completed through this call center.	Available call center services including specialty appointment scheduling, high tech radiology authorization services, and Doctor Finder.

Physician Network & Practice Support

	Southcoast Health System	Steward Health Care
Contract Risk Management		
Infrastructure to enter into global risk contracts	Will depend upon NEQCA. Currently 65% of patients are from SPN physicians and 35% of patients are from independent affiliate physicians.	The contracting team charged with expanding the scope of global risk contracts for the entire system is part of the ACO centered Steward HCN organization.
Infrastructure to manage global risk contracts	Will depend upon NEQCA	SHCN has built a financial, reporting and analysis team dedicated to managing the system's performance under the risk contract.
Reporting Capabilities	Infermed and Genius platform for risk stratification. A pilot is currently in place for self insured patients. Genius is investigating how to best integrate hospital data.	SHCN produces regular risk performance reports to monitor both system and IPA performance.
Process to develop risk reserve	Will depend upon NEQCA	The finance committee of the centralized board initiated the development of a risk reserve designed to allow the system to bear long term variability in risk performance.

Key Observations

- **Both Southcoast and Steward operate proprietary physician networks**
  - Steward has 1,500+ physicians
  - Southcoast has 200+ physicians but member of NEQCA, third largest network in state
- **Both Southcoast and Steward have been successful in growing physician base**
  - Steward added over 220 PCPs (45% increase) and 300 specialists (35% increase) in 2010
  - Southcoast recruited over 85 new physicians in 2010
- **Both Southcoast and Steward offer various levels of practice many support**
  - Both subsidize 85% of EMR adoption; however Steward significantly further along in implementation
  - Both offer call center/online services. Steward rolling out patient insurance verification service
  - Only Steward offers physician access to its captive Medical malpractice plan; Steward also planning to offer physician access to EPO health insurance plan
- **Steward has larger dedicated infrastructure to recruiting physicians and network development**

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C. Information Technology

Information Technology

	Southcoast Health System	Steward Health Care
Meditech		
Version	Meditech MAGIC v5.63	Meditech Client Server 5.54
Upgrade Plans	Upgrade from MAGIC v5.63 to MAGIC 5.64 will take place in March. No plans to upgrade to Meditech v6.0 (latest technology).	Meditech version 6.0 (latest technology) will be rolled out system wide in May.
Server Technology	Traditional client/server environnent in place	VMWare Server virtualization in place throughout the system.
Infrastructure		
PC Replacement Strategy	3-5 year refresh intervals Implementing thin client infrastructure Fleet replacements.	4 years refresh intervals Recent 1200 PC purchase. 4 year refresh interval.
Data Warehousing	McKesson HBI Meditech Data Warehouse Currently have engaged a consulting firm, Wellesley Partners, to determine the data warehousing strategy.	Strategy in place for data warehousing Microsoft Amalga Meditech Data Repository HDS Quality Manager
Wireless Penetration	95% Coverage - All Campuses	100% Coverage - All Campuses
Single Sign-on System	Currently piloting software. Plans to go LIVE in one ED in March 2011.	Currently in the implementation stage - Rollout will take place as part of the Meditech 6.0 conversion in May 2011.

Information Technology

	Southcoast Health System	Steward Health Care
Physician EMR		
Vendors	Currently, Nexgen is in place at 2 of 17 employed practices. Plans are in place to phase out Nexgen and implement eClinicalWorks.	eClinicalWorks and Athena Clinicals are currently in use throughout the network. Athena is currently the vendor of choice.
Adoption Rate	2 of 17 employed practices using Nexgen with plans to convert to eClinical Works. Committed to have any physician who joins SPN by June 1, 2011 deployed on EMR by December 31, 2011.	600 physician deployment
Subsidies in place	Will pay 85% of cost of EMR; the per provider fee is significantly discounted through NEQ of contract.	Steward funds 85% of hardware and software Remaining 15% funded by IPA.
EMR Support for non Employed Providers	See above.	Steward is a designated Implementation Optimization Organization by the MA eHealth collaborative. They offer a support model to affiliated physicians at $175 per physician per month.
Analytic tool in place to support an ACO	Pilot vendor and have engaged a consulting firm to evaluate their analytic and data warehousing strategy. Currently no EMR data is integrated into the currently data warehouse.	Integrated analytics in place using Amalga, HDS software and EMR integration.
Interface Ability for Exchanging Data	Shared function with the Southcoast IT Department. Several interfaces in place for affiliated physician EMRs.	10 FTEs dedicated to building and supporting interfaces and integration. Lab, Radiology and other data is currently interfaced to employed and affiliated physician EMRs.

Information Technology

	Southcoast Health System	Steward Health Care
Business Systems		
Time and Attendance System	None	Yes - Kronos across all sites. Upgrading technology to include POS devices system wide.
Staffing and Scheduling System	Yes – Kronos	Yes – Kronos
Executive Support Systems	Yes - McKesson HBI, Meditech ESS and B&F	Yes - Dashboards, Hyperion and Oracle Financials, Avega for budgeting.
Radiology		
PACS	McKesson PACS v11.08	McKesson PACS v12
Cardiology PACS	Yes	Yes
Radiology Management System	Meditech $T Radiology - (older generation technology)	Meditech ITS - Converting to Meditech 6.0
Rad Voice Recognition	None	Yes – Radware
HIMSS EMR Adoption Stage	Analysis not done	Stage 6 of 7

Information Technology

- **Both Steward and Southcoast use Meditech as their primary enterprise system**
  - Steward employs Client/Server version (latest platform)
  - Southcoast employs Magic version (same platform as Morton)
- **Both Steward and Southcoast have Meditech Data Repository**
  - Steward is using Microsoft Amalga to inter-relate data from different platforms
- **Physician EMR deployment**
  - Steward offers two vendor platforms (eClinicalWorks, and Athena) and has deployed to over 600 physicians
  - Southcoast switched from Nexgen to eClinicalWorks after negative feedback on pilot project. Southcoast has indicated that any physician who joins SPN by June 30, 2011 will have fully deployed on EMR by December 2011
  - Both Steward and Southcoast subsidize 85% of adoption and offer other subsidy discounts on subscription fees
- **Time and attendance systems**
  - Steward employs Kronos
  - Southcoast, similar to Morton, does not have a computerized time entry system

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V. Review of Initial Objectives for Morton Transaction

Initial Objectives for Morton Transaction

As discussed with Board of Trustees in October 2010

Identify priority of objectives to be achieved in Strategic Transaction.

- **Securing long term commitment for operation of acute care hospital in Taunton community**
  - Governance – Morton representation and/or reserve powers
  - Morton name
  - Capital commitments
  - Expansion /development of key medical services in Taunton community
- **Assumption/repayment of debt obligations**
- **Assumption of pension plan obligations**
- **Funding a community foundation**

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