Our foundress, Mother Xavier Ross, led her band of sisters across a rugged frontier to Leavenworth, Kansas — a transforming experience unlike any we can imagine today. They set to the task of caring for those who needed it most.

It was a radical transformation, a new day...

Similarly, we traverse a new healthcare landscape with uncharted territory ahead. Yet guided by the caring spirit of the sisters, we embrace that future and will not squander it.
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At SCL Health, we always seek to connect to the communities we serve, especially now as we transform our health network to navigate healthcare’s changing landscape.

Our health system is going beyond treating the sick to focus on healing the whole person, empowering patients to take an active role in their well-being. Our value of caring spirit is always at the heart of our actions. In 2013, we made great progress toward our vision to be the premier person-centered health system and trusted partner in our communities.

The Affordable Care Act (ACA) ushered in new insurance exchanges, plus a Medicaid expansion that provides quality medical coverage for millions of previously uninsured or underinsured Americans. Health systems are also adapting to an ACA-issued mandate to shift our care delivery from episodic, hospital-centered acute care to a more distributed, holistic model that emphasizes community health and wellness.

These changes move healthcare toward a delivery model that aligns with SCL Health’s mission to always embrace special consideration for those who are poor, vulnerable and underserved. Our own focus on community health improvement dates back more than 150 years to the original vision of our foundress, Mother Xavier Ross. Always at the heart of our ministry is the rich heritage that began with the Sisters of Charity of Leavenworth (SCLs). We continue to honor our founders’ fortitude as we grow in new directions and transform to meet future healthcare needs.

As our health system evolves, our brand identity must reflect not only our valued heritage but also our unified team and the shared mission we live in today’s world. We are proud to introduce our new brand identity and name, SCL Health. Our hospital names remain the same and include SCL Health to reinforce the strength of being part of a leading healthcare system.

Our new graphic identity retains the symbols of a cross, honoring our rich faith-based heritage as a Catholic health system and shared mission, and a heart that reflects our passion, compassion and focus on delivering quality, safe, person-centered care. Introduced to our associates in mid-May 2014 and continuing throughout the summer, our brand identity is being rolled out in a planned, fiscally responsible process and timeline.

As we embrace a more modern reflection of who we are becoming, we stay grounded in the strength of our legacy. Our founders traveled across the rugged frontier to the riverbanks of Leavenworth, Kansas — a transforming experience unlike any we can imagine today — and set to the task of caring for those who needed it most. It was a radical transformation, a new day.

Like the sisters, we traverse a new landscape, with uncharted territory ahead. Yet rooted in our mission, vision and values, and guided by a caring spirit, we embrace that future and will not squander it.

With gratitude and blessings,

Lynn Casey, SCL
Chair, Board of Directors, SCL Health

Michael A. Slubowski, FACHE, FACMPE
President & Chief Executive Officer, SCL Health
MISSION
We reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

VISION
*Inspired by our faith:*
We will be distinguished as the premier person-centered health system and trusted partner.

We will share accountability with clinicians and other stakeholders to coordinate care across all settings and improve access, quality, health outcomes and affordability.

We will grow as community-based health networks to serve more people in partnership with others who share our vision and values.

VALUES
*Caring Spirit*  We honor the sacred dignity of each person.

*Excellence*  We set and surpass high standards.

*Good Humor*  We create joyful and welcoming environments.

*Integrity*  We do the right thing with openness and pride.

*Safety*  We deliver care that seeks to eliminate all harm for patients and associates.

*Stewardship*  We are accountable for the resources entrusted to us.
“Quality healthcare means timely, efficient, evidence-based medical treatment delivered with an emphasis on patient safety. Yet it also calls for compassionate providers who care deeply about providing person-centered care.”

— Mike Slubowski, President & CEO of SCL Health

In 2013, SCL Health took a number of transformative steps. Our hospitals and clinics continue to be acknowledged as models of excellence, efficiency and safety, and we made solid progress toward our ultimate goal of delivering perfect care to “every patient, every time.”

We widened our vision to look beyond hospital doors, extending our healing touch into the community where people live, work and play. We’re working hard to deliver the best possible patient experience across the entire continuum of care, from physician practice to hospital to home. We forged partnerships with providers who share our values and bring expertise in areas such as transitional and in-home care, long-term care and behavioral health.

At the heart of all person-centered healthcare is a compassionate caregiver — a doctor, nurse, clinician, administrator — who listens carefully to each patient and family, truly understands their concerns and goals, and makes them a real part of the care team.
Our healthcare ministry goes well beyond treating patients at our hospitals and clinics. We work proactively to improve overall community health by assessing and identifying community needs. Programs that encourage and support healthy behaviors are a priority. This heartfelt commitment includes offering charity and discounted care for those in need.

At SCL Health, care delivery isn’t confined to our medical facilities. As a not-for-profit Catholic health ministry, we vigorously embrace our calling to meet the needs of our precious communities.

In 2013, we provided more than $154.6 million in charity or discounted care directly to patients in need, and another $72.1 million to community programs, health improvement services and health professions education.

### By the Numbers

**Lives Touched by Our Programs**
- 2013 – 9 Hospitals: 171,579
- 2012 – 11 Hospitals: 197,699

**Community Benefit Support**
- 2013: $226.7 million
- 2012: $252.7 million

**Community Benefit Support per Day**
- 2013: $621,026
- 2012: $693,825

### Charity Care and Community Benefit Spending

- **2013 expenditures shown in millions**
  - $2.0 Research
  - $3.8 Community Building
  - $6.2 Community Health Improvement Services
  - $7.8 In-Kind Contributions
  - $23.2 Health Professions Education
  - $29.1 Subsidized Health Services
  - $73.5 Financial Aid & Charity Care
  - $81.1 Government Shortfalls

**2013 Charity Care and Community Programs Spending**
- **$226.7 MILLION**
Community Health Improvement Projects

Community health improvement projects on smoking cessation and access to mental health services are among those ramped up significantly in 2013 and 2014, based on our community health needs assessments (CHNAs).

Smoking Cessation: A Time to Quit

As demonstrated in our collective system CHNAs, cardiovascular disease is a priority need to address in our communities. Tobacco use is a known risk factor for heart disease, cancer and COPD.

In late 2013, the Tobacco Champions Affinity Team (T-CAT) formed with participants from the care sites and system services. The goals of T-CAT are to update existing tobacco policies at all our hospital campuses, ensure smokers who use our care sites have access to counseling about quitting and nicotine replacement during their stay, and provide referrals to local tobacco quit services, such as state tobacco quit lines, upon discharge.

Mental Health Services: Improving Access

In every care site’s CHNA, access to mental health services is a community need. In some areas, that translates to high rates of poor mental health, suicide rates higher than state averages, and high rates of illegal drug use. Filling this need requires expertise available in a community partner.

In Colorado, Good Samaritan Medical Center reached out to Mental Health Partners to put in place office-based mental health services at a clinic in a city that experiences lower than state rates for high-school graduation and disposable income, and higher rates of ethnic minorities. From this partnership, the program has seen increases in clients from the general community.

St. Francis Health in Topeka, Kansas, saw addressing mental health from a different angle. Valeo Behavioral Health Care provides needed services to those with mental health issues. Persons with these issues are more likely to smoke tobacco, be overweight or obese, and have chronic health conditions that are not being treated. In partnership, St. Francis family nurse practitioners provide preventive health services to Valeo clients. The program is making a difference by offering wellness exams and access to medications for chronic illness and expanding nurse practitioner services.

West Pines Behavioral Health, part of Lutheran Medical Center in Wheat Ridge, Colo., offers a safe, person-centered environment and treats both addiction and psychiatric disorders. Physical activity is a key component of the West Pines holistic approach to treatment and recovery.
Community Benefit = Community Health Improvement

The term “community benefit” actually has a specific meaning for nonprofit organizations like SCL Health. The Catholic Health Association defines it as programs, services or activities designed to improve health in communities and increase access to healthcare. To be considered a community benefit, the service provided must benefit patients living in poverty, or vulnerable people living in the broader community outside the existing healthcare system — it goes above and beyond what is provided as a normal part of our patient care.

Community services are integral to the mission of Catholic and other nonprofit healthcare systems and are the basis for IRS tax exemption. Provisions of the Affordable Care Act require a CHNA every three years to help prioritize community benefit efforts and chart a path to “healthy people and communities.”

SCL Health community benefit programs include subsidized health services that meet needs such as neonatal intensive care or cardiac specialty services; financial assistance (charity or discounted care) or help accessing new insurance programs; and providing professional health education to physicians, nurses, and physical/occupational and respiratory therapists. Based on needs identified in our CHNAs, we provide in-kind funding to community organizations that will help us address needs we cannot meet by ourselves.

LEVEL 3: Health Outcomes

The goals of any community health program are to decrease morbidity and mortality, improve quality of life, and reduce hospital admissions. HEALTH OUTCOMES are measured objectively through existing or clinical metrics and have an effect on the person going forward, such as no cancer found, hypertension controlled, diabetes better managed, use of emergency services reduced, and so on. Most outcome-oriented community programs address chronic disease or are preventive in nature.

LEVEL 2: Health Impact

SCL Health works with local partners to address health needs identified in the hospital’s community health needs assessment (CHNA). Social and environmental issues that have a HEALTH IMPACT are identified. The goal is to uncover specific health risks and existing disease that the community wants to address through policies, programs and projects. Examples are community-level awareness and education on the risk of stroke, tobacco cessation programs, improved access to healthy food through farmers markets, health fairs, transportation vouchers, and the removal of sugar-sweetened beverages from hospital cafeterias.

LEVEL 1: Lives Touched

This level refers to community involvement in a broader sense; we may not know if we had an impact or if we improved a health outcome. For SCL Health, LIVES TOUCHED can include attending or sponsoring informational events about health topics; distributing free health information via newsletters, handouts or other media; and conducting or participating in media campaigns that promote health issues. We count lives touched to gauge continued involvement in our communities.
At SCL Health, our overarching priority is to deliver on our promise to be person-centered in all that we do. We foster an environment where associates are free to take initiative and be innovative, to constantly improve processes and to develop new skills — doing the right thing for every patient, every time, regardless of the setting.

“We Are Person-Centered”

How do we define person-centered healthcare? It is care that puts the patient at the center of all considerations. We get to know our patients, we actively listen to them and we learn what they truly want. Person-centered care includes families as a real part of the care team.

Last year, we sought input from 2,500 stakeholders in our health system to develop a shared statement that expresses our person-centered philosophy to patients: To provide you and your loved ones the best experience through genuine, compassionate and personalized care.

To be truly person-centered, we ask a lot from our associates. Yet the rewards are great — not only for our health system, but for each of us personally. Here’s how one nurse described her interaction with patients during rounds: “I stop and am fully present. I hold their hands. I look deep into their eyes. I partner with them. I listen.” At SCL Health, this level of care is embedded in our culture. We want to engage every patient, every day.

“We Are Associate-Empowered”

We firmly believe that our mission’s success depends on empowering the people we consider the “fuel and foundation” of our organization. Our goal is to develop a committed, engaged corps of associates with full access to the tools and skills they need to grow. When we provide support, learning and leadership opportunities to our own caregivers and staff, we lay the groundwork for a future where our person-centered care delivery is “perfect” — every patient, every time.

How We Empower Our People

First, we ask for “line-of-sight accountability” — making certain that each associate understands our strategic priorities and relates his or her role to them. Then we provide a wide variety of tools and opportunities for personal and professional growth:

• Our new HealthStream Learning Center application provides a central online resource for professional development through training courses.

• SCL Health is a founding member and one of six Catholic health systems participating in Ministry Leadership Formation. This three-year program grooms participants to lead Catholic healthcare into the future.

• We invest in leadership coaching for our CEOs and System Services Executive Team to foster a culture of “One SCL Health” as we lead our teams through an intense period of change in healthcare.
Helping People Gain Access to Healthcare

In 2013, SCL Health helped people in our communities learn more about new medical coverage options available under the Affordable Care Act. Because we believe everyone should have access to healthcare, regardless of ability to pay, we stationed Certified Application Counselors (CACs) at every care site to answer questions, assist low-income people to determine eligibility for Medicaid or federal subsidies, and help others enroll in health plans through the new insurance exchanges.

Connecting Patients With Their Health Records

We debuted our secure online MyChart patient portal at SCL Health locations that use our Epic electronic health record. Patients of our healthcare providers in a clinic or practice setting can access their medical records online and interact electronically with their physicians’ offices. They can review medications, immunizations, test and lab results, discharge instructions and medical histories. Patients can also request appointments and prescription refills, update their health profiles and email questions to their caregivers.

Empowered to Make a Difference

An Associate Injury Prevention Lean Team at St. Mary’s Medical Center in Grand Junction, Colo., encourages associates to collaborate on safety issues. When an associate injury occurs in surgery, the team discusses the lessons learned and takes action to prevent recurrence. The Oncology and Medical teams have refocused their attention on associate safety as well, with new department safety coordinators to provide ongoing staff education and training.
SCL Health is deeply committed to becoming a High Reliability Organization (HRO). This means we see every encounter with every patient as an opportunity to deliver “perfect care” — the very best overall patient experience, safety and outcomes. It also means implementing best practices, efficient operations and strong financial stewardship.

A commitment to ministry excellence must encompass all aspects of performance — not just financial. In 2013, we took further steps toward establishing our health system as Best in Class for all acute care categories — including quality, safety and patient experience — as well as operational efficiency and financial health. Overall, we continue to see health improvement in our communities as we manage our rapid transformation to person-centered care.

According to a number of highly respected organizations that rank healthcare system performance nationally, SCL Health is making notable headway to meet our ministry’s vision of excellence. We’ve been recognized for quality, safety and patient experience as a health system, for individual hospital performance, and also for our care sites that collectively serve the Denver region.

SCL Health is one of only 11.9 percent of hospital systems nationwide to achieve the highest level of electronic medical record (EMR) adoption, according to the Healthcare Information and Management Systems Society (HIMSS), a global organization focused on better health through information technology.

**Pursuing Excellence With a Human Touch**

Developing the technical expertise to master advanced medical technologies and procedures is important to our pursuit of ministry excellence. Yet at the heart of person-centered care is the human touch, and in this area our caregivers have employed evidence-based best practices to take our ministry to a higher level of excellence. Although exceptional person-centered care must be individualized, which makes it difficult to standardize, national studies have identified several core elements: It’s family-inclusive, safe, timely, anticipatory and equitable.

For example, care teams at our sites systemwide continue to implement our three “must haves” aimed at improving communication with patients and their families: Use a standardized care board, nurse-leader rounding and frequent purposeful rounding.
Fostering a Culture of Safety

A culture of safety refers to an organization that holds safety — protection from all harm — as one of its core values. At SCL Health, we added the value of safety in 2013 to reflect our commitment to preventing harm to patients and associates. Safety training sessions are being conducted for all associates systemwide.

Tina Johnson, MD, FACEP, VP and Chief Medical Officer, Lutheran Medical Center, has led an effort to develop “mindful leadership” on safety issues. Lutheran was the first care site to pilot and implement our new systemwide safety tracking and metrics. A dedicated team reinvented safety rounding and began daily huddles to review and preempt safety issues.

Extending Ministry Excellence Beyond Hospital Doors

St. James Healthcare in Butte, Mont., joined our Denver-area hospitals and St. Francis Health in Topeka, Kansas, in launching our new post-discharge CipherVoice callback system to improve care coordination and reduce unnecessary readmissions. And at Saint Joseph Hospital in Denver, an innovative new e-Chaplaincy program provides spiritual and emotional support to patients, physicians and associates who are off site or who use outpatient clinics. Users of the service can interact with a professionally trained chaplain (anonymously, if desired) via phone or email.
SCL Health is strengthening our relationships with physician and other provider groups as we develop a long-term strategy of partnering with experts for the transition from centralized care within medical center campuses to a more distributed community network of integrated care.

A fundamental component of our transformational strategy has been to assemble a strong, interconnected network of provider partnerships. A good example is our joint venture with Univita Health, a highly respected transitional and home healthcare provider, as we extend our reach across the Denver community’s continuum of care. We’re also developing partnerships with providers who can help us expand our population health management capabilities.

At St. Francis Primary Care in Topeka, we’re collaborating with the Washburn University School of Nursing to place a Washburn faculty APRN (advanced practice registered nurse) in the Valeo Behavioral Health Care outpatient clinic. This nurse provides primary care, including well-person exams, chronic-disease screening and management, and acute illness management.

Building Better Physician Alignment

To further support our provider partnership networks, we’ve undertaken a reorganization of leadership that establishes physician groups and medical centers as “codependent equals” in our collaborative strategies. Recently, we signed a collaboration agreement with Physician Health Partners — a Denver-based independent physician association and care management company — to establish a closer working relationship with our own physician network and Denver-region care sites. And our Health Networks team continues to introduce changes to improve the ways in which our physician practices operate, including a more proactive training and education cycle with more accurate models of statistical analysis.
Last year, Bruner Family Medicine forged a provider partnership with the Mental Health Center of Denver. Funded by a grant from the Colorado Health Foundation, Bruner placed a nurse practitioner in the mental health center to provide easier access to medical care for the center’s clients in a familiar, trusted environment. The nurse provides well care, chronic care and acute care.

Marillac Clinic, Grand Junction
A pioneer in the integration of behavioral health and primary care services, Marillac Clinic provides team-based care — medical, behavioral, optical and dental — all in one location. Primary care associates work in integrated teams called “pods” to moderate the complications of treating patients with physical and psychosocial issues. This provider partnership model has significantly improved patient outcomes and reduced costs.
SCL Health’s pursuit of smart, sustainable long-term growth includes forming strategic partnerships with others who complement our strengths, share our values and vision, and extend our reach across the continuum of care.

Mission-driven healthcare ministries like ours don’t pursue growth just to get bigger. For us, growth isn’t simply defined by our size or how many inpatient hospitals we operate. A caring spirit guides our growth strategy, with firm roots in our legacy of caring for the full breadth of each community, especially the poor and vulnerable. Our growth must reflect our values and serve our greater mission to meet the deepest needs of our communities.

That’s why our growth plan focuses on community-building partnerships as we evolve our care services. In 2013, SCL Health made exciting progress in finding partners to help us expand our care delivery model into a distributed, interconnected network of shared expertise. Our goal is to extend our healing ministry beyond our medical center campuses into a seamless continuum of care — from physician practice to hospital to home — in each of our care site communities.

Making a Bold Move Into Home Care
Our ministry’s mission is to improve community health. To do that, we have to make sure our patients continue to receive quality care after leaving our acute care facilities.

In 2013, we announced a joint venture with Univita Health, an innovator in home-based care management, to co-develop a new integrated care delivery model for patients transitioning from hospital to home recovery. This model will help shorten hospitalizations, decrease readmissions and improve the overall patient experience.

With the acquisition of All Care Home Health in January 2014, a key piece of our new integrated care delivery model was put in place. Within the first quarter of 2014, referrals and demand were nearly double what was projected.

Extending Our Reach Across Montana
In Montana, our growth strategy includes linking with community and rural providers statewide to create an integrated Rural Health Network. As we build stronger links to healthcare facilities in rural communities, we can help deliver better care in partnership with those providers, leading to increased referrals for our three Montana care sites.

In keeping with our strategy to increase outpatient and ambulatory service offerings systemwide, Holy Rosary Healthcare in Miles City, Mont., is expanding its outpatient services. The facility is exploring integrating retail pharmacy, telehealth-based primary care to remote clinics, expanding the ADA-certified diabetes care team, launching a palliative care outpatient clinic, and including home-based therapies.
new Cancer Center opens

Last year we completed construction of our new Comprehensive Cancer Center on the campus of Good Samaritan Medical Center in Lafayette, Colo. This impressive 87,600-square-foot building is the Denver area’s newest integrated cancer diagnostic and treatment facility, featuring the latest medical technology and best physician care. Services include medical oncology, radiation oncology, psychosocial services and integrative medicine.

Growth in Action

Expanding a Continuum of Services into Denver-Region Neighborhoods

Through a joint venture with Emerus, SCL Health is filling market voids in the Denver region by building four new community hospitals. Focusing on providing convenient access to emergency care, the care centers will also provide inpatient care and other comprehensive health services. These new community hospitals align with our growth strategy to meet the needs of our patients where they live, work and play. We’re evolving our health ministry to reach those we serve where and when they need care.

Construction is underway on the first site in Westminster, Colo., with all four locations expected to be operational in 2015 or early 2016.
“Beyond keeping people healthy, we also seek to meet their healthcare needs less expensively and in the most appropriate settings. As the name ‘Accountable Health Network’ implies, we’re building a larger, networked entity that links together care delivery in each community — an entity responsible for a broader scope of preventive and post-acute services, as well as traditional acute care.”

— Richard Lopes, MD, Executive Vice President, Chief Population Health Officer

The rise of the accountable care organization (ACO) over the past five years is transforming healthcare delivery in America. Defined as “an organization that seeks to tie provider reimbursements to quality metrics and reductions in total cost of care for certain assigned populations,” the ACO model fosters clinical excellence while simultaneously controlling costs. It does this by incentivizing providers across the care continuum — hospitals, physicians, post-acute care facilities and other providers — to form linkages and better coordinate care delivery.

This new model requires sophisticated information systems, adoption of evidence-based practices and the infrastructure to manage population health. In 2013, SCL Health made significant strides in developing these tools. We are well-positioned for success in building accountable health networks for sustainable, long-term growth.

**Accountability Starts With Us**

We have applied for and received approval from the Centers for Medicare and Medicaid Services (CMS) to establish an ACO in Montana. An ACO is set up by a group of healthcare providers who believe that by working together they will be able to provide better care. The ACO’s goal is to foster collaboration among doctors or primary care physicians so they can communicate more closely with patients and other healthcare providers to deliver high-quality care that meets individual needs and preferences. We have submitted an application for another ACO in Kansas and anticipate receiving CMS approval this year.

Finally, we recognize we can best serve community health when our own caregivers are healthy, too. We’re taking important steps to help our associates manage and improve their health as part of our internal focus on population health management. This includes:

- Providing more options for preventive care and screenings.
- Encouraging healthy choices in diet, exercise, tobacco cessation and stress management.
- Improving access to primary and urgent care so associates can avoid the higher costs of emergency room services.
Managing Population Health

One important key to accountability through emerging health networks is the ability to identify and manage the health needs of very specific populations. Population health management is defined as providing for the particular healthcare needs of a targeted group of individuals. Examples of distinct populations might be specific ethnic groups, disabled persons, prisoners, seniors, high-school students, our own SCL Health associates, or any other defined group.

The goal is to prevent health problems in these groups before they start, or manage them better once they do. To manage population health, we need to understand the demographics of each group, know their historic patterns of using services and healthcare resources, then anticipate their future preventive and interventional needs. This requires special technology to capture clinical and financial data at the individual and group level.

SCL Health selected the Lumeris Accountable Delivery System Platform (ADSP), specifically built for population health management. ADSP integrates data from systems across the full range of care — including claims, EMR, pharmacy and lab — to provide the information needed to better identify the specific needs of our patient populations.

Once clear patterns emerge, we can help people manage their health better with targeted prevention strategies, optimized access to services, and coordinated care. A key focus is management of chronic conditions such as diabetes, obesity and congestive heart failure.
A key priority at SCL Health is to take advantage of the remarkable breadth and depth of healthcare expertise across our system. This vast pool of shared knowledge creates opportunities to improve care, identify cost savings and deploy more efficient practices.

As our health system grows, we’re leveraging that growth to achieve benefits of scale — identifying cost and other advantages that we gain due to our size. We’re also working to streamline and unify our systemwide processes to eliminate costly duplication of effort. We actively encourage our people to pursue creative ideas that improve efficiency, service and the overall care experience. When our associates or leadership teams identify best practices in any area of care, we rapidly replicate those across all care sites.

**Leveraging Best Practices**

In 2013, our recently mobilized Quality collaborative teams expanded their efforts to identify best practices for improving safety and patient satisfaction.

On The Landing, our intranet site, we’ve captured and catalogued dozens of best practices submitted by associates across our health ministry.

**Leveraging New Technologies**

Last year brought significant upgrades to our information technology. Our new Lumeris technology platform aggregates and analyzes data — including medical claims, electronic medical records, and pharmacy and lab data — to provide a comprehensive view of patient care.

Our systemwide implementation of Epic, our integrated electronic medical record solution, continues. So far, the increased accuracy in coding and record retrieval has resulted in dramatic improvements in efficiency.

Last year our eHealth team collaborated with care site teams to roll out enhanced consumer-facing websites across our system.

**Flex Staffing for Peak Efficiency**

Our Denver-region care sites developed an enterprise-wide “float pool” for nursing. This helps flex our nurse staffing to meet temporary demand spikes without relying on high-cost contract nursing. Plans are to replicate this best practice in our Labor & Delivery units in Denver and then potentially scale it up for nurse staffing throughout our system.
Caregivers at St. Mary’s Medical Center in Grand Junction, Colo., work collaboratively with patients, the pharmacy and courier services to identify and store the most frequently used medications at the care site’s Nephrology Clinic. This has eliminated 10 scheduled courier deliveries per week and the 90-minute administrative waiting time, and also reduced the number of STAT deliveries. The process is more efficient and effective and, more importantly, has improved patient satisfaction and quality of care.

**Better Patient Communication**

Recently, the Family Medicine Residency inpatient team at Saint Joseph Hospital, Denver, constructed a visual aid out of simple materials to help an elderly patient who could not speak English become compliant with his complicated medication regimen. This highly useful tool is easily replicated and is being adopted by other care sites.
LEADERSHIP: WE ARE ONE TEAM

From our sponsor to our board of directors to our senior executives, SCL Health leaders are dedicated to fulfilling our mission and vision, and to live our shared values.

System Services Executive Team

The System Services Executive Team coordinates with the Chief Executive Officers of the care sites on key decision-making processes in the areas of mission objectives, as well as integrated strategic and financial planning. Together with care site CEOs, they form our Ministry Leadership Team.

Standing left to right:
Lydia Jumonville
Executive Vice President, Chief Financial Officer
William Anderson
Senior Vice President, Chief Human Resource Officer
David Pecoraro
Senior Vice President, Chief Information Officer
Michael Slubowski
FACHE, FACMPE, President & Chief Executive Officer
Rosland Fisher McLeod
Senior Vice President, Chief Legal Officer
Terry Weinburger
Senior Vice President, Mission Integration

Seated left to right:
Christine Woolsey
Senior Vice President, Chief Communications & Marketing Officer
Tajquah Hudson
Senior Vice President, Chief Strategy Officer
Richard Lopes, MD
Executive Vice President, Chief Population Health Officer
SCL Health Board of Directors

Seated left to right:
Eileen Hurley, SCL Community Councilor, Sisters of Charity of Leavenworth
Maureen Hall, SCL Community Director, Sisters of Charity of Leavenworth
D. Lynn Casey, SCL – Chair Retired Chancellor, Diocese of Great Falls-Billings
Donna J. King, BSN, MBA, RN VP Clinical Operations/Chief Nurse Executive, Advocate Illinois Masonic Medical Center

Standing left to right:
Marlon Priest, MD Chief Medical Officer, Bon Secours Health System
Kathryn A. Paul President & CEO, Delta Dental Plan of Colorado
Kent Russell Retired Executive Vice President/Chief Financial Officer, Catholic Health East
J. Paul Solverson Senior Manager, Life Science & Health Care Practice Deloitte Consulting LLP
Jerry A. Bell, Jr. Partner, Norton Rose Fullbright, LLP
Knute Knudson – Vice Chair Retired President, Dixon, Inc.
Michael A. Slubowski – Ex Officio President & Chief Executive Officer, SCL Health
Vinod Sahney, PhD Retired Senior Vice President/Chief Strategy Officer, Blue Cross Blue Shield of Massachusetts

Not Pictured:
Gordon Howie, MBA – Past Chair Retired Managing Director, Bank of America Securities
Steven D. Huebner, CPA Retired Audit Partner, KPMG
Maureen Mahoney, Esq. Chief of Staff to Mayor of Unified Government of Wyandotte County and Kansas City, Kansas

Leaven Ministries Members

Standing left to right:
Maureen Hall, SCL
James Roscoe

Seated left to right:
Constance Phelps, SCL
Maureen Mahoney, Esq.
Charlotte White, SCL

SCL Health care site leaders work together toward shared goals for our ministry as part of the Ministry Leadership Team.

Leaven Ministries serves as our sponsor, or public juridic person, recognized by the Catholic Church. The role of the sponsor is to ensure that the future of our health ministry is consistent with the spirit, mission and values of the Sisters of Charity of Leavenworth.

Care Site Leaders

Bain Farris
CEO, Saint Joseph Hospital

David Hamm
CEO, Good Samaritan Medical Center

Grant Wicklund
CEO, Lutheran Medical Center

Michel McBride
CEO, St. Mary’s Medical Center

Robert Erickson
CEO, St. Francis Health

Steve Loveless
CEO, St. Vincent Healthcare

Charles Wright
CEO, St. James Healthcare

Paul Lewis
CEO, Holy Rosary Healthcare

Stephen Cobb, MD
President, SCL Physicians

David Hamm
CEO, Good Samaritan Medical Center

Steve Loveless
CEO, St. Vincent Healthcare

Charles Wright
CEO, St. James Healthcare

Paul Lewis
CEO, Holy Rosary Healthcare

Stephanie Nelson
CEO, Lutheran Medical Center

Melvin Henderson
CEO, Saint Joseph Hospital

Knute Knudson – Vice Chair
Retired President, Dixon, Inc.

Michael A. Slubowski – Ex Officio
President & Chief Executive Officer, SCL Health
Stewardship is something associates at SCL Health take very seriously. Not only is stewardship one of our core values, it is our way of honoring the legacy of the Sisters of Charity of Leavenworth.

Our sisters help each of us see Stewardship through their eyes: We started with nothing and have always depended on the Providence of God and on the goodness of many people.

Throughout 2013, as in any given year, our leaders, associates and caregivers have worked collaboratively to manage expenses, discover new ways to reduce duplicated efforts and waste, and ensure that we are focused on revenue-enhancement opportunities that will help us reinvest in the health of our communities.

In the past 12 months, we rebalanced our care site portfolio to optimize our health system and position three local care sites for the future. Specifically, we made the difficult yet necessary decision to realign two of our Kansas care sites — Providence Health Center in Kansas City and Saint John Hospital in Leavenworth — with Prime Health Care Services Inc. And we pursued efforts for Providence Health & Services, Southern California, to assume sponsorship in early 2014 of St. John’s Health Center in Santa Monica, Calif.

At the same time, we vigorously advanced strategic partnerships to expand non-hospital services that offer greater access, affordability and convenience to our patients and families. These continuum-of-care services include home health, outpatient cancer care and endoscopy services, and will help us work toward a robust model for population health management.

Support for the Communities We Serve

In 2013, SCL Health provided financial benefits valued at more than $226.7 million to the communities we serve.

$73.5 MILLION
Financial Aid and Charity Care

Help and support for those who lack insurance coverage or the financial means to pay for needed care. Our charity care does not include bad debt or Medicare shortfalls.

$81.1 MILLION
Shortfalls From Serving Those With Medicaid or State Children’s Health Plan

When caring for this vulnerable population, we incur a financial loss because government reimbursement falls short of covering costs. It is our mission to serve these programs, as their enrolled clients have limited resources to pay for care.

$72.1 MILLION
Programs, Services and Direct Care to Those Living in Our Communities

Communities receive health screenings, immunizations, professional education, chronic-disease management or specialty services, such as neonatal intensive care, for those who are economically vulnerable. All of this is provided for free at a financial loss to SCL Health.
### 2013 Financial Summary

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Operating Revenue</strong></td>
<td>$2.30 billion</td>
<td>$2.22 billion</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$2.26 billion</td>
<td>$2.17 billion</td>
</tr>
<tr>
<td><strong>Earnings to Reinvest in Our Communities</strong></td>
<td>$41.4 million</td>
<td>$56.7 million</td>
</tr>
</tbody>
</table>

### Hospital Utilization

- **Acute Admissions**: 79,840
- **Acute Average Length of Stay**: 4.4 Days
- **Births**: 14,338
- **Emergency Visits**: 283,199
- **Inpatient Surgeries**: 25,589
- **Outpatient Surgeries**: 32,185

### Clinic and Outpatient Facilities

- **Clinic Locations**: 198
- **Outpatient Visits (Including Observation)**: 1,177,447

### Affiliates and Other Ministries

- **Managed Critical Access Hospital**: 1
- **Children’s Mental Health Treatment Center**: 1

### 2013 Systemwide Utilization

SCL Health sponsors ministries in Colorado, Kansas and Montana.
The heart of our ministry continues to be to provide compassionate, safe, person-centered care for every patient, every time. We focus on taking care of those who need it most.

As we continue to transform our organization to meet the needs of our communities beyond our hospital doors, we’re redefining our care delivery model in each community we serve.

Where and How We Serve
SCL Health serves six distinct markets in Colorado, Kansas and Montana. In addition to the hospitals and clinics above, SCL Health includes Mount Saint Vincent, a children’s mental health treatment center; West Pines Behavioral Health and Colorado Lutheran Home, located in the Denver region; more than 190 ambulatory practices; and over 500 employed providers.
At SCL Health, we’re reshaping our award-winning hospitals and clinics into hubs of widely distributed but closely connected health networks. The result: a highly responsive new healthcare model that puts community health first.

After a year of historic change, SCL Health is well poised for the future. We’re working hard to perfect our person-centered ministry, delivering care safely, with compassion, understanding and respect — every patient, every time. We also continue our transition from centralized, episodic care centers to community-wide networks that focus on overall community health and well-being.

Moving into 2014 and beyond, we plan to expand our ongoing strategy of smart, targeted, responsible growth. Central to that strategy is a pursuit of partnership opportunities that increase our expertise across the full continuum of care, from hospital to home. And we’ll continue to honor our legacy of care for the poor and vulnerable among us as we work to ensure access to quality, affordable health coverage.

**Partnership: The Future of Growth**

In June 2014, SCL Health, Saint Joseph Hospital and National Jewish Health finalized an agreement to collaborate on patient care, a result of discussions initiated in September 2013. The partnership strengthens both hospitals, which retain their individual identities yet benefit from each other’s complementary areas of clinical expertise.

Inpatient and outpatient care teams at Saint Joseph Hospital and National Jewish Health will work together to increase our ability to manage patients along the full continuum of care. Saint Joseph Hospital opens its new state-of-the-art hospital in December, deepening its commitment to offer access to person-centered, inpatient care in the heart of Denver.