“What can a woman do?” a father in Cincinnati asked his daughter. Faith in God and a desire to serve led her to seek the answer on an emerging frontier.

As we face a new frontier for our ministry, we ask ourselves, “What can we do?”

We recall her legacy...

...and we do the good that needs to be done.

Mother Xavier Ross, Foundress, Sisters of Charity of Leavenworth
Our legacy of service is rooted in the formidable character of Mother Xavier Ross, Foundress of the Sisters of Charity of Leavenworth and our health ministry. As we go forward, we embrace exciting new opportunities to improve the health of our communities with special consideration for those who are poor and vulnerable.

This report highlights SCL Health System’s efforts over the past year to deliver on our strategic priorities and prepare for the transformational changes in healthcare yet to come, always keeping the needs of those we serve at the forefront.

Buffeted by new technologies, regulations and partnerships, we could not have achieved our goals without the tireless spirit and commitment to service excellence of the SCL Health System family. Our associates and clinicians seek opportunities every day to carry out our healing ministry for those who rely on our services. We aspire to higher standards, and we pursue a person-centered approach with a caring spirit.

The changes we face as an industry are coming quickly. Yet, we remain focused on the course ahead. Guided by our mission, we confront the uncharted territory with the same fearless determination of the early congregation. The sisters’ pioneering courage and faith remain an inspiration to us today. For it is our calling, as it was theirs, our life’s work and indeed our legacy to respond to need, to seek opportunities and to strive always to improve the health and well-being of the people and communities we serve.

With gratitude and blessings,

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

Michael A. Slubowski, FACHE, FACMPE
President and Chief Executive Officer
SCL Health System
SCLHS Report to the Community 2013

LEGACY OF CARE

Identifying opportunities to serve and embracing them — that is the legacy of the Sisters of Charity of Leavenworth, an order of women religious whose courage, missionary spirit, unshakeable faith and compassion have touched millions of lives over the last 150 years.

When Mother Xavier Ross and her sisters were called to minister to the sick, the orphaned and those most in need in the mid-nineteenth century, in what was known as the Kansas Territory, they did not hesitate to respond. They traveled along the Missouri River to Leavenworth where they faced with courage and determination an untamed frontier and an uncertain future. Undaunted by hardship and unwavering in their commitment to God, they established a hospital in order to meet the needs of the community.

The Journey Ahead

As we look to the future, we find ourselves on a different sort of landing — not on the banks of the Missouri — but at the dawn of a new era for healthcare delivery in the United States. Transformation and uncertainty may permeate our current consciousness, yet we hold in our hearts the spirit of these brave women. As fearless innovators, they embraced the opportunities change can bring. As we steer heading into unknown challenges, we are reminded by our legacy always to look for the opportunity to make a positive difference in the lives of those we serve.

We find ourselves now with the challenge to help ensure quality, affordable healthcare is accessible to all; to help our communities remain healthy, safe and vibrant for the people and families who call them home; and to share what we learn with others who share our mission.

Through it all, we strive to create an environment where each of our more than 14,000 associates is empowered to demonstrate our caring spirit, to reveal and foster God’s healing love and to improve person-centered care.

Our Tradition of Service

“Each of us is a person of God called to respond to the needs of the people of God, regardless of our title or official responsibilities within the system. Whether treating a patient, listening deeply, scheduling follow-up care, preparing a meal or ensuring our IT systems are performing well, we each play a role in carrying out Jesus’ healing ministry today.

As an SCLHS community, we identify and respond to the needs of the people of our time — whatever they may be — to the best of our ability. That is the work that the Sisters of Charity have done since they first arrived in Leavenworth in 1858, and that is the work that we are called to do today. It’s the way we live out our mission and values.”

— Jennifer Gordon, SCL, System Director, Mission Services, SCL Health System

Education at Many Levels

In conjunction with opening hospitals, the sisters also operated nursing schools to train health professionals. This 1906 nursing class graduated from Saint Joseph Hospital School of Nursing in Denver. Sisters taught and mentored students in the nursing school as well as elementary and secondary classrooms and higher education institutions.

While individual sisters serve in a variety of ministries today, the community’s sponsored works include the University of Saint Mary, Leavenworth, Kan., with a strong emphasis on preparation for healthcare professions; Cristo Rey High School, Kansas City, Mo., a college preparatory school for underserved youth; Marillac Center, Leavenworth, Kan., a retreat and spirituality center; and St. Vincent Pastoral Center, Piura, Peru, that provides health, social service and educational opportunities.

Collaboration in Ministry

The Sisters of Charity of Leavenworth have a long history of collaboration with laypersons — including associates with whom they serve — to respond to needs. Over the years, this evolved to encompass support of friends and benefactors; engagement of advisory boards; incorporation of the health system (1972); lay representation on boards of directors of care sites and the health system; and leadership roles.

The religious community transferred sponsorship of SCL Health System in 2011 to Leaven Ministries, a new canonical entity (public juridic person) recognized by the Catholic Church. This transition represents a further step in collaboration by involving lay leaders in a sponsorship role with the sisters for the purpose of continuing the health ministry in the spirit, mission and values of the foundresses.

Responding to Need

Throughout their history, the Sisters of Charity of Leavenworth have been responsive and innovative in addressing critical needs of the times.

When the new 200-bed hospital opened in Billings, Mont., in 1923, the former building was repurposed as a hospital-school to serve children stricken with polio and other illnesses — a service dear to Mother Irene McGrath who had been administrator at St. Vincent Hospital. It was the first school of its kind in the West. These efforts laid the groundwork for modern medical and social services in Billings. Today, St. Vincent Healthcare remains a vital part of SCL Healthcare.

SCLHS Report to the Community 2013
SCL Health System exists at the intersection of state-of-the-art, evidence-based medical technology and compassionate, person-centered care. 

Care is the essence of what we do. But our responsibility doesn’t end when a patient walks out of our hospital or clinic doors.

Our vision is to care for the whole person: body, mind and spirit. And that vision includes ensuring that our communities are safe, vibrant and healthy so that all may thrive.

**EXECUTIVE SUMMARY**

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**EXEcuTIvE sumMAry**

- Successfully relocated system services from Lenexa, Kan., to Denver.
- Completed governance changes for Exempla Healthcare.
- Evaluated the organization’s structure and strategy in preparation for new relationships and business models to succeed in the changing healthcare marketplace.
- Began Accountable Health Transformation to improve the operating performance of SCL Health System, achieving a $20 million improvement (54%) from 2011 to 2012.
- Achieved $29 million in Meaningful Use incentives to date, for implementation of an electronic medical record.

**fInAIl sTewArdshiP**

- • SCLHS served those who live, work and play in our communities.
- • 197,500 people were touched by a community program or service from our health system.
- • We strive to not only touch lives but to change the health of our communities.
- • For those with chronic diseases such as diabetes, mental health issues, hypertension or obesity, our care sites link clients to evidence-based community programs that meet their needs.
- • 107,160 people received some sort of service to address their chronic diseases.

**sTRATegIeS**

**GROWTH**

We will pursue growth through a variety of means: organic, acquisitions, partnerships and service line development to meet health and wellness needs in the communities we serve.

- SCLHS serves 7 distinct markets in 4 states (Colorado, Kansas, Montana & California)
- 9 care sites owned or controlled; 1 managed
- 4 large safety net clinics
- 1 children’s mental health treatment center
- More than 190 ambulatory care clinics

**PHYSICIAN ALIGNMENT AND ACCOUNTABLE HEALTH**

We are rapidly shifting from a hospital-centric model to clinically integrated, person-centered care offered through a network of accountable providers who cater to individuals and community health in a broader sense.

**MINISTRY EXCELLENCE**

We will establish ourselves as the person-centered, trusted health partner through our commitment to quality, safety and the care experience, talent development, operational efficiency and systemwide financial health.

**LEVERAGE sKILL AND sCALE**

All SCLHS associates are members of a larger organization. We will take full advantage of knowledge, best practices and internal experts from care sites and system services to benefit our healing ministry as a whole.

**ASSOCIATE EMPOWERMENT**

Applying a variety of tools and approaches, we will create an environment where every associate is empowered to demonstrate our caring spirit and take action to improve person-centered care.

**FINANCIAL STEWARDSHIP**

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COMMUNITY BENEFIT AND HEALTH IMPROVEMENT

“Our service has evolved from caring for the poor and sick on the frontier to impacting lives through chronic disease management and other education and community health programs. We must always continue to do more to strengthen the fabric of our communities, in addition to offering health services and charity care at our hospitals and clinics.”

— Terry Weinburger, Senior Vice President of Mission Integration for SCL Health System

In addition to caring for patients at our hospitals and care sites, we seek opportunities to reach people outside our health system in the communities where they live, work and play with programs that treat the whole person and positively affect health outcomes.

Improving Health Outcomes

We are inspired by the courage and tenacity the pioneering sisters exhibited and by their legacy of care, but we know they did not act alone. The early Sisters of Charity of Leavenworth knew that by collaborating with others and leveraging their collective strengths and expertise, they could do more to meet the disparate needs of those they served. We, too, recognize the value of community health partnerships. In Denver and Topeka, Kan., we are partnering with local healthcare providers to address the mental health needs of men and women in the community through two complementary initiatives.

In both regions, hospital data revealed a need to fill the chasm between primary care and behavioral care. Patients with behavioral health diagnoses may have access to primary care; however such offices often are not equipped to address certain complex mental health needs. As a result, these patients find themselves in emergency care settings giving those with behavioral health issues access to needed services.

Called to Serve

As our health system continues its transformation from inpatient, acute care to person-centered care, we remain focused on the call to serve others that inspired our founders. With unbending courage, compassion and love for one another, they confronted uncertainty and change to make a difference in the lives of those they served. We are their legacy.

By the Numbers

Community Benefit Spending

As a not-for-profit Catholic healthcare ministry, SCLHS embraces its responsibility to provide for the needs of those in communities we serve. In 2012, we provided nearly $179 million in charity and discounted care to our patients in need and another $74 million to community programs, health improvement services and health professions education.

Reaching the Community

SCLHS desires to improve HEALTH OUTCOMES of an individual through focused efforts that allow people to stay in their homes or remain in their communities.

We desire to make an IMPACT on a neighborhood or family’s health by addressing social and environmental issues that negatively affect health.

Finally, SCLHS TOUCHES THE LIVES of those in our communities in a broader sense, by providing free health information, chronic disease education or health fairs where people live, work and play.

In 2012, 107,160 lives were touched by our chronic disease programs.

2012 Lives Touch increase 34%
“Growth is essential to invest in our future. SCLHS is building meaningful market scale through recent program development, joint ventures and acquisitions with a strategic investment in service line development across the continuum of care.” — Tajquah Hudson, Senior Vice President and Chief Strategy Officer for SCL Health System

Reaching Those in Need
We continue to support critical access hospitals, rural providers and seek new opportunities to affiliate with outlying facilities. These efforts ensure that those living in rural and underserved areas have critical access to care when they need it most. In Kansas and Montana, we are aligning our care sites with providers through our electronic health record and developing strategies to ensure more rural Americans have access to quality, person-centered care.

Sustaining our Mission
Ensuring the long-term sustainability of SCLHS’s mission will require growth, both nationally and regionally. SCLHS executive leadership is currently reviewing strategic options aimed at driving growth and financial stability. SCLHS is committed to becoming a valued partner in providing care to those we serve. Focusing on efforts that drive affordability, particularly our ongoing transformation to accountable care, guides us in our strategies. Providing care to those who are poor and vulnerable is the essence of our mission. Our growth strategy will ensure that we can carry that mission well into the future.

Supporting Local Person-Centered Care

NORTH DENVER COMPREHENSIVE CANCER CENTER
Good Samaritan Medical Center in Lafayette, Colo., is building a comprehensive cancer center scheduled to open in fall 2013. The center will offer radiation oncology, medical oncology and integrative therapies with the latest technology to patients and families in the fast-growing Northern Colorado region.

DENVER WEST ENDOSCOPY CENTER
Lutheran Medical Center in Wheat Ridge, Colo., in collaboration with Gastroenterology of the Rockies and Colorado Gastroenterology, partnered on a new, state-of-the-art, outpatient endoscopy center in Golden, Colo. The Denver West Endoscopy Center provides improved access to community members with diagnostic and treatment care for gastroenterology needs.

MONTANA EXPANSION AND JOINT VENTURE
In Montana, St. Vincent Healthcare acquired Frontier Cancer Center in an effort to refocus and expand oncology service offerings. The off-campus provider-based department is called St. Vincent Frontier Cancer Center. St. Vincent Healthcare also purchased additional shares of Yellowstone Surgery Center, a joint venture with physicians in Billings.

Many SCLHS care sites have launched Senior Emergency Departments to meet the unique needs of elderly members of the population. These facilities provide treatment areas staffed by specially trained geriatric emergency medical providers who can address the care needs of seniors, such as pre-existing conditions, multiple medication management, malnutrition and even depression.

Saint John’s Health Center in Santa Monica, Calif., has expanded its orthopedics service line with Santa Monica Orthopedic Group, a 1206(d) clinic.

In Grand Junction, Colo., St. Mary’s Hospital has implemented Stroke Telemed Robot and has recruited a Stroke Neurologist as part of its efforts to expand care in its extended service area.

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“As the healthcare marketplace continues to evolve, we must seek out ways to strengthen our dedication to providing better care less expensively. In order to provide true value in today’s rapidly evolving environment, we need to ensure that patients continue on a trajectory of healing well after they leave our facilities.”

— Dr. Rick Lopes, Senior Vice President of Health Networks for SCL Health System

One of the most significant changes in healthcare reform is the establishment of Accountable Care Organizations, organizations that tie reimbursements to quality metrics and reductions in the total cost of care for certain assigned populations. In 2012, we continued to progress beyond providing acute care in our medical center campuses to a distributed, connected network of care we are developing in each community we serve. Our goal is to transform our health system into a trusted partner to improve and manage care.

**Physician Alignment**

In order to accomplish this goal, SCLHS identified the need to reorganize leadership and infrastructure to support physician practices and accountable health networks. In 2012, we engaged with our employed physicians as leaders in this changing delivery system. Positioning our physicians as “co-dependent equals” allows us to ensure that those on the front lines of care delivery are engaged in the transition to accountable care. These collaborative relationships will improve quality, reduce costs and expand our ability to provide care in our communities, especially to those who are poor and vulnerable.

**Accountable Health Networks**

The Affordable Care Act of 2010 compels doctors, hospitals and other healthcare providers to better coordinate care delivery in an effort to reduce costs, improve quality and provide greater access to care for those in need. In a significant step toward this goal, SCLHS entered into a joint venture partnership with Univita, an innovative home healthcare provider. This joint venture aligns SCLHS’s acute care programs with home-based care management to deliver a high-value continuum of care from hospital to home. We are introducing this care delivery model at our three care sites in the Denver area and will quickly expand to Kansas and Montana. The collaboration between SCLHS and Univita ensures that acute care patients admitted to our care sites receive optimal, accountable care from the time of admission through hospitalization and discharge and during the entire home-recovery process.

There are countless examples of associates making a difference in population health every day across our health system. Dr. Stephanus Tjan, an internal medicine physician at Marillac Clinic in Grand Junction, Colo., regularly checks in with patients at their homes and drives them to appointments. “Building relationships with patients is most enjoyable to me and brings me the most satisfaction in my work,” said Dr. Tjan. “We were created to help one another. As physicians, we treat people, not just their diseases, and when we work together and complement each other’s strengths for the good of the patient, we are living out our mission.”

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**Bundled Payments for Care Improvement**

SCLHS is participating in the Bundled Payments for Care Improvement initiative, led by the Centers for Medicare and Medicaid Services. The initiative is aimed at lowering the cost for Medicare patients by testing how bundling payments for episodes of care can result in more coordination among clinicians, ultimately improving the experience and outcomes for our patients. Seven care sites within the system are participating, focusing on orthopedic knee and hip procedures.
MINISTRY EXCELLENCE

SCLHS strives to be the premier person-centered health system and trusted health partner. We demonstrate this through our commitment to quality, safety and the care experience, talent development, operational efficiency and systemwide financial health.

Quality Collaboratives
In 2012, we introduced Quality Collaboratives to leverage best practices and intellectual capital across SCLHS to rapidly deploy evidence-based quality strategies that improve patient care and safety. These teams have been instrumental in identifying safety and satisfaction improvement opportunities and in implementing process change that is helping us achieve patient safety and satisfaction goals.

Joint Commission Surveys
Ten of our care sites participated in a Joint Commission survey in 2012. An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 20,000 healthcare organizations and programs in the United States. Joint Commission accreditation and certification is recognized as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards. Three of our care sites — Saint John’s Health Center in Santa Monica, Calif., St. Francis Health Center in Topeka, Kan., and St. Vincent Health Center in Billings, Mont. — were named among the 620 top performing hospitals in the United States. This achievement illustrates our commitment to deliver safe, reliable care to our patients. This not only saves lives, it also reduces complications and hospital and emergency department readmissions.

Industry Recognition
As further proof of the effectiveness of our collective efforts, Truven Health Analytics, a nationally recognized organization that ranks hospital performance, recognized our Exempla hospitals as a “Top 15 Health System” in the country for performance on quality, safety and the patient experience measures. Additionally, SCLHS was recognized among the “Top Quintile” of health systems in the country. Thanks to the collective efforts of our outstanding associates, SCLHS continues to be recognized as a leader in quality care.

ACHIEVING CORE MEASURES

A collaborative assigned to management of blood transfusions launched a blood stewardship initiative to more effectively manage blood products and related transfusions. The initiative will generate guidelines on appropriate blood usage that will decrease risk to patients and likely decrease the use of blood products throughout the system.

A collaborative studying Hospital Acquired Conditions identified a way to reduce the number of urinary tract infections among patients by leveraging our electronic medical record system to implement a “hard stop” for use of catheters and documentation if catheters are used after a certain time period.

Site sepsis teams are implementing best practices systemwide that are expected to reduce our sepsis mortality rate by at least 10 percent.

A Perinatal Safety Committee hosted a summit in Denver in July where associates and providers could build relationships, share best practices and identify opportunities to increase associate and provider engagement and accountability in continuous perinatal care quality improvement.

Similarly, the Perioperative Safety Summit, a three-day collaborative, included initiatives that will significantly improve safety performance in SCLHS operating rooms.

IMPROVING PATIENT COMMUNICATION
The work of our Best Patient Experience Collaborative to improve the patient experience and deliver exceptional care in a timely, safe and effective manner gained momentum in 2012. The introduction of intentional hourly nurse rounding to assess patient needs and improve communication and responsiveness and standardization of white boards in patient rooms and post-discharge phone calls also led to improved patient satisfaction.

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LEVERAGE SKILL AND SCALE

In 2012, we continued to focus on leveraging the breadth and scale of our health system to share knowledge and best practices and to create cost savings and standardized, efficient practices for all of our locations.

Our ministry benefits as a whole when we capitalize on the knowledge, best practices and internal experts from care sites and system services. SCLHS pursued the best opportunities to standardize and unify processes, eliminate duplication and redundancy and realize cost savings and enhanced efficiencies throughout all aspects of the organization. From supply chain to communications, information technology to clinical quality, this transformation occurred collaboratively, bringing together the brainpower and expertise of thousands of skilled associates.

Leveraging New Technology

As part of our commitment to leverage skill and scale across our network, SCLHS implemented eSummit with Epic, an electronic medical record solution throughout our system. By creating a single, integrated electronic medical record systemwide, we are providing higher quality and safer care to our patients, regardless of where they receive treatment. The increased accuracy in coding and the comprehensiveness of the medical record also improves the success of our system as we seek to create efficiencies to sustain our operations for many years to come.

To date, all of our care sites and the majority of our clinics have successfully implemented the system. Installations in remaining locations will be completed by the end of 2013. Based on our standardized implementation strategy, in 2012, including:

- Initiation of a revenue cycle improvement initiative that provided the greatest value to care sites and laid the foundation for future initiatives were accomplished in 2012, including:
- Systemwide expense reduction: $378 million
- Revenue cycle service center using Epic eSummit: $4.5 million
- Integration and standardization of employee benefits programs: $14 million
- Implementation of a supply chain improvement initiative: $15 million
- MINISTRY REVENUE ENHANCEMENTS: $4.5 million
- Implementation of a revenue cycle improvement initiative: $700 million

In two care sites, we implemented an automated call-back system that contacts patients within 24 to 48 hours after leaving the hospital. The system asks patients four simple questions related to their understanding of post-discharge care, including pain management, prescription drug compliance and follow-up care. Both care sites have seen significant increases in HCAMPS scores since implementing the program. Based on the success of the program and its ease of implementation, we are looking to leverage it as a best practice for other care sites.

Human Resources Integration

Our Human Resources team continues to undertake a number of initiatives designed to unify core HR functions (i.e., recruitment, benefits and compensation, performance assessment, leadership development and talent management), and HR policies and practices across our health system to better support our associates and sustain our high standards in patient care and service delivery.

In 2012, we standardized on one benefits plan for our benefits-eligible associates. Moving to one benefits plan enabled us to provide consistent benefit rewards for associates while eliminating costly duplication. To help ensure that our associates understand their available benefits and how to access them, a free Benefits Navigator service was introduced last year. This service offers associates 24/7 access to benefits professionals and claims experts should they need assistance, particularly those with complex cases. The Benefits Navigator “advocates” have taken much of the burden of resolving benefits and claims issues from the shoulders of our associates.

SCLHS SPENDS

$700 MILLION
ON SUPPLIES AND SERVICES

We are leveraging our combined size and purchasing power to help reduce costs and enhance quality.
SCLHS continues to transform our culture from physician-centered to patient-centered care and seek opportunities to improve quality and service in every encounter. Crucial to these efforts are our clinicians and associates and we have empowered them to do whatever is necessary to improve the care experience for patients and families.

**Associate and Physician Partnership Surveys**

SCLHS is committed to ensuring that our associates feel supported and engaged in providing compassionate, high-quality, safe care to our patients and families. In 2012, we sought feedback from our associates and physicians in a systemwide survey conducted by a third-party polling and research provider. The survey encouraged associates and physicians to provide their perceptions about system leadership, resources and teamwork, as well as their impressions of their direct management and work roles. Several questions addressed how associates and physicians see themselves and their colleagues living the foundational values of our mission and vision day-to-day. We reviewed results of the survey and are collaborating closely with associates and physicians on action plans for improvement.

**Patient Protection and Affordable Care Act**

When the Supreme Court upheld the Affordable Care Act last summer, we created educational materials for our associates, physicians, boards and partners. By further explaining key components of the law, we hope to educate our associates and enlist them in helping patients, families and others in our communities understand why we so strongly support programs that ensure greater access to affordable, quality healthcare for more Americans.

**Professional Development and Best Practices**

Multiple engagement efforts continued around our system in 2012, including service excellence programs that ensure associate performance and behavior align with service standards. We also offered several professional development and networking opportunities, including two leadership conferences, that afford associates opportunities to learn, ask questions and take an active role in implementing our strategic initiatives. Our care sites continued to encourage Lean principles and leverage the tools introduced in 2011 to improve efficiency and effectiveness in patient care and other processes. These focused efforts are having an impact on the ability of our associates and physicians to ensure a positive experience for all those we serve.

**CAPTURING OUR MISSION IN ACTION**

"We strive to promote a culture where associates are sensitive to meeting all the needs of patients and caregivers—body, mind and spirit. This exemplifies what empowering associates for person-centered care means."

— Jason Barker, President and CEO of St. Vincent Healthcare

**Living the Mission**

John Uggetti, Director of Spiritual Care at St. James Healthcare in Butte, Mont., helps recruit members for the reestablished Ethics Resource team, which strives to enhance the ethical delivery of patient care services. In his daily work as a chaplain, he addresses the physical, emotional and spiritual needs of patients, families and associates.

Elaine Hall serves as Utilization Review Coordinator at Lutheran Medical Center in Wheat Ridge, Colo. She works with the physicians daily to ensure that patients receive the very best care while ensuring compliance with all regulatory guidelines.

Ben Zaino works as a Physical Therapist at St. Vincent Healthcare in Billings, Mont. Ben prides himself on treating the person, not simply the injury. He and his team strive to facilitate an open dialogue with patients, ensuring they become active participants in the healing process.

"Empowered to Make a Difference"

"There was this amazing nurse who I think saved his life," said Rebecca Baumgardner, mother to Rafe, pictured at left.

Neil and Rebecca Baumgardner were eagerly anticipating the birth of their third child when, about six weeks before her expected delivery date, Rebecca noticed that the baby had stopped moving. A nurse in the maternity department at St. Vincent Healthcare examined Rebecca and helped save her baby’s life.

“She looked at the tape and said there’s nothing wrong that I can see, but I can tell you right now there is something that is not right,” recalls Rebecca.

An ultrasound revealed that Rebecca had been leaking amniotic fluid and her baby’s life was in grave danger.

Doctors delivered Rafe, via emergency caesarean section and provided the specialized care he needed in St. Vincent’s Level III neonatal intensive care unit. Today, Rafe is a healthy, active two-year-old who enjoys the outdoors with his parents and two older brothers.

“We couldn’t have been in better hands and we are forever grateful to the staff at St. Vincent’s for everything they did,” said Rebecca.

"We strive to promote a culture where associates are sensitive to meeting all the needs of patients and caregivers—body, mind and spirit. This exemplifies what empowering associates for person-centered care means."

— Jason Barker, President and CEO of St. Vincent Healthcare

**Communications Supports Empowerment**

Caring Spirit, our quarterly publication, and The Landing intranet are educational tools that help associates, physicians, volunteers and board members understand our strategic priorities and how we are adapting to healthcare reform. This knowledge empowers them to make changes that support a person-centered culture while living our mission, vision and values daily.
LEADERSHIP: WE ARE ONE TEAM

From our sponsor to our Board of Directors to our senior executives, SCL Health System leaders are dedicated to fulfilling our mission and vision, and living our shared values.

System Executive Leadership Team

The System Executive Leadership 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.

SCL Health System Board of Directors

Leaven Ministries Members

Care Site CEOs
“The financial strength of our ministry directly impacts our ability to serve our communities. We are accountable for the resources entrusted to us, and we make certain we are pursuing savings and revenue opportunities that will allow us to sustain our mission for years to come.”

— Lydia Jamonville, Senior Vice President and Chief Financial Officer for SCL Health System

Each of us — from bedside to administration, from our system to our care sites — plays an important role in contributing to our financial health. Whether it’s trimming expenses, using best practices to accomplish more with less, or eliminating waste and inefficiencies — our decisions have an impact on overall performance and our shared responsibility to foster healing and health for those we serve.

Our directive is clear: we focus on the basics. We endeavor to reduce expenses, enhance revenue and focus on quality to create a more sustainable and effective healthcare ministry that will see us through the next 150 years and beyond.

**LEAN THINKING**

Care sites across SCLHS are committed to a cultural change that will lead to sustainable gains and improved outcomes for our patients.

Support for the Communities We Serve

In 2012, SCLHS provided financial benefits valued at more than $220 million to the communities we serve.

**$81.5 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.

**$69.8 MILLION**  
**SHORTFALLS FROM SERVING THOSE WITH MEDICAID OR STATE CHILDREN’S HEALTH PLAN**

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

**$69.9 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 or at a financial loss to SCLHS.

Financial stewardship results include continuing operations only.
LOOKING FORWARD

The healthcare system in our country is changing, and we are too. At SCL Health System, we continue our transition from episodic, institutional care to community-based and home care.

In making this transformation, we are reducing costs and reshaping our hospitals as health networks with a focus on population health and the prevention and management of chronic conditions. We have accomplished many goals already and we have demonstrated our tremendous capacity for change. Still, the urgency of the present has not caused us to lose sight of our mission and the principles on which our legacy rests. Like the Sisters of Charity of Leavenworth who founded our first hospital a century and a half ago, we look forward to the opportunities change brings and the good that is yet to come. With gratitude for one another, open hearts and minds and trust in God’s love, we face this next frontier and strive to improve the health of the people and communities we are privileged to serve.

It is with this sense of optimism and legacy of courage, compassion, unwavering faith in God and caring for others that we heed the words of our founder Mother Xavier Ross and “look forward to the good that is yet to be.”

A NEW CHAPTER

As of December 31, 2012, $144.7 million has been invested in the new construction of Saint Joseph Hospital. The new facility will replace three buildings that were constructed in 1910, 1932 and 1964. It will be a model for the new era of hospitals — smaller, outpatient-focused and designed to create the efficiencies needed to lower the escalating costs of healthcare.

We stand today at the edge of a new frontier.

Undaunted, we will face the challenges of tomorrow with the traditions of yesterday. Our heritage, founded by women of faith, of courage and will, guides us as we deliver upon our mission to reveal and foster God’s healing love to the people and communities we serve.