

# Report to the Community 2010



Sisters of Charity  
of Leavenworth  
Health System

9801 Renner Boulevard, Suite 100  
Lenexa, Kansas 66219

913-895-2800  
[www.sclhealthsystem.org](http://www.sclhealthsystem.org)



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of Leavenworth  
Health System



# 2010

## Mission

We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable.

## Vision

SCLHS will realize its Mission through the unyielding pursuit of performance excellence, innovative growth and health care for all.

## Core Values

- Excellence
- Respect
- Response to Need
- Stewardship
- Wholeness

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Marillac Clinic • Exempla Good Samaritan Medical Center • Exempla Lutheran Medical Center • Exempla Saint Joseph Hospital

## From the Board Chair and the President/CEO

We are honored to present this 2010 "Report to the Community," representative of the extraordinary benefit extended to the individuals and communities served by the Hospitals and Clinics of the Sisters of Charity of Leavenworth Health System (SCLHS).

We deeply appreciate that health is a gift that cannot be taken for granted. We also recognize that barriers to access negatively impact the well-being of many people. As you will read in the stories that follow, an accident, a chronic disease, a devastating illness, or loss of a job and lack of health insurance can dramatically affect a person's quality of life and the lives of his or her loved ones.

Repeatedly and on a daily basis, the physicians, staff and volunteers of our Hospitals and Clinics are making profound differences through the care they provide and the compassion they share. Their efforts reach far beyond the walls of our Care Sites and encompass entire communities. From Kansas to California and from Colorado to Montana, patients, their families and the people we've touched have experienced the transformative effects of our Mission in action.

Because of this, we are proud of the collective benefit provided to the communities we serve. In the midst of a serious economic downturn and in the throes of lingering uncertainties surrounding implementation of health reform, our Mission has remained constant, and our Values have continued to guide our decision-making.

As we forge new opportunities for care delivery through integration with Exempla Healthcare and in an environment of health reform, we anticipate a new era of striving to improve the health of individuals and communities. Performance excellence will be our hallmark; community benefit will be our standard; and serving in the spirit of the Sisters of Charity of Leavenworth and revealing God's healing love will be our distinction.

C. Gordon Howie  
Chair, Board of Directors

William M. Murray  
President/CEO

# Response to Need

## 'It's all about the kids'

Believing that student athletes in the largest urban core school district in Kansas City, Kan., deserve the availability of athletic trainers to help prevent and treat sports injuries, Providence Medical Center and OrthoKC Professional Association created an innovative approach to accomplish this objective. The model is working.



Ask Sameia Kendall, a junior at Sumner Academy, who lives and breathes basketball. When she injured her knee last December, the initial assessment was a bruise. No one realized the extent of her injury or that her aspirations to play professional sports could be in jeopardy. She returned to the court and completed the game.

The next day, Tyler Werth, TeamWorks Athletic Trainer, evaluated her knee and recommended that Sameia sit out for a week. When the knee failed to show improvement, Tyler referred Sameia to an orthopedic surgeon. She learned that she had a torn meniscus and subsequently underwent surgery followed by rehabilitation Tyler provided on-site at the school. Sameia was able to play the last four games of the season and participate in a summer tournament circuit.

Until two years ago, budget constraints had prevented local high schools from offering athletic trainer services. "It was unsettling to see so many kids and adults coming into my office with neglected sports injuries," said John Vani, M.D., Orthopedic Surgeon and founder of the Student Athletic Foundation of Kansas (SAF-K).

Collaborating with U.S.D. 500 and contracting through SAF-K, Providence has provided four athletic trainers who serve five high schools through TeamWorks.

Jerry Flanagan, Assistant Principal at Sumner Academy and District Athletic Director, praised the program. "It's all about the kids," he said. "The program adds value to the school, the parents and the student athletes."

Tyler agrees and gets great satisfaction from seeing athletes he's helped return to the court, the field or the track. "These kids enjoy sports and have fun competing," he commented. "My role is to educate athletes, coaches and parents, be available at practices and events, evaluate injuries and conditions, connect students with medical services, and, as needed, provide rehabilitation that's convenient and on-site at the schools."

Tyler has also developed a mini-internship through which students interested in an athletic trainer career will shadow him. Dr. Vani observed that Tyler and other athletic trainers are great role models for the youth.

In the end, Providence and SAF-K offer a winning combination for everyone involved.

*After recuperating from surgery and following rehab provided by Tyler Werth, TeamWorks Athletic Trainer, Sameia Kendall was grateful that she could return to basketball. Opposite page, John Vani, M.D., Orthopedic Surgeon.*



# Service Excellence

*Thomas Lavery, D.D.S., captured the attention of Jacob, 2, and Izaiah, 4, at Marillac Clinic where Dale Johnson, their grandfather (opposite page), has received dental services.*

## Smiles of gratitude for dental care

Dale Johnson began visiting Marillac Dental Clinic in Grand Junction, Colo., two years ago. His wife was in the final stages of cancer. Without a job and health insurance, Dale's savings were dwindling. He wanted to pay off his medical bills before incurring other debt.



Today, thanks to Marillac Clinic, Dale has a set of dentures that fit perfectly and a big smile of gratitude. Dale said, "I wouldn't have any teeth otherwise. I couldn't have asked for better service."

Dale benefited from grant-funded programs at Marillac to help offset the expense of tooth extractions and dentures. He faithfully paid the balance from his own pocket. "People at the Clinic went out of their way to help me. My grandkids even come to Marillac with me," Dale said.

In the not too distant past, as an electrician and welder for the railroads, Dale had health and dental insurance and maintained his dental hygiene. Then he was injured and lost his job and insurance. In the meantime, his teeth began deteriorating due to a chronic health condition. Dale couldn't afford a private dentist, and he turned to Marillac Clinic.

Marillac serves people of all ages, who require ongoing or emergency dental care but lack insurance or financial resources to pay for the services. The Dental Clinic also sees patients on Medicaid and Medicare whose dental benefits don't provide sufficient or any coverage for dental services.

Marillac has a sliding fee scale and provides assistance as available from private and state funding.

Thomas Lavery, D.D.S., Director of the Dental Clinic, explained that Marillac operates like a comprehensive dental office and provides cleaning, routine and preventive care, crowns, bridges and dentures. In addition to Dr. Lavery, Clinic staff members include a part-time pediatric dentist and general dentist, a full-time dentist, a post-graduate dental resident and a hygienist.

Marillac conducts community outreach to help address dental disease during pregnancy to avoid transferring bacteria to the newborn. The Clinic also strives to educate parents on good oral health habits for their kids. Too often, Dr. Lavery sees the negative effects of poor nutrition, too many soft drinks and candy, and the after-effects of drugs.

When he sees a patient like Dale, Dr. Lavery is pleased to know that he's helped him. And the feeling is mutual. Of his experience at Marillac, Dale said, "They do their jobs well and have been more than caring for me."



# Continuing Education

*Jeff Williams, M.D., FACOG, Obstetrician/Gynecologist, fielded questions from Randy Holland, PA-C, and Kara Erickson, PA-C, during a session at Holy Rosary. Opposite page, Dr. Williams.*

## Providers value medical conference

When you are a sole practitioner in a frontier region like eastern Montana, getting away for continuing education can be a challenge. For the past 17 years, Holy Rosary Healthcare, Miles City, has helped providers meet this challenge by hosting its annual Providers' Education Conference.



The program is well attended and much appreciated by physicians, physician assistants and nurse practitioners from across the region. Janet Armstrong, M.D., practices family medicine in Glasgow, 150 miles from Miles City. She tries to attend the conference annually along with nurse practitioners of the clinic where she works. Dr. Armstrong, who was

trained in internal medicine and pediatrics, has practiced in Montana for 20 years.

She said that the Holy Rosary conference is convenient, in a nice setting and features excellent speakers. "The topics are relevant to how I practice," she explained, "and I hear presentations that pertain to primary care in northeast Montana.

"The conference helps reinforce what I already know," Dr. Armstrong added, "or I learn something new."

That's exactly what conference planners hope to accomplish. Angela Bundy, a Physician Assistant in Holy Rosary's Emergency Department, helps coordinate the annual event held at the Hospital. She said the conference starts Thursday evening and runs till noon on Saturday. It includes an off-campus session where this year's guest speaker discussed health care reform.

Participants earn 16 hours continuing education credits granted through the American Academy of Family Practice. This year's program included topics ranging from sleep apnea to blunt abdominal trauma to clinical cancer research.

Chip Mintz, Physician Assistant at Prairie County Clinic in Terry, Mont., has attended the conference since 1992. He appreciates that the conference is "close to home"—Terry is 40 miles from Miles City—and that the "price is right"—there is a minimal fee for the conference with providers responsible for accommodations.

Jim Linderman, Physician Assistant, was one of the early coordinators of the conference. "Its number one benefit is that the conference provides good continuing education with an emphasis on modern medicine in a rural setting," Jim said.

Both Jim and Dr. Armstrong agree that there's added value to meeting colleagues and peers. Angela summarized, "Holy Rosary offers this conference to provide high-quality education close to home, and to bring semi-isolated providers together for knowledge-sharing."



# Wholeness

## Nourishing bodies, spirits

The numbers are impressive: 500 meals a day, 64 percent of which serve homebound elderly; over 114,000 meals a year; 245 volunteers; nine serving sites. But the numbers don't tell the whole story of the Gray Gourmet program serving Mesa County, Colo. The people and the benefits complete the picture.



"Don't you always have fun over a table at a meal?" asked JoAnn Roemer, a volunteer with Gray Gourmet. JoAnn does, and so do Ed, her husband, and the many senior adults who appreciate nutritious weekday lunches and the camaraderie that accompanies them.

St. Mary's Hospital & Regional Medical Center sponsors the Gray Gourmet that operates out of a facility in downtown Grand Junction. Sharon Meiklejohn, Project Supervisor, has been with the program for 30 years.

While demographic trends have shifted the balance to more home delivery, Sharon sees great value in seniors gathering for the meals. Helen Moon agreed, "I just love the opportunity to volunteer, to be among people and to enjoy a good meal." Helen volunteers as a Gray Gourmet cashier and enjoys time during lunch to socialize with friends.

Sharon said that the program relies on volunteers, all of whom receive training, and, as appropriate, have food handlers' cards issued by the Health Department. The Gray Gourmet facility undergoes regular inspections and has a dietitian on staff for training, education for participants, nutritional assessments, and modification of meals for

special diets. Sharon uses a software program to analyze menus and to ensure nutritional requirements are met with input from the cooks and the dietitian.

There is a suggested donation of \$3.00 a meal with no income criteria. Sharon observed, "An individual could be living alone, be depressed or recovering from an illness. Our program is dedicated to the overall well-being of senior adults."

Primary funding comes through the federal and state Older Americans Act. At an estimated \$6.39 per meal to provide the service, Sharon seeks funding through donations and grants to supplement this community benefit.

Homebound persons depend on the program. Volunteers who make home deliveries are attentive to the guests they visit and watch for warning signs that might require follow-up. In addition to hot meals, participants can order frozen meals for the weekend.

Summing up the philosophy behind the Gray Gourmet, Sharon said, "Gray Gourmet nourishes seniors' spirits as well as their bodies."

*Sharon Meiklejohn, Project Supervisor, served lunch to Ed and JoAnn Roemer. Helen Moon and Merle Nair are in the background. Opposite page, Sharon Meiklejohn.*



# Rural Outreach

*Helping keep health care local, Brent Wilkins (below left), Radiology Manager, St. Francis Health Center, visited with Ron Marshall, CEO, Holton Community Hospital. Opposite page, Ron Marshall.*

## Mobile unit keeps health care local

Technology at your doorstep is a theme that resonates with residents of rural Kansas and one delivered by the Mobile Imaging Service of St. Francis Health Center, Topeka, Kan.



The mobile unit serves 15 hospitals and clinics within a 100-mile radius in all directions except east. St. Francis has provided this service since 1999, and in 2007 acquired a new mobile bus.

“The patients, many of whom are elderly, love it,” said Brent Wilkins, B.A., CNMT, R.T.(R), St. Francis Radiology Manager, “because it saves them a drive into the city. The mobile unit keeps their health care local as St. Francis partners with hospitals and clinics in rural communities.”

In fact, the mobile unit promotes this feature with the message, “Partnering with your local community health provider,” imprinted above its front bumper. The message rings true with Ron Marshall, CEO of Holton Community Hospital, 32 miles north of Topeka in Holton, Kan.

“The mobile unit provides new medical technology we wouldn’t be able to afford or offer on our own,” Ron said. “It brings the specialized expertise of St. Francis to our community and blends it with the expertise and hometown touch of our staff.”

“Physicians are thrilled with the service, especially new physicians who have recently completed family medicine residencies and are progressive in their practices,” he added.

The mobile service offers most general nuclear medicine procedures including bone scans, gallbladder scans and myocardial perfusion imaging. Brent cited the myocardial perfusion scan as becoming increasingly valued as a non-invasive test to identify blood flow to the heart muscle and to indicate if further studies are needed to diagnose cardiac problems.

The customized mobile unit is equipped with a gamma camera, a reading area for physicians and a “hot lab” where radioactive tracers are stored. The testing area features amenities including satellite radio, a stereo and DVD player for patient comfort, particularly during long procedures. Certified nuclear medicine technologists drive the mobile unit, administer the tests, and maintain quality control and compliance with regulatory requirements.

“This is helping us keep health care local in Holton,” Ron concluded. “It’s good for our patients, good for the community and good for the physicians.”



# Quality Time

## A lifeline during diabetic crisis

The insulin Debra Williams takes to control her diabetes would easily cost \$500 a month—an amount the 55-year-old woman without insurance would not be able to afford. Duchesne Clinic, Kansas City, Kan., connects Debra and 750 other patients with free prescription medications valued at \$1.2 million annually.



Because of the Pharmaceutical Assistance Program and the personalized care and education she's received at Duchesne, Debra has her diabetes under control and has turned a corner toward improved health.

Early in her diagnosis, Debra took pills to keep her diabetes in check. But then she experienced off-the-chart, high blood sugar levels that were causing her to pass out. Her vision was blurry, and Debra was in crisis.

Amber Eastabrooks, R.N., B.S.N., Duchesne Nurse Manager, recalled that Debra faced a lifestyle adjustment. "The light bulb went on," Amber said, "with Debra realizing that she would need to do insulin injections, prioritize her health and take charge of her recovery."

But Debra wasn't alone on the journey. Through an intense process of education, encouragement and patient care, Duchesne Clinic staff members were there with and for her.

At first, Amber saw or talked with Debra daily to review her blood sugar levels and help eliminate other barriers to her progress. As a nurse, Amber appreciates that at Duchesne she had the flexibility to spend the time

required to assist Debra when she arrived in a medical crisis. "When she needed more than the 20 minutes allotted on the schedule," Amber observed, "I could spend time with her. In fact, our whole team could—the doctor, the patient advocate and me. Debra was a real person in need, and we could give her the time she needed."

In addition to losing her job and health insurance, Debra has had significant stress in her life—health concerns, caring for her mother and family dynamics. "I feel like I'm stretched in so many directions," she said.

Debra has found a medical home at Duchesne, and this has brought some peace and stability to her life. "I never had a doctor or anybody that treated me with such kindness," she acknowledged. "The Clinic addressed all my medical needs and took time out for me. I wouldn't be alive without Duchesne."

*Smiles made the lesson less painful as Amber Eastabrooks, Duchesne Clinic Nurse Manager, gave Debra Williams a refresher on insulin injections. Opposite page, Amber Eastabrooks, R.N., B.S.N.*



# Expert Care

## Near tragedy, happy ending

In the aftermath of a near tragic accident, outstanding communications and excellent care enabled Trey McAvoy to return to sports big time. For these happy outcomes, L'Dene, his mom, credits medical providers in Jordan, Miles City and Billings, Mont.



In September 2009, an ATV accident at his grandparents' home in Jordan in eastern Montana seriously injured Trey's leg. In the spirit of St. Vincent Healthcare's Montana Pediatric Project, steps clicked into motion to treat this trauma. The project encompasses services to meet needs of critically ill or injured children across rural Montana and

northern Wyoming.

Daniel Muniak, Physician Assistant in Jordan, assessed the 9-year-old's condition and consulted with David J. Kaderis, D.O., FACOS, Chief of Surgery at Holy Rosary Healthcare, an hour away in Miles City. Trey was rapidly transported by ambulance to Holy Rosary and met by Dr. Kaderis who immediately connected with St. Vincent Healthcare, Billings, to discuss the need for a vascular surgeon.

Timing was critical. Trey had lost a lot of blood due to a crushed and severed femoral artery in his left leg. The St. Vincent HELP Flight helicopter transported him to Billings where Trey was rushed to surgery.

The badly damaged section of the artery was replaced with a vein from Trey's upper leg. It was an intricate surgery to replace such a small structure, but by the next morning in

the St. Vincent Pediatric Intensive Care Unit, the pulse in Trey's leg had strengthened, and his foot was warming up.

A few days later, Trey went home to Miles City. A week after the accident, he rolled his wheelchair into Holy Rosary for physical therapy. A week later, Trey was walking, thanks to the efforts of Rob Brugger, M.S.P.T., Holy Rosary Physical Therapist.

Providing kids with needed critical care in their home state is what the Montana Pediatric Project is all about, said David Irion, President of the St. Vincent Healthcare Foundation. The project does outreach and teaching in smaller communities to help them on the front line of care delivery.

"The Montana Pediatric Project is an important initiative," said Jeff Rentz, M.D., general surgeon and member of the team that cared for Trey. "We're not going to have surgeons in Jordan and other smaller communities who can perform this type of procedure, so we have to be able to reach out to them very quickly and help them when they need it."

The Montana Pediatric Project involves communications, expert care and caring—what L'Dene, Trey's mom, found special about the "so many people who touched us" and who made a lasting difference in her son's life.

*In spite of a serious injury to his leg, Trey McAvoy was able to give a spirited kick on the soccer field thanks to the efforts of the surgical team that included Jeff Rentz, M.D. (opposite page).*



# Respect

*Dave Wilson appreciated the professionalism and respect he received from Stephanie Spacek, R.N., and other staff at Saint Vincent Clinic. Opposite page, Stephanie Spacek.*

## ‘Top notch professional care’ at Clinic for Uninsured

One good turn just seemed to deserve another. When he couldn’t afford to pay his co-pay for primary care services received at Saint Vincent Clinic, Leavenworth, Kan., Dave Wilson offered to share a tracking tool that he had developed to benefit other Clinic patients.



The chart allows patients newly diagnosed with diabetes to record injection sites and track their blood sugar levels. Dave has also assembled all of the information about diabetes that he’s received from the Clinic into a notebook. Everything’s at hand for ease of use.

Stephanie Spacek, R.N. at Saint Vincent, said that Dave loves to learn, and that this has served him well in controlling his diabetes. “He is organized and is a very compliant patient,” Stephanie observed.

Dave had lost one job due to downsizing and then another with the economic downturn. He had worked in warehousing and receiving for companies that sold musical instruments. No job, no benefits. At age 53, Dave found that employment prospects looked slim. Plus, he was caring for his 95-year-old mother.

His health problems began to get the best of him. Dave hadn’t been to a doctor for 15 years. He “just kept putting it off,” until he wasn’t feeling well. His blood pressure was high. Dave later realized he may have had diabetes for several years.

He learned about Saint Vincent Clinic at a community health fair. Dave was apprehensive at first about accepting charity because as he said, “I had always towed my own line and paid my bills.”

For persons newly diagnosed with diabetes like Dave, Stephanie’s role is multi-faceted. She teaches patients how to give themselves injections and to monitor their blood sugars; how to take their medications and take care of their skin; and about the importance of their diet. She provides abundant educational materials. She also supplies patients with insulin, syringes and alcohol wipes through the Medication Assistance Program at Saint Vincent.

Stephanie likes to teach, and with other staff at the Clinic, she has influenced Dave to make changes in his diet and to cut back on cigarettes. Dave appreciates that while Saint Vincent serves only the uninsured, it provides “top-notch professional care.”

“The people at the Clinic make the Clinic,” he added. “They make you feel comfortable. I’d be lost and wouldn’t have anywhere to turn without them.”



# Physician Partnerships

## Meeting physicians on the walking trail

Kathy Goodman is a snowbird who winters in Arizona and loves Butte, Mont., in the summertime. One thing she likes in particular is “Walk-N-Talk with the Doc,” hosted by St. James Healthcare and open to the community.



Every week from June through September, a group of walkers gathers at 5:30 p.m. at the Chamber of Commerce to make a one-mile loop along Silver Bow Creek. On a rotating basis, one physician a week joins the 15 to 20 persons on the walking trail.

Linda McGillen, Director of Public Relations and Marketing, said the program began in June 2009 to promote wellness through regular exercise and to give local residents the chance to meet members of the Medical Staff outside their offices and exam rooms. At the end of the walk, participants and physicians continue to exchange conversation in a gazebo.

Kathy thinks this is a great approach. “I love walking, sitting and chatting with the doctors,” she said. “There might be a health issue I want to discuss, or another person asks a question about something that also interests me.”

One evening last summer, Kathy benefited from the Walk-N-Talk in another way. She had fallen in her home and thought the pain in her shoulder would disappear. A week later, she still wasn’t able to lift her arm to shake the hand of that evening’s doctor host on the walking trail. Kathy followed the doctor’s advice. The next day, she went

to Express Care, the walk-in clinic adjacent to St. James. There, she learned exercises to help heal her injury.

From pediatricians to gastroenterologists to infection control specialists, the St. James’ physicians value the experience.

Angie Ostrowski, M.D., Pediatrician, participated in Walk-N-Talk for the first time this summer. She said that she appreciates that the program invites people to exercise and at the same time gives them the opportunity to talk one-on-one with health professionals in a relaxed environment.

While persons of all ages join in the walks, most are middle-aged and older. The evening Dr. Ostrowski did Walk-N-Talk, she discussed topics and answered questions raised by grandparents about their grandchildren’s health.

Noting that she plans to participate again next year, Dr. Ostrowski said, “It’s a good program for the community. Any time the Hospital promotes wellness and preventive care, it’s a good thing.”

*Angie Ostrowski, M.D. (below right), enjoyed her opportunity to participate in St. James’ Walk-N-Talk. Opposite page, Kathy Goodman is a regular participant.*



# Collaboration

*Life took a good turn for Patty Parker (below) following her stay in the respite program for the homeless. Opposite page, Mary Luthy (top photo) and LaTisha Starbuck (bottom photo) championed development of the program with community partners.*

## Homeless find hope in respite care

Hope was in short supply for Patty Parker. She had just been diagnosed with breast cancer, and her boyfriend had deserted her. An old pick-up truck was her home, and depression was her constant companion. "I was ready to call it quits," the 56-year-old recalled.



Then Lisa Chaiken, M.D., Radiation Oncologist at Saint John's Health Center, Santa Monica, Calif., introduced Patty to what is now named the Westside LA Homeless Respite Program. This is a collaborative program of Saint John's; Venice Family Clinic, the country's largest free clinic; and OPCC (formerly known as Ocean Park Community Center), the largest homeless services provider in Santa Monica.



The program merited the 2010 SCLHS Mother Xavier Ross Award.

At Saint John's, Mary Luthy, Director of Community Benefit, and LaTisha Starbuck, Vice President Mission and Ethics, had championed efforts to find a solution to the medical and housing needs of the growing population of homeless persons. "It was heartbreaking for our staff to see patients returning again and again and not getting better due to their living on the street," Tish said. "Frequently, these individuals would return to the Emergency Department (ED) because they couldn't care for themselves or access follow-up medical care."

Discussions and longstanding collaboration among the three community partners led OPCC to allocate 10 beds in

one of its emergency shelters for respite care. Venice Family Clinic staffs a medical clinic in the adjacent OPCC Access Center. Staff of Saint John's and other area hospitals refer persons who are homeless to the respite program.

"Homeless persons now have a restful place to recuperate," said Debby Maddis, M.P.H., OPCC Director of Housing and Special Initiatives. Medical services are convenient as are social services to help with the transition from homelessness.

Eleni Manousogiannakis, M.P.H., Venice Family Clinic Director of Program Development and Quality Improvement, said, "We believed that if we could create a medical home for these individuals, we could manage their primary care much better and prevent unnecessary ED visits."

The program is living up to its expectations. ED visits have declined slightly, and persons in the respite program who do return to the ED are requiring less complex services and fewer hospital admissions. OPCC has placed 42 percent of the respite care patients in either temporary or permanent housing.

Like Patty Parker, who is president of the shelter's resident council where she currently lives. The respite program not only gave Patty a home, it also gave her hope.



# Access to Care

*Sandy, Marian Clinic Eligibility Specialist, helped Bruce Bleeck Jr., sort through paperwork and bills. Opposite page, Sister Mary Rosaleen Driscoll, SCL.*

## Network of care benefits patient

Bruce Bleeck Jr., walked into the hearts of Marian Clinic staff with his personable ways and his devotion to his wheelchair-bound father. In turn, the SCLHS Clinic for the Uninsured in Topeka, Kan., paved the way to care for Bruce's heart when he needed surgery.



The Clinic is one of four SCLHS safety net clinics that serve persons without health insurance and provide primary care, health education, medications and referrals for specialist consultations and treatment.

"I thank God that Marian Clinic was there when I needed it," Bruce said. "There's no way I could have gotten through all of this

without the Clinic."

"All of this" was a heart attack, multiple stents, a quadruple bypass, accompanying medications and more. Bruce credits F. James Weyrens, M.D., Stormont-Vail Healthcare Cardiologist and Marian Clinic volunteer, with "pretty much saving my life." Sister Mary Rosaleen Driscoll, SCL, Patient Advocate, agreed that Dr. Weyrens persisted in getting Bruce a battery of tests that eventually led to heart surgery at St. Francis Health Center, Topeka, Kan. Philip F. Bongiorno, M.D., Cardiovascular/Thoracic Surgeon, performed the surgery; Raymond Dattilo, M.D., Cardiologist and Clinic volunteer, provided follow-up care.

Bruce had several health problems when he first came to Marian Clinic. He was in pain, had circulatory issues and couldn't walk very far without being short of breath. While

tending to his own health, the 53-year-old former welder-machinist has been the 24/7 caregiver for his 75-year-old father who had suffered a stroke. Bruce's dad accompanies him to the Clinic where his quick wit makes him a favorite with staff.

As it does with many patients, Marian Clinic helped Bruce apply for his medical card and disability benefits. Awaiting Medicaid authorization and besieged by piles of bills and paperwork, Bruce found Sandy, the Clinic's Eligibility Specialist, especially helpful. Sandy recalled that Bruce was worried about bills going to the collection agency. She kept lines of communication open to St. Francis as Bruce's application for Medicaid coverage was being processed.

As he transitions to Medicaid coverage, Bruce is no longer eligible for services at Marian Clinic. He is concerned whether he will receive the quality of care from other providers that he received at Marian Clinic. Sister Mary Rosaleen promised to stay in touch with Bruce and his dad. "We don't drop contact with our patients," she said. "They become like family."



# Compassion

## Support through a difficult time

On what she calls the “absolutely darkest day of my life,” everything changed when Annie Bryant met Ashley Muchnick, L.M.S.W., Social Worker for the Senior Behavioral Health Center at Saint John Hospital, Leavenworth, Kan. “My life was falling apart,” Annie recalled. “Ashley was the glue that held it together.”



It was not long after Christmas 2009. Annie had just admitted her husband Dan, 58, to Saint John. Diagnosed with Alzheimer’s in 2004, Dan had lapsed into a state of depression and confusion, and Annie couldn’t pull him out of it.

They’d been together 16 years. Dan had retired after 28 years with the Sheriff’s

Department in Topeka, Kan. Annie had been a nurse in a family practice office of St. Francis Health Center. On retirement, they moved to southern Missouri. The diagnosis of Alzheimer’s when Dan was 53 “devastated us and changed our lives,” Annie recalled. The Bryants returned to Kansas in 2008. Annie was Dan’s 24/7 caregiver, but as his symptoms advanced, she knew that they needed help.

“Saint John was the only place that I could take him for a psychiatric evaluation,” Annie said. “If it had to be, I’m glad we were there.”

Over eight days, Dan had tests and interacted with staff. He received new medications that were carefully monitored.

Arlin Bohn, Community Education Manager, explained that 60 percent of the persons admitted to the Senior Behavioral Health Center are experiencing some form of dementia or Alzheimer’s; the remainder are dealing with depression, anxiety or other disorders. Average length of stay on the 18-bed unit is 12 days with the goal of stabilizing patients to return to their family home, a nursing center or assisted living.

Arlin credits Man Anand, M.D., Medical Director and Psychiatrist, with finding the delicate balance between maintaining quality of life for the patients, and treating and managing their symptoms of agitation, confusion or depression. As needed, Dr. Anand prescribes medications to help stabilize the patient.

As the social worker, Ashley supports the family. “Ashley took me by the hand and explained what was happening,” Annie said. “She even let me sit in her rocker.”

Since leaving Saint John, Dan has been a resident of a nursing center. Annie visits him daily. Of difficult days, she said, “We get through them—walking and talking and loving our way through them.”

*Ashley Muchnick (below right and opposite page) was a light in the darkness for Annie Bryant as her husband’s Alzheimer’s disease advanced.*



# Value

## Benefiting individuals and communities

Mission-driven and propelled by our Values, SCLHS ranks benefiting the individuals and communities we serve as one of our important Strategic Priorities.

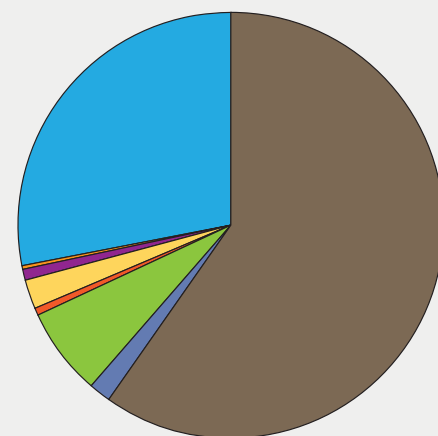
As tax-exempt, not-for-profit Hospitals and Clinics, this is part of our obligation to be good corporate citizens. Beyond this, we believe that serving persons who are vulnerable, enhancing access to care and improving the health of individuals and communities are the right things to do. They are part of our fabric and culture as a faith-based Catholic Health System.

We strive for excellence across the totality of the patient care experience. We also educate, collaborate and support broad-based community initiatives compatible with our Mission. Our Hospitals and Clinics for the Uninsured care for persons of all ages and means, and especially for those who are poor and vulnerable. In CY 2009, Exempla Inc. and SCLHS provided \$71.5 million in charity care. Our Care Sites

play an important role in training future health care professionals and in helping individuals take preventive measures or develop new habits to manage their personal health.

As we focus on adding value to the services we provide, we will nurture relationships and foster integration across the continuum and in the context of the larger community with the goal of delivering care that is patient- and person-centered.

### Care of the Poor and the Broader Community—CY 2009 by Exempla and SCLHS Hospitals and Clinics



### Patient Visits at SCLHS Clinics for the Uninsured—CY 2009

Clinic	Service	CY2009
Saint Vincent Clinic	Medical	4,427
Duchesne Clinic	Medical	11,426
Marian Clinic	Medical	8,720
	Dental	7,814
	Mental Health	704
Marillac Clinic	Medical	13,321
	Dental	10,568
	Mental Health	2,713
	Optical	2,028
<b>TOTAL</b>		<b>61,721</b>

# Total Community Benefit \$204,900,000

# Care Sites

## New era in health care delivery

These are exciting times in the history of our Health System and in the developments related to health reform in our nation.

SCLHS is in the midst of integration efforts with Denver-based Exempla Healthcare. Governance changes in late 2009 have allowed our two Systems to work more closely together and to strive to become a world-class health care delivery system of 11 Hospitals, four Clinics for the Uninsured, 4,500 physicians and 15,000 employees.

Because we are in the midst of this transition, the stories in this report focus on SCLHS facilities with information about Exempla to be featured in a separate report. The Consolidated Financial Report reflects both SCLHS and Exempla.

Our combined efforts have even greater potential to enhance care delivery for the people of California, Colorado, Kansas, Montana and surrounding states.

Exempla and SCLHS are making this major transition in the context of anticipating health care reform and its implications for future care delivery. Health reform is expected to bring a tidal wave of changes, among them, insurance coverage for many persons who were previously uninsured. How we—as a nation and as a Health System—help ensure their access to care will be a key strategic priority going forward.

### Our Hospital and Clinic Care Sites include:

- Holy Rosary Healthcare, Miles City, Mont.
- Providence Medical Center, Kansas City, Kan.
- St. Francis Health Center, Topeka, Kan.
- St. James Healthcare, Butte, Mont.
- Saint John Hospital, Leavenworth, Kan.
- Saint John's Health Center, Santa Monica, Calif.
- St. Mary's Regional Hospital & Medical Center, Grand Junction, Colo.
- St. Vincent Healthcare, Billings, Mont.
- Duchesne Clinic, Kansas City, Kan.
- Saint Vincent Clinic, Leavenworth, Kan.
- Marian Clinic, Topeka, Kan.
- Marillac Clinic, Grand Junction, Colo.
- Exempla Good Samaritan Medical Center, Lafayette, Colo.
- Exempla Lutheran Medical Center, Wheat Ridge, Colo.
- Exempla Saint Joseph Hospital, Denver, Colo.



*Pictured this page and on the cover, from Providence Medical Center, Kansas City, Kan., front row, left to right: Brenda Newton, Menneka Scott, Kamilah Jackson; middle row, left to right: Sasha Wiles, Hazel Chamblee, Kathie Newell, Gloria Clayborn; and back row, left to right: Reginald Montgomery, Cedric Griffin and Craig Frye.*

# Consolidated Financial Report

## Key Statistics and Financial Report—CY 2009 Sisters of Charity of Leavenworth Health System and Exempla Inc.

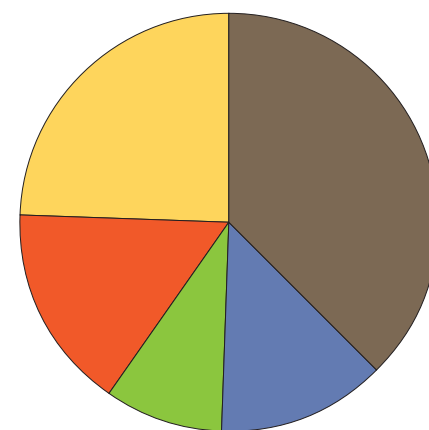
The Key Statistics and Consolidated Financial Report reflect the following themes that dominated and characterized CY 2009—a year of major transition and slow recovery from the economic downturn.

- The addition of Exempla Inc. to this report dramatically changed the scope and scale of our financial statements. Exempla accounted for increased admissions of 36.8 percent and increased revenue of 32.3 percent.
- Although the economy continued to recover in 2009, unemployment resulted in loss of insurance by individuals and families. Continued economic uncertainty also led to delays by persons seeking medical care. As a result, our Care Sites experienced a decrease in volumes and higher levels of uncompensated care—both of which contributed to erosion of our operating performance. The decreases in volumes and increase in uncompensated care between years were not readily

- apparent in the financial statements because of the addition of Exempla Inc. to the CY 2009 report.
- As financial markets began to recover, our financial investments demonstrated modestly positive earnings.

We anticipate that alignment of SCLHS and Exempla will allow us to provide care more efficiently and effectively through future integration efforts.

### How Our Funds Were Used



■ Staffing	37.63%
■ Supplies	13.15%
■ Purchased Services	8.95%
■ Other Expenses	15.94%
■ Investments in Equipment and Facilities	24.33%

### Key Statistics—CY 2009

Staffed beds	2,686
FTEs	15,087
Adjusted Admissions	200,487
Average Length of Stay	4.6 Days
Average Daily Census	1,518
Inpatient Surgeries	40,979
Outpatient Surgeries	34,390
Births	18,021

### Condensed Consolidated Balance Sheet (in millions) January 1 to December 31, 2009

<b>Assets</b>	
Current Assets	
Cash, Cash Equivalents and Investments	\$628.0
Patient and Other Receivables, Net	\$361.0
Other Current Assets	\$70.7
<b>Total Current Assets</b>	<b>\$1,059.7</b>
<b>Assets Limited as to Use</b>	
Self-insured Risk Funds	\$114.6
Trustee Held Funds	\$37.4
Investments	\$833.9
<b>Property and Equipment, Net</b>	<b>\$2,031.1</b>
<b>Other Assets</b>	<b>\$172.9</b>
<b>Total Assets</b>	<b>\$4,249.6</b>
<b>Liabilities and Net Assets</b>	
Current Liabilities	\$820.8
Long-term Debt	\$593.1
Other Liabilities	\$118.6
<b>Non-controlling Interest</b>	<b>\$335.4</b>
<b>Net Assets</b>	
Unrestricted	\$2,218.6
Restricted	\$163.1
<b>Total Liabilities and Net Assets</b>	<b>\$4,249.6</b>

### Condensed Consolidated Statement of Operations (in millions) January 1 to December 31, 2009

<b>Net Patient Revenue</b>	<b>\$2,429.6</b>
<b>Other Revenue</b>	<b>\$108.0</b>
<b>Total Unreserved Revenue</b>	<b>\$2,537.6</b>
<b>Expenses</b>	
Staffing	\$ 1,242.4
Supplies	\$434.1
Purchased Services	\$295.6
Depreciation	\$174.5
Bad Debt	\$137.5
Other	\$182.0
<b>Total Operating Expenses</b>	<b>\$2,466.1</b>
<b>Operating Income</b>	<b>\$71.5</b>
<b>Non-operating Gains (Losses)</b>	
Income Tax Expense	\$(2.8)
Investment Income (Loss)	\$98.1
Mission Fund Expenditures	\$(2.4)
Interest and Amortization	\$(32.0)
<b>Total Non-operating Expenses</b>	<b>\$60.9</b>
<b>Excess (Deficit) of Revenue Over Expenses</b>	<b>\$132.4</b>
<b>Other Changes in Unrestricted Net Assets</b>	
Minority Interest in Joint Ventures	\$(28.8)
Contributions to Related Organizations	\$(44.8)
Net Assets Released for Capital Acquisitions	\$39.2
Other	\$55.8
<b>Total Other Changes in Unrestricted Net Assets</b>	<b>\$21.4</b>
<b>Total Increase (Decrease) in Unrestricted Net Assets</b>	<b>\$153.8</b>

The full SCLHS audit report for December 31, 2009 is available online at [www.sclhealthsystem.org](http://www.sclhealthsystem.org).