BOULDER COMMUNITY HOSPITAL

Always Getting Better

2011 COMMUNITY REPORT
Physicians and employees from across the hospital have contributed to a continuous improvement program launched in 2011. Teams of BCH staff are formed to help improve a particular area. The teams establish goals and develop new approaches to enhancing patient care and business operations. Examples are highlighted on pages 6 – 9.

Pictured (left to right) Dr. Eugene Chu, director of hospital medicine, Heather Wright, RN on 2N nursing unit, and Robert Fernandez, medical records, all took part in successful projects.
Dear Friends of BCH:

The theme of this year’s report – Always Getting Better – truly reflects our culture at Boulder Community Hospital. Since our inception in 1922, we have brought high quality, superior health care to local residents. And we have never settled for “good enough.” We are always striving to improve and evolve. As far as we’re concerned, organizations and individuals can always get better and 2011 was no exception.

Our strategic development plans to expand our facilities and centralize our services are well underway. We broke ground on the new Anderson Medical Center on the Foothills Hospital campus late in 2011 and expect completion by the end of 2012. This 46,000 sq. ft. state-of-the-art facility will have a premier cardiac center, outpatient surgery center and offices for several medical practices.

We are also close to beginning construction on the expansion of Foothills Hospital, where we will add more than 100,000 sq. ft. of new clinical space.

While our strategic development plans can be plainly seen through the flurry of construction, many other improvement efforts are less visible to the community. Each and every day, our dedicated staff work behind the scenes to ensure our patients receive the best possible care.

That broad staff participation is integral to a new program we launched in 2011. Referred to as our “Journey to Excellence,” this program was derived from the concepts of Lean – a systematic approach to continuous improvement based on the Toyota production system. Lean principles are widely used to improve operations in many industries all over the world.

Boulder Community Hospital has applied Lean process improvement techniques throughout the hospital. This report highlights several examples of Lean projects where BCH staff came together and worked intensively as teams to enhance patient care.

Another key element to “always getting better” is advancing our technological capabilities. 2011 was an amazing year for Information Technology innovations that have us on track to reach our goal of a full Electronic Health Record by the end of 2014. We firmly believe that these technology advancements are fundamental to improving clinical quality and patient safety now and in the future.

Our extensive efforts to improve patient care would not be possible without the continued support of our community. We sincerely appreciate the vital contributions of our employees and physicians, our hundreds of community volunteers, the BCH Auxiliary and the donors of the BCH Foundation. Thank you for helping Boulder Community Hospital “always get better.”

Richard V. Lopez
Chair
We are dedicated to continually improving patient care. This mission is the driving force behind the comprehensive development strategy announced in 2010.

Our 10-year plan is divided into three phases.

- **Phase I** (2011 – May 2014) is the period in which we will begin to consolidate the majority of inpatient acute care services at the Foothills Hospital campus.

- During **Phase II** (May 2014 – 2016), we will centralize BCH outpatient services and business operations at our hospital at Broadway and Balsam.

- In **Phase III** (2016 – 2020), we will determine and implement plans to make productive use of the Mapleton Center.

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**TIMELINE**

**OCT. 2010**
**ANNOUNCED HOSPITAL DEVELOPMENT PLANS TO THE PUBLIC**

**OCT. 2011**
**BEGAN TEBO MEDICAL PAVILION BUILDOUT**
Our construction team began renovating the Pavilion’s unfinished garden level to provide offices for the Human Resources, Medical Records and Employee Health departments.

**OCT. 2011**
**ANDERSON DONATION**
Bob and Sydney Anderson donated $2 million to fund construction of a new two-story 46,000 sq. ft. building on the Foothills Hospital campus.

**DEC. 2011**
**ANDERSON MEDICAL CENTER GROUNDBREAKING**
Construction began on this state-of-the-art facility which will house a cardiac center, outpatient surgery center and medical offices.

**FEB. 2012**
**BRACKEN DONATION**
Alexander and Sally Bracken donated $1 million to fund construction of a new inpatient cancer/urology unit that will be part of the Foothills Hospital expansion.
Better technology
Better care
Better services
Better safety
Better communications

Bob and Sydney Anderson

FEB. 2012
TEBO PAVILION BUILDOUT COMPLETED

MAY 2012
BEGIN FOOTHILLS HOSPITAL EXPANSION

DEC. 2012
ANDERSON MEDICAL CENTER COMPLETION

2014 - 2016
RENOVATE OLD HOSPITAL
Centralize BCH outpatient services and business operations at our hospital at Broadway and Balsam.

2016 - 2020
IMPLEMENT PLANS FOR MAPLETON CENTER

PHASE II
PHASE III

FINISH
FINISH
In 2011, we launched our “Journey to Excellence,” a program derived from the concepts of Lean – a systematic approach to continuous improvement that has proven successful in enhancing quality and cost-effectiveness.

Following are several examples of notable Lean “events” that occurred throughout the year. In a Lean event, a selected group of individuals from different departments works intensively as a team, typically for one week, to strategize new ways to improve patient care.

**Better education**

**Goal**
The goal was to improve our education for inpatients. The team’s analysis showed that the content, storage and delivery of such information were inconsistent across our different nursing units.

**Actions**
One initiative was to create centralized storage areas (kiosks) on each inpatient unit so educational materials were easier to access and to update. Seven kiosks are now in place at the hospital. Each kiosk is stocked with a broad range of educational resources, such as kits on diabetes that include books, a DVD, calendar and glucometer.

**Result**
The kiosks give our nurses quicker access to a complete supply of materials so their patients get the right information in a timely manner. Inventory control is better, which means the frequently requested diabetes kits are always available for patients. Most importantly, our nurses spend more time directly caring for patients and much less time looking for educational handouts.
Better communications

Goal
The goal was to improve communication between nurses at shift change, when outgoing nurses update incoming nurses on important patient information such as physician orders, medications, etc. Different nursing units used different approaches.

Actions
The Lean team developed a standardized communication process in which all nurses use an identical check list for every patient. Nurses go through the check list face-to-face at the patient’s bedside so the patient and his family can ask questions and understand more about the patient’s plan of care.

Result
The new approach has created a seamless transition during shift changes. Incoming nurses are more informed and better prepared. And by directly involving patients in the process, nurses have a deeper understanding of their patients’ concerns and can address their needs more fully. This has led to higher patient satisfaction and improved patient safety.

Nurses Sara Russell and Janie Newby get their patient’s perspective on how treatment is progressing.
**Better care**

**Goal**
The goal was to improve patient and staff satisfaction by standardizing how medical assistants (MAs) performed tasks at the Family Medical Associates clinic in Lafayette. The clinic’s MAs were handling the same tasks differently, which sometimes led to duplicate work, inefficiencies and staff frustration.

**Actions**
The Lean team identified and established best practices for how MAs should support physicians, developed a consistent training process for using the clinic’s Electronic Health Record, created a clearer differentiation between MA and physician responsibilities, and ensured each patient examination room was equally stocked with the same forms, supplies and computer equipment.

**Result**
The streamlined workflow has enabled MAs to focus more on caring for patients. There is less confusion about day-to-day responsibilities, which means they are able to assist different physicians in a consistent manner. Standardizing the exam rooms has made it easier for doctors and MAs to provide care more efficiently and effectively.

**Better service**

**Goal**
The goal was to complete treatment more quickly for patients coming to Community Medical Center’s Urgent Care with less complicated medical problems.

**Actions**
The Lean team developed new procedures to differentiate the varying levels of care patients need. Patients with less complicated conditions are now placed on a “fast track” for quicker connection to the right care. More critical patients get the higher level treatment they need in a more efficient and effective manner.

**Result**
The average time for patients to complete the treatment process has been reduced from 90 minutes to 60 minutes.
Better care

Goal
The goal was to reorganize the supply rooms on one of our nursing units. The rooms were overstocked with infrequently used items, had insufficient storage space for commonly needed supplies and some items were inadequately labeled.

Actions
The supply rooms underwent a complete overhaul. Rarely used supplies and equipment were relocated, supplies were centralized by consolidating three rooms into two, supplies were sorted better and more clearly labeled, and new shelving was built to free up floor space and improve visual access.

Result
Nurses spend less time searching for supplies and more time caring for patients.

Better safety

Goal
The goal was to increase the number of inpatients receiving influenza and pneumococcal vaccinations since reducing the incidence of these preventable illnesses can decrease hospital readmissions and the spread of infections within the community. National health organizations such as the Centers for Disease Control and Prevention and the Health Care Financing Administration recommend increasing inpatient vaccinations as a way to improve patient safety in hospitals.

Actions
Clinical staff received intensive education on the benefits of vaccinations through seminars, newsletters and meetings. Patients were also educated through flyers and discussions with their nurses.

Result
Vaccination rates have steadily increased for those patients most at risk for contracting influenza or pneumococcal infections. Nurses now document their actions on the Electronic Health Record, which ensures that the right patients receive the right vaccinations at the right time.
Better Technology

ELECTRONIC HEALTH RECORD

An important part of our mission to “always get better” is to continually improve our technological capabilities. 2011 marked a year of significant advancements that have us on schedule to have a full Electronic Health Record by 2014.

The hospital’s Patient Care System (PCS) launched in March 2011. Nurses and other clinical staff use PCS to document important medical information electronically instead of through paper-based charts. PCS gives doctors and other caregivers quicker access to patient information which fosters more consistent and effective care for our patients.

In August, our Emergency Department and Urgent Care physicians began directly documenting their care records in the electronic system. This new approach provides more comprehensive information and eliminates the delays sometimes caused by illegible notes made in a paper record. Other physicians and nurses caring for a patient now have immediate access to this important information.

In November, BCH went live with Electronic Problem Lists that summarize the medical problems that are identified for each patient during his hospital stay. The lists improve care by providing a concise real-time picture of a patient’s evolving condition. Nurses also use the electronic lists when preparing patients for discharge from the hospital.

Our transition from paper-based communication to electronic records continued when nurses started receiving physicians’ treatment orders electronically. Unit coordinators input these Electronic Nursing Orders into the hospital’s computer system.

The success of Electronic Nursing Orders paved the way for BCH to launch a Computerized Provider Order Entry system (CPOE) that selected physician groups started using in early 2012. Through CPOE, physicians directly order tests and services for their patients through the hospital computer system.

Dr. Tim Meyers, emergency services physician, was one of several doctors who helped lead the implementation of the hospital’s Computerized Provider Order Entry system.
In addition to launching vital internal systems in 2011, BCH also became the first hospital in Colorado to “go live” with the Colorado Regional Health Information Organization (CORHIO). This network electronically connects health care providers throughout Colorado, a vital step toward doctors and hospitals sharing Electronic Health Records.

Since BCH started participating, 25 more hospitals have signed agreements to participate in the CORHIO network. When completely built out, CORHIO will allow health care providers across the state to more quickly and easily exchange patient information such as lab test and pathology results, X-ray, MRI and other imaging reports, and physician transcription reports. By eliminating the inefficient faxing and mailing of patient records, CORHIO will enable patients to receive quicker, higher quality care.

**CORHIO**

**FIRST IN STATE**

Alpine Urology was the first physician practice in Colorado to receive patient information provided through CORHIO. They receive time-sensitive test results and other important patient data that improves the quality and timeliness of care for patients.

Pictured (left to right) Dr. Sam Melouk, Dr. Jim Clark, Dr. Cragin Anderson and Dr. John Kefer
Boulder Community Hospital
2011 Board of Directors

BCH is a non-profit, community owned and locally governed hospital. Our Board of Directors is a dedicated group of volunteers who use their expertise to guide the hospital’s development.

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**Financial Condition**

During 2011, some 401,000 patients (including about 8,700 inpatients) were provided services at BCH facilities. That was the same number of inpatients we had treated the previous year. However, we treated 31,000 more outpatients than we had in 2010.

It cost the hospital $262.5 million to deliver that care. The major components of that expense are detailed in the pie chart below.

Net income for 2011 was $11.7 million, which represented 4.3% of our revenue. That surplus was reinvested in upgrading our facilities, expanding the Foothills Hospital campus, developing our Electronic Heath Record and bringing new services to our community.

**Caring for All**

As an independent, locally governed hospital, BCH is strongly committed to providing necessary medical care to all segments of our community.

BCH voluntarily participates in the Colorado Indigent Care Program (CICP), which provides the hospital nominal reimbursement for services provided to indigent state residents who do not qualify for Medicaid. In 2011, the hospital had more than $5.7 million in unreimbursed costs associated with treating patients covered by CICP.

The Medicaid program, a state-federal partnership, pays the hospital for treating qualified low-income citizens. However, the Medicaid payment for most medical services is less than what it costs BCH to provide that treatment. In 2011, the hospital had more than $8.1 million in unreimbursed costs associated with treating patients covered by Medicaid.

“We Care” is a unique BCH program that provides low income patients with outright charity to cover their hospital bills. The hospital incurred about $2.8 million in unreimbursed costs associated with treating patients utilizing the “We Care” program.

The hospital also provides services for many economically disadvantaged citizens who do not qualify for CICP, Medicaid or charity care. In 2011, the hospital incurred $9.1 million in bad debt.
The volunteers of the BCH Auxiliary help generate community support and donations that enhance the services provided by the hospital.

In 2011, the Auxiliary hosted three major events: An Evening in South Beach, which raised $125,000 for complementary care treatments for cancer patients; the 30th annual Fashion Show and Luncheon, which raised $75,000 for the new Cardiac Catheterization Laboratory to be constructed at Foothills Hospital; and the third annual Boulder Busts Cancer, which raised $45,000 for the Breast Cancer Treatment Fund (designated for underinsured or uninsured patients who need medical services following a suspicious or positive mammogram).
2011 Auxiliary Board of Directors (above)
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2011 Foundation Board of Trustees (below)
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BACK ROW: Cindy Carrillo, Patrick Mahaffy, David Gehant, Rich Lirtzman and Alan Heath; NOT PICTURED: Bryan Pieper, Bill Reynolds and Robert Sievers
Better care  
Better communications  
Better services

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Jessica Weber
Weekends
Rose Marie Weibel
Emily Weigel
Debra Weigold
James & Debra Weise
Elizabeth Weiss
Annette Welch
Ina Wellborn
Wells Fargo Bank
Edna Wemland
Joel & Vicki Werner
Carol Wernet
Julia Westenberg
Western Disposal
Joy Wexels
Eva Wheelock
Linda Whisler
Alison White
Ann White
Dorothea White
Jeffrey & Renee White
Rebecca White
Susan White
Brandy Whitney
Kelsey Whittrock
Whole Foods Market
Bob & Suzanne Wiedrich
Elizabeth Wiese
Cindy Wiesley
Jonathan Wiik
Bonnie & Michael Wilensky
Thomas & Leslie Wilke
H.E. Wilkinson
Virginia Wilkinson
Jim Williams & Nancy Allen
Lee Anne Williams
Shirley Williams
William & Dawn Williams
Travis & Stasia Willock
Willow Springs Liquor
Arthur & Joyce Wills
Christiann Wilows
David & Melinda Wilson
Kenton Wilson
Patricia Wilson
U Kjav & Gandasari Win
Robert Winter
Virginia Winter
Duane Wise
Sarah Wise
Mary Wisotzkey
Nancy Wisling
John & Nancy Wittemyer
Richard & Carol Wobbekind
David Wohl
Richard & Diane Wohl
Edwin Wolff
Natalie Wolman
Jack Woulpert & Wendy Thomas
Larry & Karen Wood
Donald & Carol Woodard
Lee & Rochelle Woods
Kathy & Wayne Wootten
World Famous Dark Horse
Thomas Worth
Paula Wostenberg
Arthur & Vita Wouk
Stuart Wright
David & Marcia Wyatt
John & Kelly Wyatt
Wyatt Construction Co, Inc
Brandon & Heather Wyszynski
Jann Yankee
YMCA of Boulder Valley
Helen Young
J.D. & Kathleen Young
Christine Yuhas
Z Baby Gear
Charles & Mary Zabel
Alan Zacharias & Nancy Huff
Sandra Zahn
Wayne Zakowski
Jane Zander
Anna Zapp
Barbara Zarleno
Peggy Zdenek
Dave & Lan Zeckser
Willemina Zeijlemaker-Tolsma
Kenneth & Simme Zelle
Joanna Zemmelman
Joseph & Peggy Zeren
Zero Waste Strategies, Inc
R.L. & Carol Ziegenhagen
James & Nancy Ziegler
Edmund & Patricia Zolnick
Cheri Zouhou
Henry Sue Zurbrugg
Mary Lee Zurick

HERITAGE SOCIETY MEMBERS

The Heritage Society recognizes, in perpetuity, those individuals who have included Boulder Community Hospital in their estate planning or who have established a named endowment fund benefiting BCH.

*Mr. & Mrs. Mortimer Altm
Robert & Sydney Anderson
Mrs. F. Kendrick Bangs
* Mr. F. Kendrick Bangs
* Ms. Lois M. Barber
*Mrs. Harriette Bartram
Clair Beckmann, Ron Nixon & Family
* Ms. Ethel Bergman
Bruce & Cheryl Blankenship
Alexander (Sandy) & Sally Bracken
Mr. W.A. Browning, Jr.
*Mrs. Marigen Browning

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While we make every attempt to be accurate, please accept our apologies for any errors or omissions.
BCH is proud to have been recognized as a leader in the 2010-2011 Flu Vaccination Challenge, a national program to increase flu vaccination rates among health care workers. According to the Joint Commission, the national accrediting organization for hospitals, BCH achieved “Gold Level” status with a staff vaccination rate of 95% or greater. Only 17% of the organizations reporting their data achieved that status.

Pictured (left to right) Sandra Bachant, accounting, Meghan Sullivan, admissions and Dan Hoagland, imaging received influenza vaccinations as part of the hospital’s efforts to keep patients, visitors and employees healthy during the flu season.