



ASPEN VALLEY HOSPITAL



THE
YEAR IN
REVIEW

SUMMER 2016

Calendar of events

Free Orthopedic Lecture Series

5:30 - 6:30 p.m.
Oden Conference Center
Aspen Valley Hospital

Wednesday, July 13

Hand Injuries in the Climber
Ann Golden, MD

Wednesday, July 20

Common Cycling Injuries
Mark Purnell, MD

Wednesday, July 27

The Herniated Disc
Stanley Gertzbein, MD

SAVE THIS DATE

Saturday, September 10

1:25 - 4:00 p.m.
125-Year Celebration and Carnival
Food and fun for the entire family!
\$1.25 per person
Aspen Valley Hospital

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OUR MISSION:

To deliver extraordinary healthcare in an environment
of excellence, compassion, and trust.

OUR VALUES:

Integrity, Teamwork, Accountability
Respect for Others, and Patient-Centered Care



ASPEN VALLEY HOSPITAL

Focus on patient safety

Helping you get well — and stay well — in the hospital

From doctors and nurses to administrators and support staff, everyone at Aspen Valley Hospital (AVH) helps to ensure the safety and security of our patients at every level of care. We voluntarily participate in an array of national, state, local, and organizational programs that focus on patient safety.

For example, AVH is part of a federal program to report quality of care measures for conditions such as heart attack, heart failure, and pneumonia. In return, AVH receives benchmark data that compares our performance to other U.S. hospitals.

National information, local results

AVH is a member of the Institute for Healthcare Improvement, which helps us to continually look for ways to improve care. And we are actively involved with the Hospital Engagement Network of the American Hospital Association Health Research & Educational Trust, a group that works to improve knowledge, tools, and care in local communities.

In addition, AVH is on a continual journey toward becoming a “high reliability organization.” We strive for zero harm by expecting excellence in performance, fostering a culture that promotes safety and quality, and establishing safe and effective systems and leadership. In a high reliability organization, the focus is on systems and processes to minimize the possibility of human error. Our “just culture” philosophy does not place blame on individuals, but it does hold all staff accountable for the safety and quality of patient care and for a collaborative and respectful environment which minimizes potential harm.

AVH also participates in The Joint Commission accreditation process that measures a hospital’s commitment through National Patient Safety Goals for Critical Access Hospitals. These goals focus on crucial practices such as:

- 1. Identifying patients prior to providing care.** That’s why you’re asked several questions — “patient identifiers” — each time you receive services.
- 2. Enhancing communication among a patient’s different caregivers.** Daily, multidisciplinary “huddles” take place to ensure good communication and teamwork.
- 3. Safe administration and use of medications.** Pharmacists work closely with doctors and nurses to prevent medication errors.
- 4. Preventing infections in all areas of the hospital.** A robust infection prevention program keeps AVH’s hospital-acquired infection rate far below the national average.
- 5. Ensuring safe surgical practices.** “Time-outs” precede every case to review critical components of the procedure.

In addition, AVH is a member of the Colorado Hospital Association, whose regular “Report Cards” use standardized data and measurements to report clinical outcomes.

Striving to improve every day

With support from these and other programs, AVH continually monitors patient safety and looks for ways to improve its efforts internally. For example, ongoing data collection provides

real-world information that we use to measure performance, analyze results, and plan patient safety enhancements.

“Patient safety may never be perfect, but we will always strive for perfection,” says Lori Maloy, RN, Interim Chief Clinical Officer. “By using multiple approaches and tools, we constantly refine and improve our efforts in this crucial aspect of medical care.”

Patients and family members also play a role in safety at AVH, and we are committed to providing you with information about your condition and care that is accurate, clear, and complete. We encourage you to visit aspenvalleyhospital.org > **Patients > Quality-Patient Safety** to learn more about our focus on building a culture of safety and service.



Hand-washing helps keep infection rates significantly lower than the national average. Pictured here is Trudi Olson, RN.

Message from Terry Collins

Interim Chief Executive Officer

It has been a whirlwind of a year, with new leadership at both the executive and board levels. The good news: Our community and the hospital have a wealth of talented people to fill leadership positions.

As the Chief Financial Officer (CFO) at Aspen Valley Hospital (AVH) since 2004, and with many years' experience in other healthcare organizations before joining the AVH team, I felt well prepared to step into the Interim Chief Executive Officer (CEO) role when our former CEO resigned. I have participated in strategic planning for many years, comprehend the hospital's goals and objectives well, and know many employees, physicians, and community members. And, with each passing day, I get to know even more!

Key positions filled

With my appointment as Interim CEO, it was necessary to fill my vacated CFO position. Fortunately, Ginette Sebenaler, Associate CFO and Controller at AVH since 2008, was willing to step into the role of Interim CFO. Ginette brings a wealth of financial experience and has a strong team of seasoned accountants and financial specialists to help with all aspects of our finances.

In addition, our Chief Clinical Officer (CCO), Elaine Gerson, resigned from that role earlier this year. While Elaine continues to work for the hospital as legal counsel, her other responsibilities required yet another interim placement. Once again, a very capable and willing nursing director — Lori Maloy — had already proven herself as a leader and champion of patient care and quality. We were pleased that Lori accepted the Interim CCO position.

Equally important is the remainder of the executive team — all with years of experience in their respective positions. They include: Ginny Dyche, Director of Community Relations; Alicia Miller, Director of Human Resources; Deborah Breen, Foundation President/CEO; and Dr. Eric Stahl, Chief Medical Officer.

Finally, a board election in early May resulted in a slight change in our board's composition. Dr. Mindy Nagle was re-elected, and Dr. Greg Balko — who served on the board from 2004-2008 — was elected to fill the seat vacated by Dr. Barry Mink.

After 12 years of service on the board, and over 40 years as a member of the medical staff, Dr. Mink retired. He will be sadly missed, but we feel very fortunate to have another physician with years of experience and knowledge to fill his shoes. Dr. Nagle and Dr. Balko join three other board members whose terms will expire in two years: David Eisenstat, Chuck Frias, and Lee Schumacher.

Delivering extraordinary healthcare continues to be priority one

Despite the leadership changes, the hospital's commitment to its mission is as strong as ever. The mission — to deliver extraordinary healthcare in an environment of excellence, compassion, and trust — guides all decisions and actions and culminates with a strategic plan which is updated annually by the board, executive team, foundation board, and physician leaders.

We were honored to receive an abundance of awards for patient satisfaction and clinical quality this past year. While the awards are important, the real story is our incredibly talented, committed staff and all they do to ensure a quality experience for every patient. See pages 8-9 for related article.

AVH Board of Directors



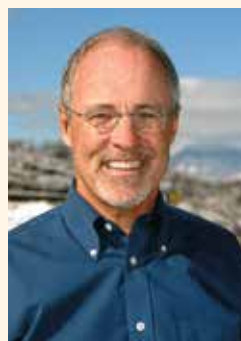
Mindy Nagle, MD,
President



Greg Balko, MD



David Eisenstat



Chuck Frias



Lee Schumacher

AVH Executive Team



Terry Collins,
Interim Chief Executive Officer



Deborah Breen,
Foundation President/CEO



Ginny Dyche,
Director of Community Relations



Lori Maloy,
Interim Chief Clinical Officer



Alicia Miller,
Director of Human Resources

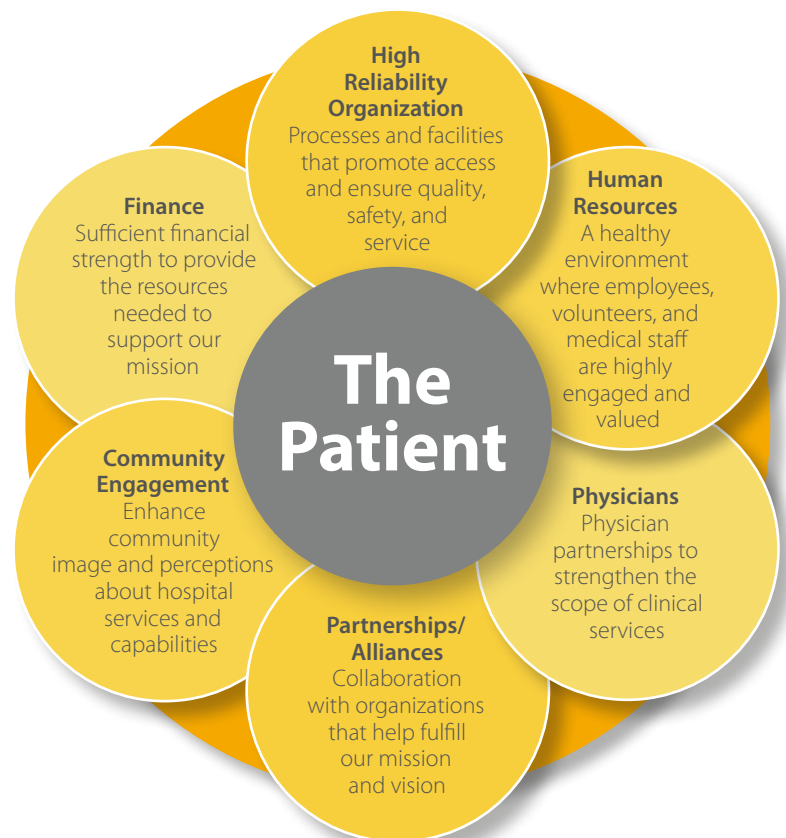


Ginette Sebenaler,
Interim Chief Financial Officer



Eric Stahl, MD,
Chief Medical Officer

2016 STRATEGIC SUCCESS FACTORS



Message from Mindy Nagle, MD

President of the board

After serving on the board for eight years, I was honored to be elected to another four-year term and to be selected by my colleagues to serve as president of the board, replacing Dr. Barry Mink. As was noted at his final meeting, Dr. Mink served with the "confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others." I hope I can follow in his footsteps and lead the hospital to the same success as was experienced during his tenure.

It is a pleasure for me — and I think I speak for all of the board — to be affiliated with such a fine medical facility. Patient care is second to none; medical technology is highly sophisticated and helps clinicians provide the best in diagnostics and treatment; and a new health information system — Epic — will support and enhance the care we provide following its implementation.

Our master facilities plan continues to progress, with more than \$36 million raised in donations to help bring the project to fruition. With the opening of a new emergency department, surgical suites, and diagnostic imaging by year's end, we will have achieved another milestone in our journey toward a contemporary physical plant.

In addition, new physicians joined our medical staff this past year: orthopedic surgeon Waqqar Khan-Farooqi, MD; orthopedic surgeon Thea Wojtkowski, MD; and gastroenterologist Jon Stauffer, MD. A long-awaited rheumatologist will soon be on staff. And, additional specialists in shoulder surgery, ophthalmology, and otolaryngology will be on board later this year.

Also of great importance, we received overwhelmingly positive support for the operational mill levy for another five years. These funds contribute directly to the bottom line and help us provide the quality care for which we are so well known. In tandem with a continued Baa2 rating from Moody's Investor Services, Aspen Valley Hospital continues to be financially healthy.

We are actively recruiting for a permanent CEO. As we make progress, we will keep the community informed.

On behalf of the board of directors, we thank you for the opportunity to serve our community. This past year was very successful, and we are committed to another year that is equally so.

125 years of service & philanthropy

By Deborah Breen, Aspen Valley Hospital Foundation President/CEO

When it comes to living healthy, Aspen Valley Hospital (AVH) leads the charge in the community by delivering exceptional and compassionate medical care every day. In 2015, more than 75,000 patient encounters were managed by AVH, demonstrating the significant need for healthcare services locally. Ensuring hospital staff and physicians have world-class facilities, equipment, and resources to match their world-class skills remains a shared vision between AVH and the newly formed Aspen Valley Hospital Foundation (AVHF).

Since its inception in 2012, AVHF has launched a multifaceted development program with a \$60 million capital campaign at the forefront of its list of priorities. Supporters have responded very positively and have shown tremendous generosity. Capital campaign progress has now topped the \$36 million mark.

In the coming year, AVH will celebrate its 125th anniversary. It stands on the brink of



Left to right: Steve Selby, AVH Director of Facilities Management; John Sarpa and Pam Alexander, AVHF board members; Deborah Breen, AVHF President/CEO; Terry Collins, AVH Interim CEO; Dr. Barry Mink, Immediate Past AVH Board Chairman; Ginette Sebenaler, AVH Interim CFO; and Chuck Frias, Dr. Archer Bishop, Coley Cassidy, and Ernie Fyrwald, AVHF board members.

completing new and much-needed facilities that will bring all of the clinical services into space that supports today's standards of care. Efficiency, privacy, safety, new technology, the shift from an inpatient to an outpatient population, and new treatment modalities that didn't even exist when the hospital was constructed are all driving forces behind this project.

The hospital relied on philanthropy 125 years ago, and today, philanthropy is equally as important. Just as the miners of the 1890s gave a day's wages for the construction

of Aspen's first hospital, today's residents are also contributing to a modern-day hospital. The foundation has continued to communicate a very simple message: consider making a gift today that will support the healthcare needs of our community tomorrow. There has never been a better time to support our community hospital.

We would be honored to talk more with you about all of the plans and progress underway, as well as the vision for the future. For giving opportunities, contact the AVH Foundation at **970.544.1302**.

'Every step of the way, Aspen Valley Hospital had someone there to help'

Atlanta family grateful for expertise and support after devastating ski injury

For more than two decades, Sean Carroll has spent family ski vacations in these mountains, and he knows the runs like his own backyard. As he sped down a black diamond trail one afternoon in February, he felt confident — or maybe a little overconfident. "What happened," Sean says with a chuckle, "was a 21-year-old mind in a 48-year-old body."

The owner of a financial consulting firm in Atlanta, Sean thinks he hit a "sticky" spot in the snow, and that's what sent him sprawling. He knew he'd been hurt but didn't think it was anything serious. In fact, while waiting for help to arrive, he called his wife Amy, who was shopping in town, and said, "You might need to come and get me. I tweaked my knee."

"Tweaked" was a huge understatement. At Aspen Valley Hospital's (AVH) Snowmass Clinic, images revealed a nasty break at the top of Sean's left tibia. Orthopedic surgeon Kaare Kolstad, MD, confirmed the diagnosis shortly afterward at AVH, adding that reparative surgery had to wait until the swelling abated. Meantime, Dr. Kolstad performed surgery to place an external fixator (or "X-fix") that immobilized the knee until Sean could get follow-up care back home.

Immediately, Sean and Amy began to wonder: How could they get themselves and their children Jack and Mackenzie back to Georgia? How could Sean even board a plane? And how would they find a qualified surgeon in Atlanta?

To the rescue

Enter AVH orthopedic physician's assistant Grace Song. The day after the X-fix procedure, as the Carrolls talked about their concerns, Grace listened, thought,

and finally said, "Let me see what I can do." Soon, she returned and asked if they'd be willing to stay in Aspen for the surgery. Sean did not hesitate. "I wanted to get it done and get it done fast, so I could start healing," he says. "Grace did a wonderful job of getting me on the surgical calendar. She was absolutely amazing."

"We also knew the doctors at Aspen Valley Hospital are used to seeing this kind of injury," Amy adds. "We weren't sure how much experience the doctors back home would have with that type of surgery."

At least one obstacle remained, however. After sending Jack and Mackenzie safely back home, the Carrolls had to check out of their rented condo. They faced the daunting task of locating new lodgings, with handicap accessibility, at the height of ski season — until patient representative Joe High stepped in, found a hotel room nearby, and even booked the reservation. "Every step of the way," Amy says, "Aspen Valley Hospital had someone there to help us."

Surgery, rehab and home

One week after the accident, and after the swelling subsided to a sufficient degree, Sean underwent the four-hour reparative operation, with AVH orthopedic surgeon Mark Purnell, MD, repairing the bones and meniscus and securing them with 10 screws and a metal plate. Just a few hours after surgery, Sean was working with physical therapist Lisa Pranno to bend his knee.

"I can be a bit of a smart aleck, but Lisa didn't let me get away with any remarks; she gave it right back to me!" Sean says, laughing. "Plus, the professional care she provided was crucial in my healing."

Now that he is home, Sean continues to receive physical therapy in Georgia and is progressing nicely with his recovery. In addition, the family continues to receive support from AVH, including calls from Grace Song and Dr. Purnell, and a patient financial advisor helped resolve an insurance-related issue. "Even the billing department has gone above and beyond," Amy says. "I joked with Sean that if I ever have to go into the hospital, will you fly me back to Aspen?"

Sean agrees: "I was blown away by the care I received. In my business, I talk to my employees about delivering Ritz-Carlton service, and I really feel like Aspen Valley Hospital delivered Ritz-Carlton service."

"I was blown away by the care I received. In my business, I talk to my employees about delivering Ritz-Carlton service, and I really feel like Aspen Valley Hospital delivered Ritz-Carlton service."



Sean Carroll and his wife Amy.

Awards Galore!



Top Photo: Nurses Jeanne Bedell, OrthoAspen, and Cynda Larson, Infusion Center.

Second Photo: Amanda Durham, RN, Patient Care Unit; Ray Knable, RN, Emergency Department; and Lori Maloy, RN, Interim Chief Clinical Officer.



Left Photo: The lab staff draws and processes blood from thousands of patients each year.

Right Photo: Belinda Faulhaber, RN, House Supervisor, and Maggie Gloor, RN, Emergency Department, work the night shift.



This past year, Aspen Valley Hospital (AVH) received awards from Avatar International, Medicare, Custom Learning Systems, Press Ganey, the National Rural Health Association, and Healthgrades. Titles such as “Best Performer,” “Hospital of Choice,” and “Top 15%” were bestowed upon the hospital for clinical quality, financial stability, and patient satisfaction. More important than the awards, however, is the story behind the awards.

Director of Community Relations Ginny Dyche notes these awards have not happened by chance. Instead, they are by design, ranging from a focus on personalized care to staffing ratios, hiring practices, and a commitment to the organization’s values for integrity, accountability, teamwork, respect, and patient-centered care. “These values have long supported our mission, which in turn drives every decision we make about the delivery of care,” she explains.

From good to great ...

Approximately two years ago, with already high patient experience scores, hospital staff embarked upon an improvement initiative they call “Project MATCH.” MATCH stands for “Making Aspen the Choice Hospital” — not only for patients, but for employees as well. Rather than a top-down approach, Project MATCH is a grassroots effort, with front-line employees driving progress toward a more efficient, patient-centered organization. As a result, patient satisfaction scores continue to rise.

Our shining stars

Patient feedback has placed AVH at the top of the scorecard for inpatient care and emergency service

Inpatients

| | <u>Percentile</u> |
|--|-------------------|
| Overall rating | .97th |
| Willingness to recommend | .99th |
| Communications with nurses | .93rd |
| Communications with doctors. | .96th |
| Communications about medications. | .95th |
| Responsiveness of hospital staff | .99th |
| Discharge information | .96th |
| Pain management. | .91st |
| Cleanliness | .89th |
| Quietness | .96th |
| Care transition | .100th |

Emergency patients

| | <u>Percentile</u> |
|------------------------------------|-------------------|
| AVH Emergency Department. | .92nd |
| After-Hours Medical Care | .95th |
| Snowmass Clinic. | .99th |

A great place to work

Lori Maloy, RN, Interim Chief Clinical Officer, notes that AVH has very low turnover rates and that a number of clinical staff members commute to AVH from as far away as Grand Junction. Why? "Because here they are empowered to provide textbook care — the kind of care they learned about in school. Because this is an organization where they feel really good about what they do," she says.

April Boney, RN, PCU/Case Management Director, attributes AVH's popularity with patients to a multidisciplinary approach. "It's not about a single nurse or doctor. It's about an entire team — including the patient and family — coming together for the best possible care. It's about ensuring that the transition to home is successful, so we can reduce readmission rates. It's about going above and beyond the patient's expectations," she says.

"People remember the little things, the smallest acts of kindness," April continues. "When our patient representative gives a patient a ride home and en route picks up their prescription or groceries for the next few days, this is both unexpected and memorable. When the staff throws a birthday party for someone unfortunate enough to be in the hospital on their special day, it is never forgotten."

Medical care matters too

All that said, patients also expect the highest quality of medical care. "We are fortunate to have a top-notch medical staff," says Terry Collins, Interim CEO. "Our doctors are well-trained and very committed to their patients."

Focus

on Sports Medicine

Specialty care for the athlete in all of us

Sports medicine is all grown up — and still growing! Since emerging as a distinct specialty in the late 20th century, sports medicine has become one of the most diverse and dynamic areas of healthcare. Today, it encompasses a broad swath of services ranging from activity-related injury prevention, rehabilitation, and surgical and non-surgical treatments to nutrition and training for maximizing athletic performance.

In fact, many sports medicine practitioners now dedicate their work to specific parts of the body, such as particular joints. Others, whether by design or circumstance, focus on a particular condition, such as overuse, repetitive-motion, or traumatic injuries.

It probably comes as no surprise that few places in the world need first-class sports medicine services more than the Roaring Fork Valley. Our collective focus on fitness and outdoor activities make this a great place to practice for Tom Pevny, MD, orthopedic surgeon, at Aspen Valley Hospital (AVH).



*Tom Pevny, MD,
orthopedic surgeon*

functional,” he explains. “I’ll be thinking, ‘How did you walk in here?’ and the patient will say he’s still skiing, swimming, hiking, and biking. So, we would treat that patient very differently from a person who comes in with the same type of X-ray but has severe pain and limited range of motion.”

“We see a lot of sports-related injuries, given how athletic our community is,” says Dr. Pevny, who completed a fellowship in sports medicine as part of his medical training and is board-certified in both orthopedics and sports medicine. “In particular, we see a lot of athletes who fall. In areas of the country where baseball is huge, for example, you would see more overuse injuries. Here in Aspen, most of our orthopedic patients are injured in falls, like on a ski slope or bike path.”

“We see a lot of sports-related injuries, given how athletic our community is.”

Individualized care for individual patients

Every injury is as unique as the person who suffers it. And for that reason, individualized care is the only way to achieve the best possible results. “You can’t just treat the injury; you have to treat the whole patient and consider what he or she wants in terms of function and activity,” Dr. Pevny says.

“We have people with very bad knee X-rays — the joint is not aligned, bone is rubbing on bone — and yet they are very

With any patient, Dr. Pevny begins with a conservative approach to treatment. Options such as physical therapy and activity modification often will effectively alleviate symptoms. If the results are not satisfactory, however, a next step might be injections with cortisone, platelet-rich plasma, or stem cells harvested from the patient’s fat or bone.

Only if conservative therapies do not provide sufficient relief will Dr. Pevny consider a surgical procedure. When that is the case, several options are available to AVH patients.

Arthroscopic surgery to clean the joint of damaged tissue, bone fragments, and other debris may work. Or depending on the joint affected and the extent of the damage, a partial joint replacement may be appropriate. For the knee, a partial joint replacement procedure called Mako® has been very successful, because it preserves bone. However, it can be used only under certain circumstances, such as for patients who still have good range of motion and no major misalignment issues in the joint.

If the joint suffers from severe damage or is affected by an advanced condition such as arthritis, the only definitive treatment may be total joint replacement. Here, the physician’s expertise can



make a significant difference in the results. For instance: When performing a total knee replacement, Dr. Pevny orders special images of the entire leg, from hip to ankle. The images are sent to the replacement joint's manufacturer so the new knee will be made to fit exactly to the patient's anatomy with perfect alignment.

"Getting the alignment right is analogous to getting the foundation right when you're building a house," Dr. Pevny explains. "You can have a beautiful home — but if the foundation isn't right, it's going to fall apart. It's the same with a total knee replacement. If the alignment isn't right, there's going to be increased stress and, over time, a higher risk of failure."

The return to an active lifestyle

For most sports medicine patients, the ultimate goal of treatment is a return to athletic activities that have not been possible, or at least not enjoyable, for a long time. That's why AVH has physicians who specialize in the treatment of ailments of the knee, shoulder, foot and ankle, hip, hand, and wrist.

"Most people understand that procedures such as total knee replacement can be life-changing, but we don't always have

to resort to surgery to see significant improvements in comfort and functionality," Dr. Pevny says.

"We approach every situation with a focus on helping people get back to the healthy, active life they want to lead."

For most sports medicine patients, the ultimate goal of treatment is a return to athletic activities that have not been possible, or at least not enjoyable, for a long time.

Aspen Valley Hospital Medical Staff

Allergy/Immunology

Robert McDermott, MD

Anesthesiology

Chris Beck, MD
Vincent Franze, DO
Eric Willsky, MD
Amy Engelmann, CRNA
Kathleen Mitchell, CRNA
Phyllis Whitman, CRNA

Anesthesiology/ Pain Management

Giora Hahn, MD

Cardiology

Paul Becker, MD
Gordon Gerson, MD

Dermatology

Karen Nern, MD

Ear, Nose, and Throat

Matthew Goodstein, MD

Emergency Medicine

Charles Abramson, DO
Steve Ayers, DO
Greg Balko, MD
Catherine Bernard, MD
Scott Gallagher, MD
Bud Glismann, MD
Kim Levin, MD
Chris Martinez, MD
Christina Miller, MD
Amy Behrhorst, PA-C
Dawn Kopf, PA-C
Sean Nevin, PA-C
Lisa Olsen, FNP

Family Medicine

Bruce Bowen, MD
Michael Check, MD
Jenny Connery, MD
Anne Goyette, MD
Glenn Kotz, MD
Kelly Locke, MD
Dewayne Niebur, MD
Kim Scheuer, MD

Gastroenterology

Jason Collins, MD
Stephen Laird, MD
Jon Stauffer, MD
Gerard Tomasso, MD

General Surgery

Les Fraser, MD
Joe Livengood, MD

Gynecology

Gail King, MD

Hospitalist

Mike Goralka, MD
Michael Lintner, MD

Internal Medicine

David Borchers, MD
Paula Kadison, MD
Ann Mass, MD
Susan Zimet, MD



Steve Ayers, DO



Catherine Bernard, MD

Neurology

Brooke Allen, MD

Obstetrics/Gynecology

Natasha Knight, MD
Mindy Nagle, MD
Nancy Bacheldor, CNM

Oncology

Doug Rovira, MD
Nancee Dodge, FNP-C

Ophthalmology

Matthew Ehrlich, MD

Orthopaedic Surgery

Ann Golden, MD
Waqar Khan-Farooqi, MD
Tito Liotta, MD
Tom Pevny, MD
Mark Purnell, MD
Eleanor von Stade, MD
Thea Wojtkowski, MD
Matt Byers, PA-C
Grace Song, PA-C
Rachael Wymer, PA-C

Pathology

Frank Holmes, MD
Robert Macaulay, MD
Jerry Steinbrecher, MD

Pediatrics

Harvey Fahy, MD
Charlene Guggenheim, MD
Mary Harris, MD
William Mitchell, MD
Claudia Nelson, MD

Plastic Surgery

Jen Butterfield, MD
Dennis Cirillo, MD
Peter Fodor, MD
W. Jason Martin, MD

Podiatry

Noel Armstrong, DPM

Pulmonology

Gary Cott, MD

Radiology

Radiology Imaging Associates

Urgent Care

William Duke, MD
Jon Gibans, MD
Melissa Orman, MD
Elizabeth Tai, MD

Urology

Jeff Fegan, MD
Jamie Lowe, MD
Brian Murphy, MD

Whitcomb Terrace

Gail Mizner, MD



Natasha Knight, MD, and Mindy Nagle, MD



Michael Lintner, MD, and Mary Harris, MD



Brooke Allen, MD

600 years of service

Thank you Aspen Valley Hospital employees for over 600 years of combined service!

35 YEARS

Nancy Birkholz, MT Laboratory
Mary Margaret O'Gara, RN . . . Diabetes Education
P.J. Wallace, RN Same-Day Surgery



Mary Margaret O'Gara
and P.J. Wallace

30 YEARS

Vicki True Information Technology

25 YEARS

Beth Barnes, RN House Supervisor
Janice Martin, RN Cardiology Clinic
Hermila Sanchez. Environmental Services
Keri Sivess, MT Laboratory

20 YEARS

Maria Casas Environmental Services
Ducky Coombe, RN Same-Day Surgery
Diana Keyser, RT Diagnostic Imaging
Connie Leonard, RT Diagnostic Imaging
Cyndi Sette, RT Diagnostic Imaging

Ducky Coombe,
Vicki True,
Erika Van Meter,
Julie Mathias,
and Tim McCall



15 YEARS

Ervin Averett Engineering
Melinda Gorden Scheduling
Steve Stefferud, EMT-P Ambulance
Erika Van Meter. Pharmacy
Jeff Wold, RT Respiratory Therapy

10 YEARS

Emily Albers, RN Patient Care Unit
Chris Carmichael, EMT-B Ambulance
Katy Cooper, PharmD. Pharmacy
Dan Goddard, EMT-P Ambulance
Julie Mathias, MT. Laboratory
Tim McCall, DPT Physical Therapy
Brent Perusse, EMT-P Ambulance
Brienne Phelps Nutrition Services
Heather Preusch Aspen Birth Center
Jeanette Rubio Health Information Services
Nell Strijbos-Arthur Admissions
Kandra Vaughn. Medical Office
Amy Jo Westerman, RN Surgery

Volunteers: Everyday heroes

At Aspen Valley Hospital, we rely on the dedication of dozens of volunteers — everyday heroes who unselfishly donate their time and energy and touch the hearts of our patients and staff. The work they do — whether it's with our inpatients, same-day surgery or emergency patients, or in the gift shop or mail room — is valued, loyal, and sincere. Our volunteers are untiring in their efforts throughout the year. They are ready with a smile and always willing to help. We do not take our volunteers for granted — thank you for all you do!



Karla Bacsanyi, Becky Ayres,
Nancy Wall, and Joyce Harris



Rita Cohen and
Martha Madsen

How the AVH dollar is spent

2015 financial information



The auditing firm of BKD conducted the AVH 2015 audit in accordance with district law and generally accepted auditing standards in the United States.

About our finances

Unlike many hospitals in the United States, Aspen Valley Hospital (AVH) continues to demonstrate financial strength and holds a Baa2 bond rating (Moody's Investor Services). Our days cash on hand are at healthy levels, which is extremely important in a community with significant seasonal fluctuations. Successful philanthropic efforts in the last two years have made a sizeable contribution to our finances. As we complete our master facilities plan and spend these funds, through careful planning, we will still have sufficient days cash on hand.

In addition to expenses associated with expansion and renovation, we are also installing Epic, an electronic medical record system which is important for efficient and effective healthcare delivery. And, as is the case each year, improved and often expensive technology requires an outlay of funds.

With the uncertain future of our industry and the possible reduction in reimbursement, AVH continues to emphasize the importance of a strong cost management culture, while enhancing the quality of our care. We are very grateful to the community for supporting our hospital in various ways (such as the mill levy), which provides the resources necessary to deliver extraordinary healthcare to both residents and visitors alike.

Our Chief Financial Officer is always available to answer questions about hospital finances and can be reached at **544.1382**.



This publication in no way seeks to diagnose or treat illness or serve as a substitute for professional medical care. Please see your physician if you have a health problem.

New technology

Step by step, new equipment promotes healing after surgery

One of the most important ways a patient can encourage healing after surgery is to get out of bed and start walking. Each step reduces the risk of dangerous post-operative complications, such as blood clots and pneumonia, and also promotes recovery.

With the recent purchase of new equipment called the Livengood PACE® (Patient Care Environment) mobility solution, Aspen Valley Hospital (AVH) has made it easier and safer for patients to be mobile after surgery or serious illness — with the ultimate goal of letting them go home and return to their normal lives as quickly and safely as possible.

PACE holds the array of IV bags, monitors, oxygen tank, and other devices that are connected to many recuperating patients. Previously, having a patient walk while connected to multiple devices has required the time and attention of up to three nurses: one to assist the patient and two more nurses to move the equipment. With PACE in place, the patient needs only one nurse to help with mobility.

"PACE is a fantastic product," says April Boney, PCU/Case Management Director. "The six PACE units now in use at the hospital allow our patients to take more frequent walks and also free up nursing resources. That improves the level of care we can provide for all of our patients."

Scientific research backs up the benefits. According to a clinical study, patients using PACE had 25 percent shorter hospital stays, compared with patients who did not use the equipment.

For patients, PACE represents a significant advance in safety and outcomes of post-operative care. Our medical staff is excited to have this technology available for our patients.

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