

HEALTH MATTERS

GOOD STEWARDS

DRIVEN TO IMPROVE
HEALTHCARE VALUES p. 10



ALSO INSIDE:

**THE HEALTH
FAIR RETURNS** p. 5

**GOLD STANDARD
FOR HEALTH RECORDS** p. 14

ANNUAL FINANCIAL REPORT p. 20

HEALTH MATTERS

SUMMER/FALL 2021

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HEALTH MATTERS is a bi-annual magazine published by Aspen Valley Hospital (AVH) to inform residents of the Roaring Fork Valley about the continuous improvements and investments AVH and its Network of Care clinics are making to ensure the long health and vitality of our residents and community.



ASPEN VALLEY HOSPITAL



on the COVER

Kelly Locke, MD; Chris McDowell, Executive Director of Valley Health Alliance; Elaine Gerson, AVH Chief Operating Officer; and Hospital CEO Dave Ressler (pictured left to right) are helping to transform AVH to better serve our community's healthcare needs. Read the story on page 10.

OUR MISSION

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

OUR VISION

To foster our community as the healthiest in the nation.

OUR VALUES

Patient-centered Care • Accountability • Respect for Others
• Integrity • Teamwork



SHARE YOUR STORY!

HEALTH MATTERS would like to hear how AVH made a positive impact for you or a loved one. Please email communityrelations@aspenhospital.org so that we may consider your story for an upcoming issue and inspire others on their journeys.

NON-DISCRIMINATION STATEMENT

With regards to employment, access to, or provision of care, Aspen Valley Hospital District (AVHD) shall provide all individuals with the full and equal enjoyment of the services, privileges, facilities, advantages and accommodations without discrimination, as required by Section 1557 of the Affordable Care Act of 2010. AVHD shall not discriminate on the basis of race, color, national origin, sex (which includes gender-based discrimination), disability, religion, age or veteran status. Gender-based discrimination includes discrimination based on gender identity, gender expression and nonconformity with sex stereotypes.



in THIS ISSUE

A LETTER FROM DAVE RESSLER 4

AVH SPOTLIGHT 5

The popular health fair is back
— with some twists

A CLOSER LOOK 6

Aspen Ambulance District is ready
for any circumstance, in any location

AVH CALENDAR 8

Upcoming classes and events

BY THE NUMBERS 9

Local health outcomes are improving

INFORMATION HUB 26

Who to call, where to go
when you need help

ASK THE EXPERT 27

Christopher Roseberry, MD,
Trauma Medical Director, on cycling safety

FEATURES

HEALTHCARE TRANSFORMATION 10

Making medical care more effective and affordable

AN EPIC IMPROVEMENT 14

Investing in a new electronic health records system

MEET OUR BOARD OF DIRECTORS 16

Community leaders and physicians dedicated
to fulfilling our mission and vision

ANNUAL REPORT HIGHLIGHTS 20

A letter from the Board Chair,
plus a report on our finances

AVH FOUNDATION 22

Philanthropy at work

Christopher Roseberry, MD, is more than an avid biker. Read his cycling safety tips and insights on page 27.



AVH is committed to delivering value in healthcare with the highest quality care at the lowest possible cost.

Since 1891, Aspen Valley Hospital has been continuously growing and adapting to meet the evolving healthcare needs of our dynamic community. In all of our work, as a community-owned organization, we maintain a constant focus on our accountability to be good stewards of the community's healthcare resources and to provide the level and types of services that our community needs.

In this issue of *Health Matters*, we explore in greater detail the ways in which AVH is committed to delivering value in healthcare with the highest quality care at the lowest possible cost, by working closely with our local physicians to improve the health and wellbeing of our community.

First, in our lead article, we provide an insider's view of how the industry is transforming to focus on healthcare value, and how AVH and our partners are leading the way in Colorado. You will hear from the experts who are in the middle of the work, including our Chief Operating Officer, Elaine Gerson, our Medical Director of Aspen Valley Primary Care, Dr. Kelly Locke, and the CEO of the Valley Health Alliance, Chris McDowell. As you will learn, healthcare value, which is a function of cost and quality, is achieved through collaboration between primary care providers and hospitals working together to improve the health status of our community and reduce overall costs.

In a separate but related article, we talk about the importance of immediately accessible patient information when providing the most effective and most efficient healthcare throughout our Network of Care. We have embarked on a multi-year journey to install the gold standard of electronic health record systems at AVH, and in all of our clinics, called Epic. In the process, we will be replacing paper-based documentation and processes and moving to a fully electronic and integrated platform.

And of course, staying healthy means not getting injured, at least not seriously, and our Trauma Medical Director, Dr. Christopher Roseberry, has some tips for staying safe while on your bike. As an avid cyclist himself, and one who has seen what can happen when things go wrong, Dr. Roseberry has sage advice for all of us who enjoy getting out and riding.

I hope you enjoy learning more about AVH, your community hospital, and the role we play in keeping you healthy and active. After all, that is why we are here.

Dave Ressler
Chief Executive Officer



THE HEALTH FAIR IS BACK!

Popular event returns this fall — with a few twists

After taking a break because of the COVID-19 pandemic, Aspen Valley Hospital will bring back its popular health fair over two long weekends this fall. And while much about the event will be familiar, attendees will notice some changes.

“We are grateful to be able to reintroduce this important event,” said Jennifer Slaughter, AVH Chief Marketing Officer. “For our community to thrive, residents need access to high-quality healthcare with a focus on prevention. The health fair supports this vision by offering low-cost options for bloodwork, which is key to understanding one’s health status.”

2021 HEALTH FAIR HIGHLIGHTS

One important change this year is that the health fair will span two four-day sessions in September and October. Also, AVH is working with a new vendor, It Starts With Me Health, to manage appointments and send results packets. (Participants may still use the Quality Health Network online platform to share test results with their physicians.)

In addition, **appointments will be required** — no walk-ins allowed — and all appointments will be scheduled between 8 and 11 a.m. on each day of the fair. Based on federal COVID-19 precautions, each participant will be temperature screened upon entry and must wear a mask regardless of vaccination status.

Participants should note that additional screenings for vision, body mass index and blood pressure will not be offered this year. However, blood draws will be available for the following testing services:

- Health Fair Profile — \$70 (fasting required)
- Cardio CRP — \$35
- Hemoglobin A1C — \$35
- PSA — \$40
- Vitamin D — \$45

“We had to completely rethink the health fair because of COVID, but there are silver linings,” Slaughter said. “By offering blood draws by appointment only — and over more days — we hope people will find a convenient time slot that works for their schedules. Participants can look forward to a more efficient experience, and no more waiting in long lines.”

You can make appointments beginning August 16. Call **800.217.5866**, visit **[aspenhospital.org/health-fair](https://www.aspenhospital.org/health-fair)** or click the button for more details. ■



2021 HEALTH FAIR SCHEDULE

SESSION 1

Aspen

Aspen Valley Hospital
Thursday, September 30
Friday, October 1
Saturday, October 2

Basalt

El Jebel Community Center
Sunday, October 3

SESSION 2

Aspen

Aspen Valley Hospital
Thursday, October 21
Friday, October 22
Saturday, October 23

Basalt

El Jebel Community Center
Sunday, October 24



EXTREME RESCUE

Aspen Ambulance District saves lives in all circumstances and locations

Rescuing drivers from cars that have careened into ravines and rappelling off cliffs to retrieve injured hikers — these rescue operations could be just another day of work for the elite paramedics and EMTs of the Aspen Ambulance District.

“First and foremost, we are medical professionals, and our goal is to save lives,” said Gabe Muething, the district’s Emergency Medical Services Director. “With the varied and many times extreme terrain within the Aspen Ambulance District, we have become experts in providing high level care in the most adverse of conditions.”

UNCONDITIONAL SERVICE NO MATTER THE CONDITIONS

Paramedics are the healthcare industry’s jacks of all trades, dealing with emergencies ranging from heart attacks to drownings. Receiving the right training is critical to doing the job well. Therefore, out of the district’s 32 employees, 27 are fully trained paramedics, and about half of those are further trained in critical care.

“Becoming a critical care paramedic requires significant training that turns our ambulances into rolling ICUs,” Muething said. “In small communities, first responders are usually police or firefighters with only a basic level of medical care. Aspen is lucky to have paramedics who can administer drugs and perform emergency procedures.”

Aspen Ambulance paramedics and EMTs are also trained to deal with the local geography and environment. Any moment, they may be called upon to descend cliffs, perform whitewater rescues or fight wildland fires.

MANY DUTIES — AND ACRES

Formed in 1982, the Aspen Ambulance District covers 660 square miles of rugged terrain, from the top of Independence Pass to the top of Snowmass Canyon. (As part of the Roaring Fork Fire Rescue Authority, Snowmass Village is not included.) The district levies property taxes to support its budget and also collects fees for providing medical services for the Winter X Games and other events.

Aspen Ambulance paramedics and EMTs are also trained to deal with the local geography and environment. Any moment, they may be called upon to descend cliffs, perform whitewater rescues or fight wildland fires.

In addition to providing support to Aspen Ambulance in areas such as staffing, administrative support and budget oversight, Aspen Valley Hospital collaborates with the district so paramedics can work alongside the hospital’s emergency and ICU staff for additional medical training.

“These are amazing people who spend a lot of time figuring out how to do their jobs better,” Muething said. “They love going in, doing the job, saving a life and then quietly slipping back into their normal routine. They aren’t after the attention and the glory, but they are proud of what they do.”



MONTHLY EVENTS

AVH BOARD OF DIRECTORS MEETING

Second Monday of the month, at 5:30 p.m.

Meetings are available to the public via Zoom, and are held in the Oden Conference Center at AVH. You can access our monthly meeting info at [aspenhospital.org/events](https://www.aspenhospital.org/events).

DIETITIAN DEMOS

Every third Thursday of the month, Demos are hosted on our Instagram @AspenValleyHospital.

Our Registered Dietitians Lauren Mitchell, MS, RDN, and Kristy Bates, RDN, combine the joy of cooking with all of the knowledge that comes with choosing the foods that are best for you. While there are a lot of mixed messages in the world of nutrition, Lauren and Kristy are setting the story straight when it comes to making healthy choices.

BLOOD DRIVES

In affiliation with St. Mary's Hospital, all blood drives take place at AVH.

Visit [aspenhospital.org/blood-drives](https://www.aspenhospital.org/blood-drives) for information regarding COVID regulations.

September 14, 10:30 a.m. - 3 p.m.
November 9, 10:30 a.m. - 3 p.m.

ONGOING CLASSES AND EVENTS

CHILDBIRTH EDUCATION

Available via Zoom and limited in-person

Held on various dates throughout the year, the Childbirth Preparation Series, First Year First-Aid and Childbirth Preparation "Express" classes are offered with limited in-person availability in Aspen, Basalt and via Zoom.

For more information, e-mail cbe@aspenhospital.org. Online registration is available at [aspenhospital.org](https://www.aspenhospital.org).

ONCOLOGY REHABILITATION



Experiencing cancer treatment can be a challenging time, but you don't have to go through it alone. Oncology Rehabilitation at AVH holistically addresses cancer-related symptoms during and after cancer treatment through cardiovascular exercise, resistance, balance and neuromuscular training in a supportive group environment.

For class information and to set up your preliminary interview, please contact Tara Richardson at **970.544.1566** or trichardson@aspenhospital.org.

CARDIAC & PULMONARY REHABILITATION



Surviving a heart attack or any other cardiovascular event doesn't

end with a trip home from the hospital. Cardiac and Pulmonary Rehabilitation medically supervised exercise and education programs are available at AVH to assist in recovery. Our Cardiac Rehabilitation team will carefully evaluate your needs and create an individualized program focused on restoring your heart function and enhancing your quality of life. Programs are offered at our hospital location as well as at After-Hours Medical Care in Basalt.

For more information and schedule, please call the Cardiac Rehab team at **970.544.1383**.

DIABETES EDUCATION

Our Certified Diabetes Care and Education Specialist (CDCES), Laurie Osier, is available in Aspen and Basalt to help you navigate your diabetes diagnosis through healthy eating and meal planning, medication use and the latest in diabetes technologies.

For more information about scheduling a consultation, call our Diabetes Education Center at **970.544.7394**.

HEALTH FAIR

We are pleased to announce the return of our health fair in a modified format:

- Blood draws only.
- By appointment only – no walk-ins.

SESSION 1

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Aspen Valley Hospital
Thursday, September 30
Friday, October 1
Saturday, October 2

Basalt

El Jebel Community Center
Sunday, October 3

SESSION 2

Aspen

Aspen Valley Hospital
Thursday, October 21
Friday, October 22
Saturday, October 23

Basalt

El Jebel Community Center
Sunday, October 24

Starting Monday, August 16, book your appointment by clicking the button or visiting [aspenhospital.org/health-fair](https://www.aspenhospital.org/health-fair).



For more details on these upcoming events, visit [aspenhospital.org](https://www.aspenhospital.org).

ASPEN VALLEY PRIMARY CARE *improving health* OUTCOMES IN OUR COMMUNITY

Here's a snapshot of our clinic's quality improvement data from the first half of 2021.

 <p>610 New patients added to the Aspen Valley Primary Care practice.</p>	<p>94%</p> <p>Patients able to see their own requested primary care provider for an appointment.</p> <p>16</p> <p>Patients enrolled in a chronic care management program.</p>	 <p>73% Hypertension patients who achieved their blood pressure goals.</p>
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<p>75%</p>  <p>Patients screened for depression at each visit.</p>	<p>90</p> <p>New patients introduced to behavioral health support.</p> <p>94%</p>  <p>Diabetics who met their hemoglobin A1C test goals.</p>
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103 Patients screened for social determinants of health (economic and social factors that influence individual and group differences in health status).

Aspen Valley Primary Care is conveniently located in Aspen and Basalt. To learn more or to schedule an appointment, call **970.279.4111**, visit [aspenhospital.org/services/primary-care](https://www.aspenhospital.org/services/primary-care) or clicking the button.





As a primary care physician, Dr. Kelly Locke helps to coordinate the full spectrum of a patient's healthcare and wellness needs.

HOW AVH IS LEADING THE TRANSFORMATION OF HEALTHCARE

Aiming to provide availability, accessibility and affordability for all

In recent years, you may have heard about Aspen Valley Hospital's efforts to promote population health, to bring more primary care providers to the community and to work toward achieving the Institute for Healthcare Improvement's Quadruple Aim. These different initiatives may seem abstract, but they're part of a united goal to transform the traditional healthcare model and ensure everyone has access to the right care at the right time in the right place for the right price.

Such a goal is as daunting and daring as it is necessary to the health of our community. And to achieve it, AVH has changed the way that it does business and joined forces with an array of other stakeholders in Pitkin, Garfield and Eagle counties to create the nonprofit Valley Health Alliance (VHA).

TEAM OF 'RIVALS'

At first glance, it may be surprising to think of so many different kinds of organizations working together. After all, hospitals typically compete with each other for the best staff and technology; physicians often battle insurers for higher reimbursements; and employers and employees lament ever-increasing health plan costs.

In the Roaring Fork Valley, however, the picture is quite different. Among various stakeholders, there's a growing awareness that cooperation makes sense for everyone.

"If we learned anything from the COVID-19 pandemic, it's that partnerships are powerful tools for leveraging limited local resources for maximum effect," said Dave Ressler, CEO of AVH. "Here in the mountains, we operate in a low-volume environment with associated inefficiencies, despite needing high-level capabilities to meet the needs of our community."

That's where innovative approaches, such as cooperative relationships among "rival" hospitals, become crucial. Although already underway, such cooperation got a significant boost from the public health crisis.

"During COVID-19, hospitals had a strong incentive to work together and communicate about available resources and capacity," said Chris McDowell, Executive Director of the VHA. "You saw the entire medical system cooperate to be more effective and efficient. AVH, Valley View Hospital [in Glenwood Springs] and St. Mary's Hospital [in Grand Junction] came together to communicate and share resources for the good of the community."

CARING IS SHARING

Among the most high-impact examples of this cooperation in action is the coordination of medical specialties across the region. Today, AVH shares oncology, cardiology, urology, gastroenterology and breast surgery services with Valley View and has also partnered with Vail Health and The Steadman Clinic to provide orthopaedic care.

"AVH and its peer institutions have a common bond of being community-owned and -focused," Ressler said. "We recognize that we can better serve our communities by working together to avoid redundancy of services and share high-cost specialties."

McDowell, too, is heartened to see hospitals working together to address the special challenges of a rural community. "These hospitals are pooling resources and breaking down siloes," he said. "If we work together in this way for the good of all, then we can better meet the healthcare needs of the community."

The VHA has been instrumental in uniting the interests of hospitals as well as employers, insurers and other vested parties. About a decade ago, AVH began working with several large, self-insured employers — including Aspen Skiing Co., the City of Aspen, and Pitkin County — to bend the curve of their employee health costs. Alarmed by double-digit annual increases, they joined in an effort to drive changes that would ensure the long-term availability, accessibility and affordability of healthcare.

Those conversations led to the VHA's formation in 2014 with an initial focus on employee wellness, engagement and disease prevention. By most measures, the work was successful, except that it didn't do enough to rein in costs. McDowell was hired in 2017 to bring a sharper focus to primary care as a way to advance the Quadruple Aim:

1. Improve the quality of care and patient experiences;
2. Enhance physician engagement;
3. Elevate population health status and wellness; and
4. Reduce costs.



VALLEY HEALTH
ALLIANCE

PRIMARY CONSIDERATIONS

Success in these areas hinges on primary care providers as guides. The primary care providers' role is to understand patients' health history, manage risks, provide preventive services, treat chronic conditions and coordinate specialty care. It is the primary care provider's position as the hub of healthcare that attracted Kelly Locke, MD.

"There is never a dull day in the office," said Dr. Locke, Medical Director of Aspen Valley Primary Care. "The patient who presents with a shoulder complaint often has concerns about chest pain, toenail fungus and work stress — all in the same visit. As a primary care physician, I evaluate all of these problems and put the patient on a path to healing."

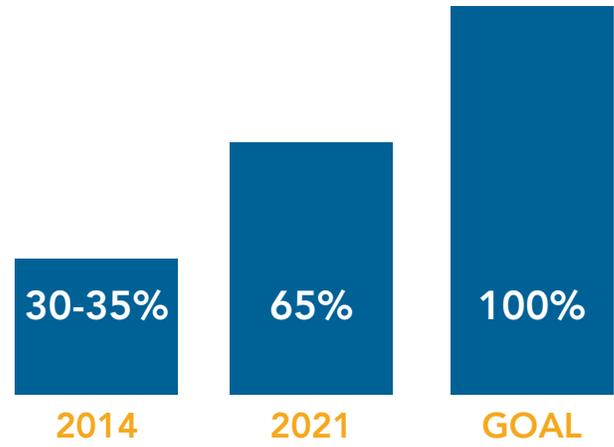
Dr. Locke's medical expertise is also proving useful in his role as a member of the VHA Board of Directors and its Clinical Advisory Board. "With my knowledge of the day-to-day life of a physician, I can help guide ideas that may impact how a clinic is managed and try to avoid ideas that might have a negative impact on patient care and the running of a busy practice."

Primary care providers are also aligned with population health: the concept of managing the health of not only individual patients but also the wider community. For example, a person who suffers from chronic back pain may start missing work, which leads to a cascading series of complications: job loss, housing and food insecurity, mental health issues and more. "It's all interconnected," Dr. Locke said. "Population health includes direct medical services and factors that aren't strictly medical but can affect individuals, their families and the overall population."

Primary care providers also play an outsized role in managing healthcare costs. McDowell cited data showing that in 2018, about 250 people in VHA member organizations visited an emergency room for non-emergency upper respiratory illnesses. That emergency room care cost about \$500,000 more than if those individuals had sought care from a primary care provider.

When the VHA was founded in 2014, only 30-35 percent of its members had an established relationship with a primary care provider. As of early 2021, the number had about doubled to

PRIMARY CARE GROWTH IN OUR COMMUNITY



Percentage of Valley Health Alliance members who had an established relationship with a primary care provider.

nearly 65 percent. That's good progress, but McDowell believes getting close to 100 percent will be an essential measure for long-term success. And this is why the Hospital is focused on building its primary care practice with providers who can address a wide range of non-urgent medical care for patients.

MONEY MATTERS

Healthcare is a multi-layered ecosystem, and cost is an important factor in many of the initiatives that VHA partners undertake. As Ressler said, "Quality healthcare should be accessible and affordable to all Americans, and in particular the members of our community. For most people, that means the cost of both healthcare services and health insurance."



\$500,000

HEALTHCARE SAVINGS IF 250 PEOPLE WHO SOUGHT NON-URGENT MEDICAL CARE FROM AN EMERGENCY DEPARTMENT IN 2018 WENT TO A PRIMARY CARE PHYSICIAN INSTEAD.

An important safeguard, health insurance still may have prohibitively expensive deductibles, copays and other out-of-pocket costs. On this front, VHA partner organizations celebrated a recent win with the introduction of new insurance options by Rocky Mountain Health Plans, part of UnitedHealthcare. Rocky Mountain Health Plans now compete with Anthem Blue Cross Blue Shield, which had long been the only insurer in the local market. The competition has been credited with lowering member premiums in the region by up to 15 percent.

Controlling costs is just one way the healthcare system is working more effectively in the Roaring Fork Valley. Access is another area that has received deserved attention. During COVID-19, when many patients and providers were forced to defer certain types of care, telemedicine was able to keep communication channels open.

"During the pandemic, telemedicine became an important tool that allows patients and providers to connect without having the patient travel to the office," said Elaine Gerson, AVH Chief Operating Officer and General Counsel. "Going forward, this approach is certainly appropriate for follow-up visits, where a hands-on examination may not be necessary."

Telemedicine is the kind of innovative approach that will help AVH and other community organizations "continue to move toward a value-based program for care," Gerson said. "Our strategic plan has a focused effort on innovation, which includes continued work on delivery of care in a transformational way."

TIME PASSAGES

Change rarely happens quickly, but its advance can be steady — a dynamic McDowell likens to eating an elephant one bite at a time.

The value-based approach to healthcare stems from federal legislation passed more than a decade ago: the Affordable Care Act of 2010. One of its main tenets is incentivizing physicians based on how effectively they manage their patients' care rather than on how many patients they treat.

This model encourages everyone to "pull on the same rope," McDowell said. "It's a win for communities, employers, employees, providers and insurers. That is the essence of what we're trying to accomplish."

Ressler agrees but cautions that the task is inherently challenging. "Transformation of any kind is hard work, particularly in a complex system that has been decades in the making," he said. "But it is a mandate for us to undertake the work ourselves. Our community has what it takes to be successful, and we'll all be a part of the solution of achieving affordable and accessible healthcare — together."

"Our community has what it takes to be successful, and we'll all be a part of the solution of achieving affordable and accessible healthcare — together."

— Dave Ressler, CEO of AVH

NEW APPROACH ENHANCES AVH'S MISSION OF 'EXCELLENCE, COMPASSION AND TRUST'

As it works to transform healthcare in our community, Aspen Valley Hospital is not veering away from its mission — the hospital is embracing it more closely than ever before.

"We're moving away from a volume-based system and toward better management of the patient's health," said Elaine Gerson, Chief Operating Officer and General Counsel at AVH. "Therefore, we're doing exactly what our mission states: delivering extraordinary care in an environment of excellence, compassion and trust."

For patients, transformation takes on many forms:

- AVH's enthusiastic expansion of telemedicine as an important tool to connect with patients, especially during the COVID-19 pandemic.
- A greater emphasis on primary care and its team-based focus, with clinics bringing in care coordinators, behavioral health specialists, dietitians, clinical pharmacists and others to support patients.
- The addition of a physician assistant to Aspen Valley Primary Care to facilitate access to care for patients who may not need to see a physician.
- The addition of a pediatrician to the primary care services, complementing the practice's family medicine and internal medicine physician providers.

Gerson noted that some other transformational changes might be less obvious to patients. "One of our goals was to increase access by establishing primary care locations in both Aspen and Basalt," she said. "These types of strategic decisions not only provide better medical care today but are also designed to accommodate future demand for primary care services and providers."



AN EPIC IMPROVEMENT IN PATIENT CARE

Patient engagement helps drive investment in electronic health records system

What if you had the ability to view your lab test results, schedule medical appointments and communicate with your healthcare provider through a secure online portal?

What if you no longer had to carry your medical records, radiology images, lab test results and medication lists from one doctor's office to another?

What if providers in hospitals nationwide could get a comprehensive view of your medical history even when you were injured and unable to speak?

For patients in Aspen Valley Hospital's Network of Care, these and many more capabilities will be available after the launch of Epic, a new electronic health records (EHR) system, in 2022. Already used by many top-ranked U.S. hospitals and medical schools, Epic is widely considered the "gold standard" of EHR systems.



*Michelle Gelroth, AVH
Chief Information Officer*

"Traditionally, each healthcare system had its own records for each patient, and the data was not shared between different organizations where the patient received care," said Michelle Gelroth, Chief Information Officer at AVH. "Epic is different because it provides a single, comprehensive record for each patient. If you receive care from AVH and then go to another provider that uses Epic, your medical information will go with you. Your providers will have it at their fingertips when you show up in a doctor's office, urgent care clinic or emergency room."

ELEVATING PATIENT ENGAGEMENT

Epic's purpose is to introduce a new level of automation, innovation and workflow optimization to a healthcare environment increasingly focused on quality outcomes, financial efficiency and patient engagement.

One especially visible way Epic will elevate engagement will be MyChart, an online portal where individuals can send secure messages to providers, schedule appointments, request prescription refills, review medical records, access lab results, pay bills and provide feedback about their care experiences. Through an accompanying mobile app, patients can check in for appointments and complete forms electronically.

Patients who stay overnight at AVH can access MyChart Bedside for up-to-date records. Then, after leaving the Hospital, they can view educational information, complete surveys and communicate with care teams. Building on a pandemic-driven surge in interest for telemedicine, MyChart will also offer expanded opportunities for patients to receive care without leaving the comfort of home — an important option for those experiencing illness, inclement weather or other challenges.

AVH providers, too, will use Epic in ways that directly benefit patients. By enabling care coordination among different organizations, Epic will close care gaps and reduce duplication of services. Epic can also save clinicians time when every moment matters.

MEETING AVH'S UNIQUE NEEDS

This is not the first time AVH has explored Epic capabilities. As part of a hosted arrangement with UCHHealth in 2016, AVH considered implementing Epic but ultimately never moved forward. The difference now is that AVH is working directly with Epic to implement a system based on the Roaring Fork Valley community's unique characteristics, resources and needs.

For example: Epic can configure AVH's system to provide additional services for people taken to Snowmass Clinic with ski injuries. "Because of the way Epic will be set up for AVH, we will be able to identify the company where the person rented ski equipment and make sure it gets returned while the patient is treated," Gelroth said. "That is a unique part of the workflow that most hospital systems don't need."

Epic's flexibility will also allow AVH to include The Steadman Clinic in the system's design. As an independent physician practice, Steadman does not use Epic. However, AVH and Steadman are working closely to ensure seamless care coordination, data sharing and interoperability between their systems.



How AVH made an Epic decision

Although Epic is the country's most widely used and comprehensive electronic health records (EHR) system, size was only one of Aspen Valley Hospital's considerations when selecting its own system.

"One of our strategic goals in selecting an EHR was its ability to connect with other systems and organizations," said Michelle Gelroth, Chief Information Officer at AVH. "Many systems are 'closed' in terms of their ability to share data, making it difficult to ensure a patient's information is readily available to them. That's important when a patient leaves AVH to go back home and also when a patient unexpectedly ends up at AVH while on vacation."

For providers who do not use an Epic system, AVH can grant them access to their patients' records. However, that appears to be increasingly rare.

"We are seeing many hospitals and providers across Colorado moving onto Epic, including our colleagues at UHealth, St. Mary's Medical Center and Centura Health," Gelroth said. "As more of our peer institutions adopt interoperative systems, care coordination across the state will be much easier."

Since Epic provides a single, comprehensive record for each patient, physicians save time in providing care when every moment matters.

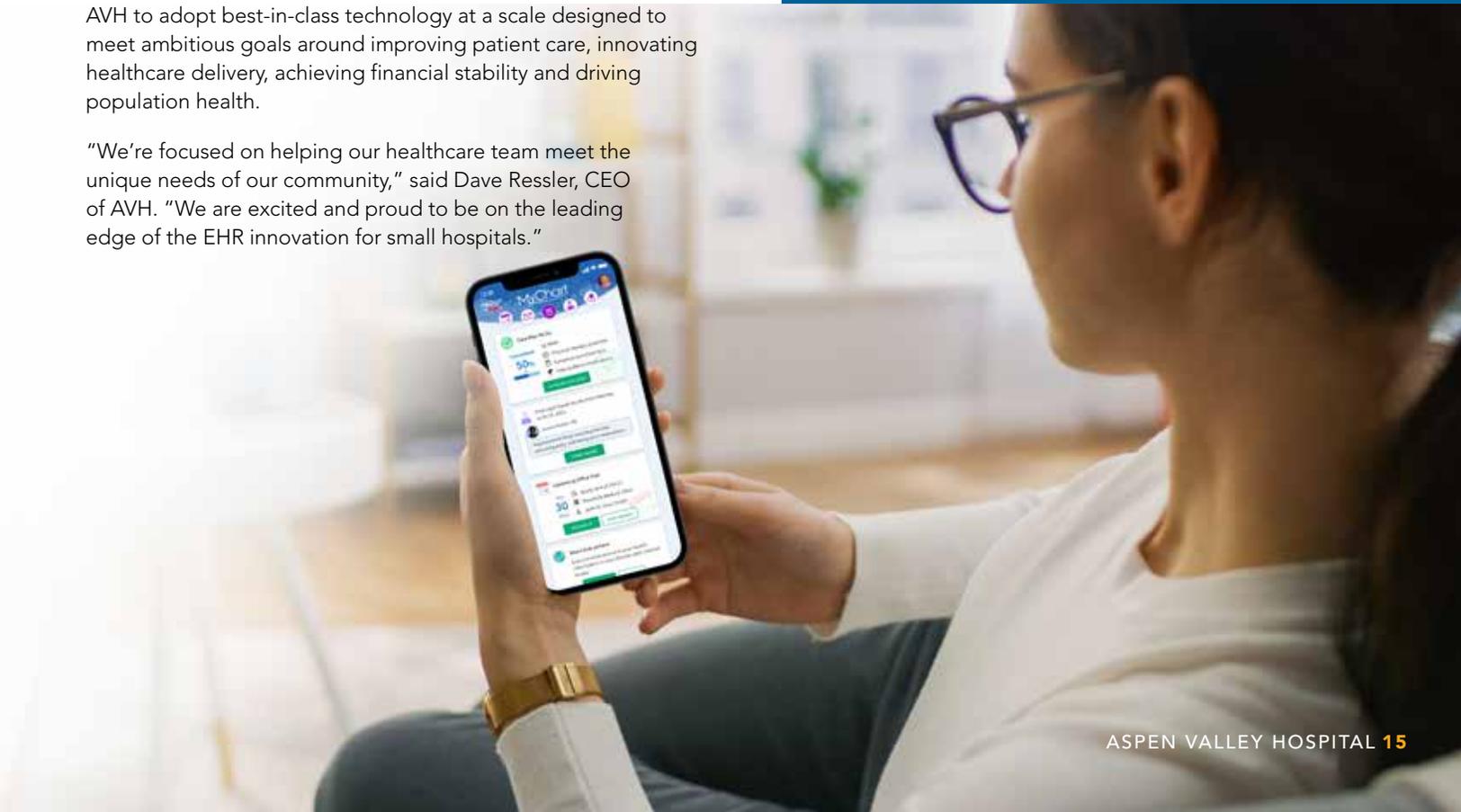
TESTING AND TIMELINES

The current plan is for Epic to begin development in January and for the system to launch in fall 2022. Much of that 10-month span will be spent testing the functionality.

"We want to be certain that we have significantly tested every scenario possible before we bring the system into live use," Gelroth said. "During these tests, we will also look at workflows and make sure we have designed a tool that enhances the patient care experience, not one that is cumbersome or frustrating for patients or employees. With thorough testing, we can ensure the issues after going live are minimal and that our providers are able to focus on what they do best: caring for our community."

The timing of AVH's project is fortuitous. Epic was only recently made available to smaller, independent hospitals. This allows AVH to adopt best-in-class technology at a scale designed to meet ambitious goals around improving patient care, innovating healthcare delivery, achieving financial stability and driving population health.

"We're focused on helping our healthcare team meet the unique needs of our community," said Dave Ressler, CEO of AVH. "We are excited and proud to be on the leading edge of the EHR innovation for small hospitals."



Achievements, Assets and Challenges

AVH Board members represent a wealth of diverse experiences and strengths

With two physicians, two attorneys and a successful local business owner, the Aspen Valley Hospital Board of Directors certainly has a wealth of diverse experiences to call upon when making decisions. And while that means discussions can get “spirited” at times at monthly Board meetings, it is also an essential strength for the Board and the Hospital.

“If everybody agreed all the time, we wouldn’t need a Board, we’d need a king. I am here to tell you we do not need a king,” said Lee Schumacher, Vice Chair of the Board and a self-proclaimed “huge proponent” of the Board of Directors model. “What we need and what we have is five diverse individuals, and all of us bring a dose of reality based on our individual experiences and insights.”

MEMBERS OF THE BOARD INCLUDE:

Melinda Nagle, MD, Chair

Lee Schumacher, Vice Chair

Chuck Frias, Treasurer

Greg Balko, MD, Director

David Eisenstat, Director

As physicians practicing in the AVH Network of Care, Drs. Nagle and Balko bring a deep knowledge of medical technology and standards of care. Schumacher and Eisenstat both had long careers in different aspects of healthcare law. And Frias, a longtime local businessman, brings special fluency in business matters and local culture.

“We are challenged by serving a broad community with many different services, and we face a variety of situations to manage,” Frias said. “Diversity brings more knowledge to all those different situations so that we can make decisions based on doing what’s right for the Hospital and our community.”

Recent interviews with all five Board members reflected their distinct and well-rounded perspectives on the short- and long-term issues facing AVH.

RESPONDING TO COVID-19

Over the past year, no issue has been more urgent than the Hospital’s response to the COVID-19 pandemic. Since starting its Incident Command response on March 9, 2020, AVH has maintained a multifaceted battlefield based on the evolving best practices available in the time.



Melinda Nagle, MD, Chair

“One of the great accomplishments to emerge from the pandemic was how effectively our people responded,” Dr. Nagle said. “AVH took the lead on testing for COVID, on managing vaccinations and on keeping the community informed. These factors — in addition to working with our community partners, such as Pitkin County Public Health — were incredibly important in helping us navigate the pandemic.”



Lee Schumacher, Vice Chair

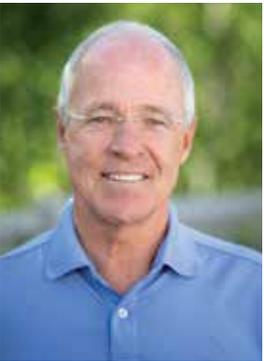
For Schumacher, success started at the top with an administrative and medical executive team whose experience, training and leadership made a major difference.

“Nobody downplayed the virus,” Schumacher said. “When the pandemic first started, we had a team that looked ahead and asked how this could affect our patients, staff and operations. Then, they were taking actions like making sure we had plenty of personal protective

equipment (PPE). Those steps, early on, helped to keep the pandemic as much under control as possible.”

Eisenstat agreed that AVH’s ability to respond to fast-changing conditions was crucial, noting the organization was able to “stay nimble, learn and adapt, sometimes from hour to hour. We stuck to the science as it was known and we evolved, always working together as a team. Staff worked long hours, often at significant personal risk, and never lost focus. The list of heroes is long.”

Those heroes included the medical staff, whose knowledge and dedication were an inspiration to everyone in the community. On matters of science, administrators heeded the experts: physicians, nurses and other clinical personnel.



Chuck Frias, Treasurer

Frias cited AVH teams’ readiness as a key to the Hospital’s response to the crisis. “We were prepared with PPE to protect the medical and support staff, and we had to be ready to help community members who became infected,” he said. “We were also able to be a consistent voice for following community health protocols, which helped avoid confusion and created a clear message to reduce the spread of the virus.”

A POLICY OF PREPAREDNESS

In important ways, these preparations went much further back. Dr. Balko pointed out a notable example: the Master Facilities Plan, which was developed in the wake of other public health crises, such as the Ebola outbreaks in Africa in the early part of this century.

“We tried to be proactive, so we planned a lot of isolation rooms in the Hospital,” Dr. Balko said. “Looking back at our experiences during COVID, that definitely was a very smart thing to do. A lot of hospitals on the Western Slope don’t have the number of isolation rooms that we have. Because of that, we were able to protect patients and staff during the pandemic.”

Discussions about the Master Facilities Plan were instrumental in Dr. Nagle’s original desire to join the Board of Directors 14 years ago. Today, she is watching this extraordinarily ambitious and far-reaching initiative enter its fourth and final phase.

“I am personally proud to have been a part of the plan from its inception,” she said. “It is great to see it coming even closer to fruition as we approach our goals on fundraising and completion of construction.”

This brings up an important point about the role of the AVH Board of Directors. Among its duties, the Board puts the Hospital leadership in place, empowers those leaders to establish a culture focused on patient-centered care, sets high-level organizational priorities and ensures that AVH maintains a position of financial strength.

Other effects of those decisions of past years became apparent, too, as when AVH temporarily suspended elective medical procedures in the spring of 2020 as a safety precaution.

“The fiscal responsibility that the Board has shown over all these years paid off at a time when nobody would have predicted we’d have to shut down elective surgeries for over a month,” Dr. Balko said. “We also saw benefits in our low patient-to-nurse ratio; because we had those policies in place, our nurses didn’t get overwhelmed with patients.”





MEMORABLE ACHIEVEMENTS

Beyond COVID-19, Board members are proud of many other accomplishments, one of which has already been mentioned: completing Phases 1-3 of the Master Facilities Plan. The new campus replaces the former hospital, which was built in 1977 — an era when medical technology, federal and state rules, industry regulations and the delivery of healthcare were dramatically different than they are today.

Schumacher tells an enlightening story of hearing a physician who expressed support for updated facilities by commenting, “I’m not still driving my 1977 Chevy Nova.”

“The Master Facilities Plan is a source of pride for me and should be for the entire community,” Schumacher said. “When people want to buy a home and raise their families in a new community, schools and hospitals are the two things they ask about. There are not many towns with 6,000 year-round residents that have the quality of care that AVH and its providers give to our community.”



Greg Balko, MD, Director

Recruiting talented administrators, clinicians and others to the Hospital has been a major driver of AVH’s success. During his first term on the Board of Directors, Dr. Balko saw a hospital “on the brink of insolvency” and is proud of having played a role in bringing it back to a position of leadership and strength.

Serving on the search committee that brought CEO Dave Ressler back to AVH in 2016 is a point of particular pride for Eisenstat, who led the CEO

search committee. “When I look back over the nine years I’ve been on the Board, I think of that as a singular achievement,” he said, adding that his work to help recruit and hire physicians for the Hospital’s Network of Care also has been gratifying. “Trust among hospital leadership, the medical staff, and throughout the community at large is built one brick at a time over a period of years. We’ve taken many right steps in that regard, hiring talented people and instilling a culture of always putting our patients first. Trust is an invaluable asset, particularly in times of crisis.”

That brick-by-brick approach is reflected in Dr. Nagle’s sense of accomplishment, as well. “I am proud of what AVH does day in and day out as a healthcare leader,” she said, “not just within the walls of the Hospital, but throughout the community.”

DYNAMIC CHANGES

As AVH commences work on the final phase of the Master Facilities Plan, change will continue, and significant new challenges will arise in the future. Frias said that, in the years ahead, the Board will have to address the “constant pressure to manage costs and provide quality service given pricing pressure and staff shortages.”



David Eisenstat, Director

Eisenstat identified a specific undertaking as one of the major tests in AVH’s path: implementation of the Epic electronic health records system. “That will be an immediate and daunting challenge over the next two years in terms of human and financial resources,” he said. “But it is vital for the future of the hospital.” (Turn to page 14 to learn more about Epic.)



Financial matters are very much top-of-mind for Dr. Nagle: “The cost of healthcare and how that is being played out at legislative levels will provide huge challenges for all sectors of the industry — and likely even more on rural health organizations and our ability to maintain the resources to provide the best care.” On that front, she said, AVH has a distinct advantage, as it has “taken the lead on population health, as well as worked towards efficiencies in healthcare delivery. That will help us meet those challenges.”

Eisenstat agrees that healthcare’s evolution from a fee-for-service model to a population health paradigm, in which the Hospital strives to improve the health outcomes for the entire community, is a crucial dynamic affecting the industry. The Board’s role, he said, will be to provide AVH’s executive team with the support and tools needed to make the transition.

Despite the deep experience and expertise of its members, though, the Board ultimately has a limited ability to see into the future. That fact makes a prudent approach all the more important in areas such as anticipating medical technology and regulatory requirements to come.

“Twenty years from now we’ll have technology that, despite our best efforts, nobody can imagine today,” Schumacher said. “That’s the kind of thing we have to keep an eye on and try to stay ahead of the curve.”

About the AVH Board of Directors

MELINDA NAGLE, MD, CHAIR

Dr. Nagle is an obstetrician/gynecologist at AVH. She received her medical degree from New York Medical College and completed her residency at Cedars-Sinai Hospital in Los Angeles. Before medical school, she was a tennis professional in Aspen. In addition to serving as Chair of the AVH Board of Directors, Dr. Nagle serves on the Board of the Aspen Hope Center and the Aspen Valley Hospital Foundation Board of Directors.

LEE SCHUMACHER, VICE CHAIR

Schumacher moved to the Roaring Fork Valley in 1980. He is an attorney specializing in taxation and real estate, and he has law degrees from the University of Denver College of Law. His law firm has represented physicians and physician groups for more than 25 years. He also serves on the Board of Aspen Country Day School.

CHUCK FRIAS, TREASURER

Frias has lived in Aspen since 1974 and is owner of Frias Properties of Aspen, a local property management and real estate company. He has served on many local organizational boards such as the Aspen Chamber Resort Association, Aspen Lodging Association, Aspen Junior Hockey, Aspen School District Financial Advisory Board and more.

GREG BALKO, MD, DIRECTOR

Dr. Balko is a board-certified emergency medicine physician who served on the Board of Directors from 2004–2008 and from 2016 to the present. In his role on the Board, he advocates for augmenting AVH’s facilities and care, expanding the scope of the medical staff and Hospital services, and maintaining the Hospital’s financial strength.

DAVID EISENSTAT, DIRECTOR

Eisenstat joined the Board of Directors in 2013. He was a senior partner and head of the health industry department of the Washington, D.C. law firm Akin, Gump, Strauss, Hauer & Feld before retiring in 2012. He has served on the Hospital’s Audit Committee since 2007, chaired the 2016 CEO Search Committee and chairs the Compensation Committee.



Annual Impact Report

HIGHLIGHTS

Success in real estate is often said to be about “location, location, location.” In a similar way, success in healthcare is due, to a large extent, to “preparation, preparation, preparation.” This was never clearer to many of us than during the past year. In the face of a public health emergency, Aspen Valley Hospital was able to draw on the results of years of preparation to respond quickly and effectively to COVID-19, as well as continue the vital long-term work of transforming healthcare in the Roaring Fork Valley.

It’s true that no one at AVH had a crystal ball that allowed us to fully anticipate the changes that would unfold after March 9, 2020. That’s the day when the hospital, aware that the pandemic was worsening at dizzying speed, set up its Incident Command Team. And yet that moment was a prime example of the reason the Hospital leadership has spent years strengthening our staff, physical presence and community resources.

The clinicians who provided expertise and compassion... An entire community of people who believed in our vision of being a transformational leader in making healthcare available, accessible and affordable for all... Every donor who recognized the importance of having high-quality care in our community... The administrative team who saw the need to expand the medical specialties available in the AVH Network of Care...

During the past year, all of these people — and many others — contributed to successes that helped AVH:

- Respond quickly to the threat of COVID-19 and strengthen our community partnerships;

Directly and indirectly, we all contribute to AVH’s success; and we all benefit from the hospital’s presence in our community.

- Develop, staff and evolve our Respiratory Evaluation Center to test and care for patients with COVID-19 symptoms;
- Bring in more primary care providers and essential health services, such as adding a licensed clinical social worker, to the staff at Aspen Valley Primary Care;
- Begin an exciting partnership with The Steadman Clinic and break ground on a state-of-the-art facility in Basalt to house highly advanced musculoskeletal care services;
- Continue to move forward with our ambitious Master Facilities Plan, which is closer than ever to being completed since initial work began more than a decade ago; and
- Launch [aspenhospital.org](https://www.aspenhospital.org), the organization’s redesigned website with enhanced content, tools and functionality.

And the work goes on! Recently, AVH announced that it would purchase a new, state-of-the-art electronic health records system from Epic, the nation’s leading EHR provider. This fall, we’ll also reintroduce our health fair, which is a popular, practical and visible way to advance our goal of promoting population health.

None of these things would be possible without every one of you. Directly and indirectly, we all contribute to AVH’s success; directly and indirectly, we all benefit from the Hospital’s presence in our community. On behalf of the Board of Directors and everyone who works and volunteers for this Hospital, we look forward to working together and celebrating even greater achievements in the years ahead.



Melinda Nagle, MD
Chair of the AVH Board of Directors
Member of the AVH Foundation Board of Directors

AVH's Strategic Plan continues to guide us as our talented and engaged healthcare professionals provide the highest quality care for our community while increasing our operating efficiency and maintaining financial stability.



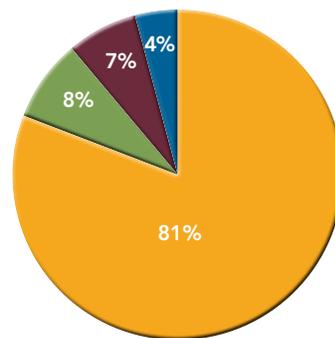
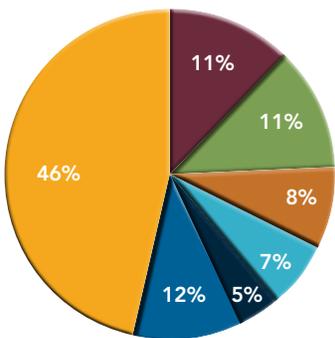
2020 EXPENSES

Salaries & Wages	\$53,103,926
Depreciation & Amortization	\$12,576,697
Supplies	\$12,270,907
Employee Benefits	\$9,189,108
Maintenance, Utilities & Equipment	\$8,360,560
Contracted Services	\$5,148,712
Other	\$14,319,522
Total Expenses	\$114,969,432

2020 REVENUES

Net Patient Services	\$92,814,360
Contributions/Grants*	\$9,562,172
Property Taxes	\$8,535,221
Other	\$4,029,959
Total Revenues	\$114,941,712

*Includes \$4.2 million of CARES Act Funding



2020
COMMUNITY
IMPACT

- **8,225 COVID-19 tests administered** to community members.
- **483 people employed**, making AVH one of the largest employers in our community.
- **\$1.6 million** of uncompensated healthcare services provided to patients in need.
- **\$7.2 million** in Medicaid subsidies.
- **Over \$540,000** in direct financial support to outside agencies for programs that serve the needs of our most vulnerable community members. We partnered with Pitkin County's Healthy Community Fund to support:
 - Aspen Detox Center
 - Aspen Homeless Shelter
 - Community Health Services
 - Mind Springs Health
 - Mountain Family Health Center's Basalt location
 - West Springs Hospital



PHILANTHROPY AT WORK

How our community helps AVH look beyond today

By Deborah Breen, AVH Foundation President & CEO



The newly constructed west wing of the Hospital features the Resnick Family Emergency Department and the Renée and Lester Crown Outpatient Care Pavilion, which houses the diagnostic imaging center, same day surgery center, the laboratory, the Marian and Ralph Melville Oncology and Infusion Center, and the Hospital-owned primary care, otolaryngology and ophthalmology practices.

While no one can predict the future, one can certainly plan for it. And, that is exactly what Aspen Valley Hospital has been doing. Safeguarding cash reserves to carry the organization through challenging times ensures our Hospital has the resources it needs, when needed most.

To that end, the COVID-19 pandemic thrust the Hospital into a volatile and unpredictable environment. The Hospital immediately began bracing for impact, implementing an aggressive cash preservation plan and leveraging any available state and federal grants and loans to keep operations and cash flows stable. At the same time, our philanthropic community stepped up with incredible levels of giving. All of this allowed the Hospital to stabilize and fostered financial recovery.

Those cash preservation measures were critical to survival. However, on the revenue side of the equation, the impact of canceled surgeries and procedures deemed “elective” had a crushing impact, draining over \$9 million from cash reserves. When the dust settled, 2020 wrapped up with an overall net operating loss. While a “loss” is never something to

celebrate, things could have been much, much worse had we not taken an aggressive and proactive approach to managing our financial situation given the hand we were dealt.

NEED DRIVES DECISIONS

Many challenges and uncertainties continue to face not only Aspen Valley Hospital, but also the healthcare industry as a whole — and that is exasperated by COVID-19. You see many for-profit hospitals and other healthcare facilities popping up all over the country. So, what makes us different? As a non-profit, community-owned hospital, every decision made is based on need, not on profits. We evaluate and treat everyone who comes to us for care, regardless of their ability to pay. On average, we invest over \$2 million in charity care programs annually, and we are governed by a volunteer and elected hospital Board who receives no compensation or dividends for the extraordinary amount of time they give serving as loyal stewards of this incredible community resource.

PLANNING FOR TOMORROW

By the end of 2020, the Hospital had reserves that would cover operations for nearly eight months. Considering it takes in excess of \$269,000 to operate the Hospital for just

Considering it takes in excess of \$269,000 to operate the Hospital for just a single day, reserves can dwindle very quickly.

a single day, reserves can dwindle very quickly. It is important to also note that experts recommend that hospitals maintain a minimum of 180 days cash on hand to ensure they have reserves to draw from should disaster strike — like a world-wide pandemic! Even with over \$68 million in reserves, over \$15 million will be spent this year on priority capital equipment and technology purchases, facility upgrades and specialty services. Some of the highlights include:

- \$3.2 million for construction of a fourth operating suite.
- \$2.1 million to rebuild the pharmacy, with another \$600,000 spent to upgrade the Pyxis medication dispensing machines.
- \$200,000 for overall capital improvements and maintenance at Whitcomb Terrace Assisted Living facility.
- \$2.1 million to expand primary care services.
- New ultrasound machines at a cost of \$400,000.
- \$200,000 to replace and upgrade bedside infusion pumps in the patient care unit.
- Operating room equipment, such as steam sterilizers, a surgical table, cabinets, instrumentation and other items, will top \$500,000.
- \$500,000 will be invested in the routine upkeep of the Hospital's 67 employee housing units — over 60 percent of which are dedicated to seasonal staff who manage the huge uptick in volume during the summer and winter months.
- \$200,000 to purchase new arthroscopic and laparoscopic equipment for use by our surgeons.

- \$60,000 to upgrade security cameras and servers.
- Portable cardiac monitors for the Aspen Ambulance District costing \$250,000.
- \$200,000 to purchase new analyzers that allow lab technicians to process specimens faster, including COVID-19 tests.
- \$4 million to supplement specialty care practices to ensure those services are available full time — services like cardiology, trauma surgery, emergency care, primary care, otolaryngology, ophthalmology, the Snowmass Clinic and the After-Hours Medical Care clinic in Basalt.

In addition to those immediate capital needs, the Board just approved a \$15.4 million investment to implement a state-of-the-art electronic health record system. While this is a hefty price tag, Epic, the system selected, is the “gold standard” in terms of creating an electronic patient record that can be easily accessed by patients, their physicians and other facilities. (See more about Epic in this issue of *Health Matters* on pages 14 and 15.)

THE MASTER FACILITIES PLAN

If you are keeping track, between our immediate capital needs, the implementation of Epic and the investment made in the specialty clinics, the Board has committed \$33 million to cover these costs. Also, on the “extreme needs” list is the completion of the fourth and final phase of the Hospital's decade-long Master Facilities Plan — a project that has already transformed the way care is delivered. Having all private patient rooms, an emergency department with actual walls between patients and not just curtains, a dedicated ICU that quickly became a COVID-19 unit last year, upgraded air handling capabilities and additional isolation rooms are paramount to keeping patients and staff safe.



The fourth and final phase of the Hospital's Master Facilities Plan calls for a connecting atrium to join the Renée and Lester Crown Outpatient Care Pavilion with the Evelyn H. Lauder Patient Care Pavilion on the east side of the Hospital. In addition, this newly constructed area will offer private admission and registration offices, improved access to all services, and will become a true “front door” to the Hospital.



ASPEN VALLEY HOSPITAL FOUNDATION



Completed in 2008, the first phase of the Master Facilities Plan allowed for the construction of the Aspen Birth Center.



Completed in 2012, phase II, the largest phase of the Master Facilities Plan, opened and it houses all of the Hospital's inpatient rooms within the Evelyn H. Lauder Patient Care Pavilion, as well as the physical & sports medicine rehabilitation center, The Steadman Clinic, a new kitchen and café, several physician offices and cardiac/oncology rehab services.



Completed in 2018, phase III of the Master Facilities Plan encompasses the new Resnick Family Emergency Department, which serves over 8,000 patients annually.

The Master Facilities Plan was strategically designed in phases to allow for all of the Hospital's services to remain operational during construction. To date, the following areas have been completed:

Phase I — Construction of the five-bed Aspen Birth Center.

Phase II — Expansion of all inpatient areas, including 16 private medical/surgical beds, four ICU rooms, a new Center for Physical and Rehabilitative Medicine, physician offices, new cardiopulmonary testing and treatment areas, upgrades to support services and a 216-space parking garage.

Phase III — Construction of the new Resnick Family Emergency Department, diagnostic imaging center, surgery center, the Marian and Ralph Melville Oncology and Infusion Center, and the laboratory, all housed in the Renée and Lester Crown Outpatient Care Pavilion.

THE FINAL PHASE

With three of the four phases complete, we have our sights firmly set on completing the last component within this transformational modernization and renovation project. This final phase is the one that brings together the new east and west wings, creates a true front door to the Hospital, adds private registration and admission offices, and improves patient and visitor circulation. All in, we estimate that this phase will cost \$12 million. At the end of the day, once we bring this entire project to full fruition, every clinical and nonclinical area will be housed in new or newly renovated space. The Hospital has invested over \$165 million in expanding and modernizing facilities over the past decade. The funding for the final phase must come from philanthropy.

QUANTIFYING THE IMPACT OF PHILANTHROPY

Since the inception of Aspen Valley Hospital Foundation over eight years ago, we have raised an amazing \$62 million — with \$54 million specifically dedicated to the Master Facilities Plan. Remember the cash reserves of \$68 million? Those reserves would have been only \$6 million at the end of 2020 — not even a full 30 days of operational reserves — had philanthropists not stepped in and made extraordinary investments in our future.

If you don't think philanthropy matters, just ask the patient who just had a blood test in the newly constructed lab and found a rare blood disorder that was still treatable. Ask the woman who came in for her 3D mammogram and was able to immediately schedule a dense breast ultrasound — something

The Hospital has invested over \$165 million in expanding and modernizing facilities over the past decade.

she would have previously had to schedule in Denver. Ask the patient who was able to have a cardiac study performed at AVH that detected a cardiac abnormality that could be repaired. Or ask the cancer patient who can recover in their beloved Aspen home because chemotherapy treatments could be coordinated with our oncologist and theirs.

THE SPIRIT THAT MAKES THE DIFFERENCE

The range of medical services at AVH is extremely atypical for a 25-bed critical access hospital. And make no mistake: The credit is due to the support of the community. Traditional sources of revenue, such as fees for medical services and the mill levy, maintain the status quo. We have a full-time hospital stepped up to manage our year-round community members'

needs, as well as surges in the local population during peak summer and winter months. It's the philanthropic spirit of our community that has allowed the Hospital to manage challenges, keep services intact and bring quality care at heightened levels to all of our patients.

AVH's financial performance has been nothing short of a miracle over the past 18 months. Thanks to our community's support, we have raised over \$5.1 million in the first half of 2021. The support we have received demonstrates our community's commitment to ensuring Aspen has a state-of-the-art hospital at the ready, 24/7, 365 days a year. The needs are never ending and so, too, is the need for your support.

It's the philanthropic spirit of our community that has allowed the Hospital to manage challenges, keep services intact and bring quality care at heightened levels to all of our patients.

Unless otherwise noted, figures noted in this article are based on June 30, 2021 data.

HOW YOU CAN HELP

Aspen Valley Hospital Foundation is grateful for every donation it receives and is committed to using every dollar to make our community the healthiest in the nation.

Unrestricted gifts give AVH Foundation the most flexibility to direct funds where the need is most urgent, such as staffing, supplies, facilities, technology or equipment. Here are specific ways you can contribute:

- Click on the button or donate online by visiting supportaspennyhospital.org.
- Send your donation by mail by using the remittance envelope found inside this magazine. (Be sure to place a stamp on the envelope.)
- To give by phone, call us at **970.544.1302**.

We also gratefully welcome:

- Annual, honorary, memorial and named gifts.
- Stock gifts.
- Donations to the Campaign for Aspen Valley Hospital.
- Gifts of insurance and real estate, and gifts from IRAs.
- Gifts made in honor of a caregiver.
- Gifts made through an estate plan.

For more information, please call **970.544.1302** or visit supportaspennyhospital.org.



Aspen Valley Hospital Foundation | 0401 Castle Creek Road, Aspen, Colorado 81611
Phone: **970.544.1302** | Fax: **970.544.1164** | Email: avhf@aspenhospital.org

DIRECTORY *of services*

Want to schedule an appointment? Wish to check on a patient? Have a billing question? For all of your questions and requests, here is a list of Aspen Valley Hospital phone numbers to call.

HOSPITAL DEPARTMENTS

General Information	970.925.1120
Administration	970.544.1261
Admissions	970.544.7350
After-Hours Medical Care in Basalt	970.544.1250
Aspen Ambulance District	970.544.1583
Aspen Birth Center	970.544.1130
Aspen Valley Hospital Foundation	970.544.1302
Billing Help Line	970.544.7694
Breast Center	970.544.1420
Business Office/Billing	970.544.7377
	800.262.3067
Cardiac Rehabilitation	970.544.1383
Cardiopulmonary/Respiratory Clinic	970.544.1264
Community Relations	970.544.1296
Diabetes Education	970.544.7394
Diagnostic Imaging	970.544.1192
Diagnostic Scheduling	970.544.1392
Emergency Department	970.544.1228
Gift Shop	970.544.1304
Human Resources	970.544.1367
Laboratory	970.544.1570
Medical Records	970.544.1290
Midvalley Imaging Center	970.927.5087
Nuclear Medicine	970.544.1127
Nutrition Services	970.544.1145

Oncology & Infusion	970.544.1507
Outpatient Scheduling	970.544.1392
Pain Center	970.544.1146
Patient Care Unit	970.544.1135
Pharmacy	970.544.1778
Physical Therapy/Rehabilitation Services	970.544.1177
Same Day Surgery/Outpatient	970.544.1327
Snowmass Clinic	970.544.1518
Spanish Resources	970.544.1543
Surgery Scheduling	970.544.7391
Whitcomb Terrace Assisted Living	970.544.1530

MEDICAL PRACTICES

Center for Medical Care	
Aspen Valley Primary Care	970.279.4111
Cardiology	970.544.7388
Ophthalmology	970.544.1460
Otolaryngology (Ear, Nose & Throat)	970.544.1460
Endocrinology	970.544.1395
Gastroenterology	970.384.7510
Orthopaedics/The Steadman Clinic	970.476.1100
Pulmonology	970.298.5864
Rheumatology	970.544.1395
Urology	970.928.0808



ASK THE EXPERT

Christopher Roseberry, MD, Trauma Medical Director at AVH, on the importance of safety equipment, preventive check-ups and a cautious approach when enjoying the Roaring Fork Valley from a bicycle seat.

How big a problem are bicycling injuries in the Aspen area? Aspen Valley Hospital's emergency department treats 300 or more people each year for serious injuries suffered in bicycling accidents, and many more are treated at the Snowmass Clinic and After-Hours Medical Care in Basalt. To me, that's a serious problem.

What special risks does this area pose for cyclists?

Cyclists can get in trouble coming down from the Maroon Bells, Ashcroft or other windy, steep mountain roads. Problems can get gnarly very quickly if the roads are wet and riders come into curves too fast. Many people here are also on bikes that are unfamiliar to them, such as rental bikes. In that case, they should take a ride somewhere slow and easy before going out on a big ride. And remember: Heavier e-bikes take longer to stop, so brake early.

How important are helmets?

Bicycle helmets are of the utmost importance and should be worn at all times and on all types of bikes. Wearing one can turn a potentially major head injury into a minor head injury, and they can turn a potentially minor head injury into no injury. They don't prevent all head injuries, but they make them less severe. In addition, a full-face helmet is recommended for mountain bikers on significant downhill rides. Facial injuries can be severe and expensive to treat, and it's not uncommon to go face-first over the bike in an accident.

Wearing a bike helmet can turn a potentially major head injury into a minor head injury, and they can turn a potentially minor head injury into no injury.



What other safety equipment do you recommend for cyclists?

Elbow and knee pads are also recommended for mountain bikers. If you're taking the big jumps at Snowmass or elsewhere, a back protector is important. Many downhill mountain bike racers use them, as well as a cervical collar that prevents the head from hyperextending, which can cause spinal injuries.

You're a cycling enthusiast. What are some rules you keep in mind?

I ride my bike almost daily, and I always check the tire pressure, brakes and gears before going out. In the rain, I ride slower than usual or just take the day off. Rain is the biggest condition that can affect your ride because it affects braking distance. That's especially true with road bikes since the rim brakes on most road bikes are much less effective in wet conditions. When mountain biking, I ride with a buddy so I have help if something goes wrong.

What are some safety tips people may not know about?

Going head over handlebars while riding downhill happens because people sit forward and then, when they hit the brakes, it pops them over the handlebars. Shifting your weight back is a key tenet for going downhill on a mountain bike. Also, always look where you want to go. Don't look at the ground or the side of the trail; those are places you don't want to go. Look forward, and your bike will tend to go where you're looking.



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COVID-19 VACCINES, TESTING, UPDATES AND RESOURCES

Aspen Valley Hospital continues to work with Pitkin County Public Health and other local agencies to provide up-to-date COVID-19 information, a Respiratory Evaluation Center on campus for testing and care, vaccine information and medical assistance.

One of the best ways to protect yourself and others is to get vaccinated. All individuals over the age of 12 are eligible for the Pfizer vaccine, and everyone over the age of 18 is eligible to receive the Moderna or Johnson & Johnson vaccine.

To get vaccinated, tested or for information, call **970.429.3363** or click on this button



And as always, please practice healthy habits to keep yourself and our community safe.

HEALTHY BEST PRACTICES



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