



THE FACES
of CHANGE

The Harris County Hospital District is comprised of numerous facilities, but they do not define it. Although it is investing heavily in cutting-edge clinical equipment and computer systems, the district is not merely state-of-the-art technology. And, while the district offers a range of innovative health care services to patients in need, it is not simply that.

The Harris County Hospital District is defined by its people: staff, physicians, volunteers and vendors. They are the dreamers, the change agents, and the visionaries who think each day about how to provide top-quality health care and better service to more patients. Committed to transforming the Harris County Hospital District by caring for patients more efficiently and at a more effective cost, they are the true faces of change.

Through the district-wide Innovation Network, staff members are empowered to suggest better ways of delivering caring service, more promptly, more efficiently and more economically, because they are in the best position to see how processes can be improved. Delivering supplies to patient care units during late night hours – an employee suggestion – not only puts material in place when it's needed in the morning, but also it frees elevators of delivery carts during busy daytime hours. A bonus: Materials management staff can process and make deliveries more efficiently because they are not waiting for elevators.

Through staff innovations, through process re-engineering by staff at community health centers and through management's transformative plans for creating a more balanced platform of facilities, the dreamers become the doers, making real their vision of a better, stronger hospital district caring for the people of Harris County.

This year, nine major improvements propelled the district closer to its goal of being the organization where employees want to work, physicians want to practice, and patients want to come for care.

Let's take a brief look at these programs that represent the realization of great ideas and the promise of brighter dreams to come. Meet these visionaries, champions who are making dreams come true at HCHD. They are but a few of the nearly 7,000 staff members who are not only the face of the Harris County Hospital District, but also its heart and soul.

A MESSAGE FROM HOSPITAL DISTRICT LEADERSHIP



During fiscal year 2007, the Harris County Hospital District implemented many innovative changes and practices designed to improve our delivery of health care to Harris County residents. While this report focuses on our improvements in rendering service to our patients, it should be emphasized that our financial performance has been consistent with our obligations to the taxpayers of Harris County.

We are well positioned to improve and expand our health care system through a combination of much-needed facilities improvements and the acquisition of state-of-the-art medical equipment. In fiscal year 2008, we will break ground on two new community health centers and complete the expansion of another. We will open a long-awaited dialysis center and begin a major expansion of the emergency center at LBJ General Hospital, as well as begin construction planning for a new radiation therapy, diagnostic imaging and outpatient clinical facility.

Additionally, we are developing a plan for moving outpatient specialty clinics out of our hospitals so that valuable space can be filled with more acute and intensive care beds.

All of these efforts are designed to help us balance our health care delivery platform and provide the right service, by the right people, in the right location, with the right tools, and to do it in a more timely and economical manner.

The Harris County Hospital District has become a major community resource that touches the lives of hundreds of thousands of people each year through our varied programs and services. We are proud of our commitment to the health of the patients we serve. We hope this report enhances your understanding of our unwavering commitment to our community and the future of public health care in Harris County.

J. Evans Attwell
Chair, Board of Managers

David S. Lopez
President and Chief Executive Officer

A MISSION DEDICATED TO QUALITY

The Harris County Hospital District is committed to quality in everything it pursues. To ensure we maintain the quality of our patient care initiatives, we collaborate with the nation's leading health care accrediting and professional organizations to ensure we deliver what we say we will deliver – high quality health care to Harris county residents.

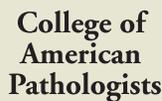
For many years, professional organizations and governmental agencies have consistently recognized the quality of the programs, services, staff and facilities of the Harris County Hospital District. These are but a few of our honors or accreditations received during the last year.



Clinical Pastoral Education (CPE) program accredited by the Association for Clinical Pastoral Education, Inc.



Sleep Disorder Center at LBJ General Hospital earned five-year accreditation by American Academy of Sleep Medicine; only five of 130 centers in Houston are accredited



Community Health Center laboratories accredited by the College of American Pathologists



Ben Taub Noninvasive Vascular Lab reaccredited for three years by the Intersocietal Commission for the Accreditation of Vascular Laboratories



Ben Taub Hospital redesignated for three years as a Level I Trauma Center by the Texas Department of State Health Services for meeting or exceeding American College of Surgeons' essential criteria for Level I trauma care



LBJ General Hospital redesignated for three years as a Level III Trauma Facility by the Texas Department of State Health Services for meeting or exceeding American College of Surgeons' essential criteria for Level III trauma care



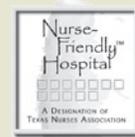
Harris County Hospital District honored by the American Hospital Association's Hospitals & Health Networks in the 2006 Most Wired Survey and Benchmarking Study



Hospital district mammography services earned three-year accreditation from the American College of Radiology



Ultrasound services at Ben Taub General Hospital earned three-year accreditation from the American College of Radiology



Quentin Mease Community Hospital and Ben Taub General Hospital named "Texas Nurse-Friendly" by Texas Nurses Association, two of only 11 hospitals in Texas to earn the distinction



Physical Medicine and Rehabilitation reaccredited for three years by the Commission on Accreditation of Rehabilitation Facilities



Ben Taub awarded Medal of Honor by U.S. Department of Health and Human Services for partnering with LifeGift Organ Donation Center to encourage increased percentage of organ donations

BEHAVIORAL HEALTH PROGRAM

A new program enlists mental health providers' assistance to ensure patients with behavioral health conditions receive appropriate primary and preventive care.



Director Ann Teske, left, and psychiatrist Dr. Britta Ostermeyer have teamed up with primary care physicians, psychotherapists and social workers at community health centers to enhance care. By integrating mental health services with patients' primary health care, the hospital district's Community Behavioral Health Program dramatically increased service to patients while reducing overall costs for both mental and physical health care.

Despite all of the advances in health care, mental health still carries a stigma. Many people are uncomfortable when confronted with behavioral problems, either their own or those of others. An innovative program in the hospital district's community health centers is proving successful at detecting and treating mental health problems, helping patients achieve better mental health and a higher quality of living.

"Those with behavioral health problems are less likely to comply with medical treatment plans, including those for diabetes and hypertension," says Britta Ostermeyer, director of the Harris County Hospital District's new community behavioral health program. "When you treat a person's depression, he or she is better able to follow doctor's orders and take care of other medical problems."

Nationwide, nearly one in four adult hospitalizations involves mental health or substance abuse, according to the U.S. Department of Health and Human Services. The most common issues are depression, anxiety disorders, and substance abuse; a smaller number of patients

have schizophrenia or bipolar disorders.

"Patients often don't go to the psychiatric clinic until their problems are quite advanced," explains Ostermeyer. "We have a better likelihood of getting them well by catching the problem early."

The program, which exists in 12 community health centers and three school-based clinics, serves a growing number of patients who feel more comfortable talking to their primary care providers about their psychological concerns, including any alcohol, medication or street drug abuse, or feelings of depression or anxiety, than if they were to make an appointment to see a psychiatrist. The familiar faces of family physicians, nurses, social workers and substance abuse counselors often encourage people to share concerns they wouldn't talk to a stranger about.

"The stars aligned when the Hogg Foundation provided funding for a pilot program and Dr. John Burruss, chief of psychiatry at Ben Taub General Hospital, obtained support for community-based behavioral counseling," says Ann Teske, director of community case

FRIENDLY AND ENCOURAGING, INSIGHT COUNSELOR DEREK DELGADO VISITS REGULARLY WITH STRAWBERRY HEALTH CENTER PATIENTS.





HOSPITAL-BASED SPECIALISTS USE TELEMEDICINE TO CONSULT WITH BAYTOWN HEALTH CENTER PATIENTS ABOUT MENTAL HEALTH OR SKIN CONDITIONS.

management. “Then he hired Britta Ostermeyer to launch the program; she was the catalyst.”

The program’s psychiatrists and therapists work alongside primary care practitioners several days each week. They’re available to see patients and conduct what Ostermeyer calls “curbside consultations” with their primary care colleagues.

“The program is well-liked by patients, physicians and staff,” Burruss says. “It’s cost-effective in preventing hospitalizations, reducing admission rates and psychiatric emergency evaluations.”

The behavioral health program encourages patients to talk to the staff member with whom they feel most comfortable. “They know the patient best and can detect depression or anxiety earlier than if the patient waited for an appointment at our psychiatric clinic,” Ostermeyer says.

Substance abuse counselors funded by the \$5 million InSight federal grant participate, as well, helping their colleagues recognize when patients may be abusing alcohol or drugs.

“Patients with emotional issues or social stressors may use pain medication to pacify their anxieties,” Ostermeyer explains. “They feel mellow while taking painkillers and, before they know it, they are addicted. If that continues, the underlying psychological issues may never be uncovered.”

Other major organizations collaborating with the district include Baylor College of Medicine, The University of Texas Medical School at Houston, and the Council on Alcohol and Drugs Houston.

Ostermeyer and Mari-Ellen Sharp, administrative director of clinical case management, believe the district’s integration of behavioral health services into the



community health centers is a model for the nation. “We hope to propose this model as national policy,” Sharp says. “This is one of the greatest initiatives we’ve ever undertaken, and there is a phenomenal need for this care. We’re helping these patients continue to live in their neighborhoods while helping them cope with their stressors on a daily basis.”

URGENT CARE CENTER

*Ben Taub's new Urgent Care Center
provides quicker access for
non-emergency patients, while
paving the way for a new CT scanner
to speed emergency diagnoses.*

URGENT CARE CENTER



Martha Stancil, right, and Joaquina Simmons were determined to create a better way to care for patients arriving at the Ben Taub Emergency Center who needed help but weren't experiencing an emergency. They identified some clinic space that wasn't used in the evenings, and found a handful of nurses and physician assistants who were available to work a few overtime hours to provide non-emergent care. The experiment was so successful that, early in 2007, a spacious new Urgent Care Center opened its doors at Ben Taub.

Thousands of patients arriving at our community's emergency centers each year, while undeniably ill and in need of medical attention, are not truly experiencing an emergency. While fighting the flu or experiencing a migraine are definitely reasons to seek medical attention, people suffering from health conditions like these do not require the level of care provided in an emergency center, let alone the state-of-the-art services of the Level I Trauma Unit at Ben Taub General Hospital or the Level III Trauma Unit at LBJ General Hospital.

Martha Stancil, who was director of Ben Taub's ambulatory clinics back in 2003, saw how much time was spent on non-emergent patients in the emergency center, and she thought of a solution – there was a small amount of clinic space that wasn't being used in the evenings. Couldn't patients who needed attention but who didn't need to be in the emergency center be directed there? With the support of the district's chief operating officer, George Masi, and the support of clinic nurses, Stancil began escorting small numbers of patients from the emer-

gency center to the second floor clinic space.

Nurses and physician assistants agreed to work extra hours after their regular shifts so that non-emergency patients could be cared for more quickly and emergency center space could be freed for true emergencies.



In the beginning, the clinic operated during two busy weeknights, but demand was so high that it quickly expanded to five nights a week. Soon, the clinic moved to a small space next to the emergency center. Early in 2007, a roomy, purpose-built space with eight exam rooms opened down the hall from the emergency center. And Stancil is

THE EMERGENCY DEPARTMENT'S NEW CT SCANNER MEANS QUICKER DIAGNOSES AND MORE DETAILED VIEWS OF INTERNAL INJURIES.





THE CLINICAL STAFF FIND THE SPACIOUS NEW URGENT CARE CENTER A MORE COMFORTABLE SETTING FOR BOTH PATIENTS AND STAFF.

replicating the program at LBJ General Hospital, where she is now director of emergency and ambulatory care.

Today, the Urgent Care Center operates from 7 a.m. to 11 p.m. every day. From tooth pain to flu-like symptoms, from simple fractures to lacerations, patients are cared for away from the emergency center, in a clinical environment more suited to their needs.

Dedicated high-speed CT scanner means faster diagnoses for emergencies.

In 2007, the installation of a state-of-the-art Computed Tomography (CT) scanner for the dedicated use of Ben Taub General Hospital's emergency center immediately resulted in faster care, not only for emergency patients, but also for inpatients and outpatients served by the Radiology Department's two existing CT scanners.

Now, trauma patients are served exclusively by the new scanner, freeing up the hospital's other two scanners for inpatients and clinic-referred patients.

With the ultra-fast 40-slice scanner, the emergency center staff can obtain unprecedented images and make

diagnoses more rapidly and with greater precision. The system simultaneously scans several "slices," or images, of the body, reducing scan time significantly while revealing the smallest details.

Ultra-high resolution, combined with high speed that can virtually freeze the heart's motion, reveals details previously unavailable. The new scanner's speed means patients receive the lowest possible dose of radiation to secure the needed images.

Although a scan may take just 10 minutes, CT technicians spend twice that time processing the computer-generated images, providing 3D views so that radiologists have the most comprehensive data possible.

Not only is the scanning time reduced by half, says Cleveland Black, administrative director of radiology, but the new scanner processes images far more efficiently. "Depending on the protocol, we may generate 500 images, so processing them, putting the data together and posting it to the Picture Archival and Communications System (PACS) is more efficient now," he explains.

CONCIERGE SERVICES

Our new Concierge Services

Program partners with

community volunteers to ensure

patients receive a warm welcome

and an extra dose of compassion.



Seidra Whitley and Gerardo DeLeon, program managers in Concierge Services, are taking giant steps forward in offering patients and visitors a warm welcome and a helpful guide to resources throughout the hospital district and the community. Participation by a growing volunteer corps enables them to lead patients and families through the complexities of the district's large hospitals and clinics. Volunteers also expand the range of comforting services for patients.

Sometimes, a welcoming smile can be the best medicine. A cheerful face and a helping hand can alleviate stress, improve moods, and make someone feel better within seconds. The Harris County Hospital District, borrowing from a long-held practice in the hospitality industry, has introduced hospitality desks at LBJ and Ben Taub general hospitals, where staff members serve as knowledgeable guides to the complexities of a major medical organization, steering patients and families to resources throughout the hospital, the hospital district, and the community.

Carol Oddo, vice president of patient and public affairs, collaborated with Jennifer Barnes, director of volunteer and guest services, to launch the program.

“We want to make our patients’ experience a positive one from the moment they arrive to the time they leave,” Oddo says. “From the parking garage through admitting, treatment and discharge, we are examining every stop along the way. We want to make sure our programs and services are user-friendly and our facilities easy to navigate.”

Program managers Seidra Whitley at LBJ and Gerardo DeLeon at Ben Taub were charged with bringing the services to life. Both are extraordinarily qualified – as bilingual senior patient liaisons in Patient and Customer Relations, they were thoroughly familiar with the staff, departments, services and layouts of their respective hospitals. “They’re experienced at resolving issues for patients, and they know the issues that commonly arise, so they can anticipate what our patients may need,” Barnes says.

Collaborating with colleagues throughout the district, Whitley and DeLeon created detailed patient resource information and developed procedures aimed at making each visitor’s time in the district’s facilities as seamless as possible.

While the health care professionals serving the district’s patients are both compassionate and competent, community volunteers provide additional comfort. They generously donate their time to enhance the hospital or clinic experience for patients for one reason only: they truly care.

DELIVERING A CHEERY SMILE ALONG WITH THE MAIL, CHAD WIGINGTON BRIGHTENS PATIENTS’ DAYS.





Those who volunteer at the Harris County Hospital District come from all walks of life – they are stay-at-home moms, high school and college students, retired executives and teachers, members of service organizations and church groups. They are friends and neighbors who choose to donate time every month to make a hospital visit more pleasant.

Volunteers are trained by Volunteer Services staff as well as employees in the departments where they are assigned. They follow set schedules, and will soon debut distinctive royal blue uniforms.

Volunteers welcome visitors at the hospitality desks, deliver gift shop items, books, crafts, and other diversionary activities to patients, and comfort newborns. They entertain young patients in playrooms and read to those too ill to leave their beds.

Wherever the hospital district identifies a need for volunteers, Barnes and her staff collaborate with departments to write position descriptions, detail training and clarify expectations. “When you choose to give us your time, we want to be good stewards of that time,” explains Barnes.

Oddo seconds the notion that valuing volunteers’ gifts of their precious time is fundamental. “Our volunteers are part of our family,” Oddo says. “Their time is a special gift that they give to the patients who entrust us with their care.”

“As our volunteer program develops, we are reaching out even more,” Oddo adds. “We believe many people would welcome the opportunity to volunteer in their own



neighborhood, so we encourage them to volunteer in our community health centers.”

Compassionate people concerned about their neighbors and providing an extra dose of caring medicine ... that’s the mission of the district’s volunteer program.

STROKE CARE UNIT

New life-saving protocols and our dedicated Stroke Care Unit offer expertise through the continuum of stroke care from emergency center to acute care to rehabilitation.



Dr. Joseph Kass and nurse manager Vergie Johnson championed the creation of the Stroke Care Unit, and they worked together to secure the equipment, staff training and emergency center protocols needed to diagnose and treat strokes faster. The improved procedures and the district's continuum of care for stroke patients increase the odds of rehabilitating patients and returning them quickly to a normal life.

From the moment a suspected stroke patient arrives in the Ben Taub Emergency Center, the new triage protocol developed by Dr. Joseph Kass, chief of neurology, and his emergency center peers ensures that the most appropriate panel of diagnostic tests is ordered immediately.

The center's new CT scanner enables physicians to rule out bleeding in the brain – a hemorrhagic stroke – which requires care different from that of the more common ischemic stroke, caused by a decrease in blood supply to the brain because of obstructed blood vessels. Within minutes, a neurologist is called to review test results and confirm the diagnosis. Patients who have suffered an ischemic stroke are whisked to the Stroke Care Unit and immediately connected to a heart monitor.

Stroke is the leading cause of disability in the United States and the third most common cause of death. High blood pressure, diabetes, heart problems, smoking and excess weight significantly raise the odds of experiencing a stroke.

The new unit adheres to the Joint Commission on

Accreditation of Healthcare Organization's guidelines for rapid diagnosis and treatment of patients suffering acute ischemic strokes. Chief among these guidelines is administering a clot-busting drug called tPA within three hours of the onset of symptoms. If administered within that window of time, tPA can break up the clot, resulting in a much reduced chance of disability.

“Time is crucial when you're dealing with a stroke patient. The sooner you can administer tPA, the better chance you have of minimizing or eliminating damage caused by the stroke, which can include death,” says Kass.

In the Stroke Care Unit, patients are connected to an electronic monitor for as long as 48 hours. A nurse-to-patient ratio of one to four means a nurse is right there to detect any change that might indicate a need to alter medications or order a CT scan. Stroke patients are often at risk for a second stroke, further bleeding and more brain tissue loss, so close monitoring is essential to detect variances quickly.

Stroke patients often are paralyzed on one side and have difficulty speaking. An observant bedside nurse is that

THE ACCREDITED PHYSICAL MEDICINE & REHABILITATION SERVICE AT QUENTIN MEASE KEEPS STROKE PATIENTS ON TRACK TO A FULL RECOVERY.





QUICK DIAGNOSIS IN THE EMERGENCY CENTER IS THE FIRST STEP IN THE STROKE CENTER'S CONTINUUM OF CARE.

patient's best method of communicating. "Aphasia – when a patient can't communicate – is frustrating for them," says assistant nurse manager Naylon Bird. "It's very challenging when the patient knows what he is trying to say but can't express the thought." The unit's highly trained nurses are adept at comprehending and reassuring their patients.

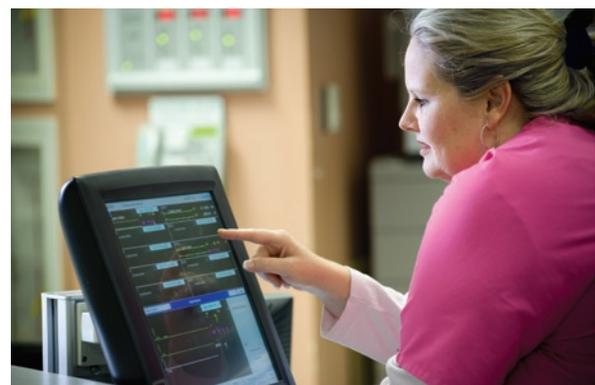
"Patients are anxious because they are dependent on our nurses for everything," Johnson says. "That's why having a consistent staff is important, so patients can build that trust."

As soon as possible, neurologists collaborate with colleagues in Physical Medicine & Rehabilitation to have speech, physical and occupational therapists begin working with stroke patients. "Patients are more motivated if they can see that they are making some progress toward healing," Johnson says.

"If a patient has only minor functional impairments, we may be able to order physical therapy at home," Kass says. "But often it's necessary to transfer them to the CARF-accredited Physical Medicine & Rehabilitation Service at Quentin Mease Community Hospital for more intensive therapy.

"We need our partners in primary care to help patients who are at an increased risk of having a stroke – those with high blood pressure, diabetes, high cholesterol or who smoke," Kass says.

He stresses the need to educate the community, especially those at high risk, to go immediately to the emergency center for evaluation if they experience stroke symptoms, which can include a severe headache, numb-



ness, weakness or paralysis, and slurred speech. "Don't take a nap and hope you will feel better," he says. "The sooner you are in an emergency center, the better your chance for full recovery."

CHEST PAIN UNIT

*Our new Chest Pain Unit affords
the rapid evaluation and treatment
of patients who are at moderate
or low risk of having a heart attack.*



Dr. Nasser Lakkis was determined to streamline treatment for emergency patients experiencing chest pain. With Nurse Practitioner Sabina Hurr now scheduling needed tests and tracking each patient's progress, the new chest pain protocol enables physicians to diagnose patients more promptly and treat patients or discharge those who do not have a heart attack in about half the time previously required.

Chest pain is alarming, bringing fears of heart attack immediately to mind. A quick diagnosis, especially if the cause of pain is something else, brings peace of mind.

A new chest pain unit at Ben Taub General Hospital is providing patients with pain but no other classic indicators of heart attack with a prompt and thorough study to reach a correct diagnosis.

More than 1,400 patients arrive at the hospital's emergency center each year with a history of chest pain, but without evidence of ongoing ischemia, a blockage of blood flow to the heart that is detectable by significant electrocardiogram (ECG) changes. Some do not have the elevated cardiac enzymes that would indicate a heart attack had occurred. Dr. Nasser Lakkis, chief of cardiology, believed that a more systematic approach was needed to triage, admit and test these patients.

Patients with what might be termed an intermediate risk of heart attack previously were admitted to open beds throughout the hospital and staying a mean average of

five days while testing was completed. Contrast that with patients with a higher risk of heart attack who routinely were evaluated and admitted by the Cardiology Service. Their status could be confirmed quickly with an angiogram, and they were treated and discharged in an average of 2.2 days.

Determined to find ways to streamline the process using mostly existing resources, Lakkis and his colleagues developed a protocol and secured the addition of a nurse practitioner, Sabina Hurr. Now, patients with chest pain are admitted with a standard set of orders to one of eight beds in the chest pain unit, a step-down unit where nurses can monitor them closely.

An experienced ICU nurse, Hurr keeps close tabs on chest pain unit patients. She evaluates them, secures reports on any prior heart studies, obtains their history and does a brief physical before consulting with a cardiologist, who determines immediately how the patient should be evaluated.

For patients believed at lower risk for heart attack,

TREADMILL STRESS TESTS HELP CARDIOLOGISTS DETERMINE IF A HEART ATTACK HAS OCCURRED OR IF CHEST PAIN STEMS FROM ANOTHER CAUSE.





QUICKER DIAGNOSES RESULT FROM TEAMWORK BY DRS. (L-R) HISHAM DOKAINISH, NASSER LAKKIS, AND ARUNIMA MISRA.

Hurr schedules non-invasive tests ordered by the cardiologist, usually beginning with a stress ECG on a treadmill. If that test shows positive results of a probable heart attack, a catheterization is ordered. If not, medication is prescribed and the patient is discharged with instructions to see his or her personal physician for follow-up.

Cardiologists may order a nuclear stress test, echocardiograph or stress echocardiogram, depending on the patient. To expedite the process, all testing is ordered on a single form. Hurr works with the testing labs to schedule patients quickly; the goal is to have all tests complete within 23 hours of admission

Three out of four of the first 655 patients admitted to the chest pain unit had the stress test, but only 19 percent were found to need a cardiac catheterization, a huge saving of time and money. One-fourth of patients did not need stress testing because they had recently had one or their condition was determined not to be heart-related.

“Our success highlights the need for quick assessment of these lower-risk patients so that they do not have a prolonged unnecessary hospital stay, on unneeded med-

ications, with potential harm from performing unneeded tests on them,” Lakkis says. He is pleased that hospital leadership listens to the needs of patients and empowers clinical staff to offer ideas – like the chest pain unit – that can make a positive difference in caring for patients.

Improved outcomes, predictable care and significant savings ... now those are results that make the heart glad.



HEALING ENVIRONMENT

A new focus on ensuring a healing environment for our patients and visitors employs a palette of soothing colors, soft finishes and natural light to help reduce anxiety and stress.



Ronald C. Johnson, vice president for facilities planning, and Linda DeClouette, project manager, are committed to creating a healing environment throughout the district's numerous facilities. They know that a comforting, spirit-nourishing environment for patients, their families and staff encourages healing. Their template for incorporating nature and a palette of soothing colors reduces stress and makes the health care experience more satisfying for all.

A transformation is taking place at the Harris County Hospital District – a movement away from the traditional hospital environment and toward more welcoming atmospheres and soothing interiors. The effort, spearheaded by the district’s forward-thinking facilities planners, will ensure the physical surroundings play an important part in the healing process.

Key to the plan is building a more balanced health care platform in which outpatient services are offered in facilities separate from hospitals. A new five-story ambulatory care tower, including radiation therapy, diagnostic imaging, and various specialty clinics, is being planned to better serve outpatient needs. This, in turn, will free current hospital space and equipment for the sole use of inpatients. The opening of new acute care beds and the expansion of the LBJ General Hospital Emergency Center will also enhance patient flow through that hospital, helping it serve more patients needing hospitalization.

As new construction begins and as vacated diagnostic and clinic space is renovated, a uniform color palette of

blues, roses, greens, and sandy hues and other new facility enhancements will be implemented throughout the hospital district. These 12 basic colors were chosen based on research in health care design that showed them to be soothing and restful, offering guests a more comforting atmosphere. It will also establish a visual signature, a shared “look” that helps patients and visitors feel more at home.

“In a very busy setting, our challenge is to provide quiet, healing space for patients and room for their families, who are so important in healing,” says Ronald Johnson, the hospital district’s vice president of facilities planning. “We are carefully selecting colors, textures, furniture and fabrics, and adding natural light where we can, while diminishing noise levels to make the environment calmer and more comfortable.”

One choice that will soften sound is a new, resilient flooring material with a relatively firm surface but some “give” that makes it quieter and more comfortable underfoot. Other features selected to reduce noise levels include heavy-duty acoustical ceiling tiles, solid doors to muffle

INDIRECT LIGHTING, SOOTHING COLORS AND HOME-LIKE FURNITURE MAKE THE SLEEP LAB AT LBJ HOSPITAL MORE COMFORTABLE.





CHOOSING FROM A PALETTE OF PRE-SELECTED COLORS AND FINISHES OFFERS MANY CHOICES AS LINDA DECLOUETTE PLANS A RENOVATION.

sound, and door hardware that ensures doors close softly throughout the building.

The soft colors, special flooring and colorful ceramic tile accents will also be used throughout the planned Martin Luther King Health Center and Alief Health Center, which will begin construction this year.

One step at a time, Johnson and the entire planning and facilities team envision attractive, more family-friendly facilities that patients will be proud to choose for their every health care need.

Traffic flow redesign makes garage more welcoming

In spring 2007, the parking garage at Ben Taub General Hospital instituted one-way driving lanes, replacing the two-way traffic visitors found challenging. New directional arrows and signs were installed, and parking spaces were repositioned diagonally, making parking easier. Spaces also were widened to accommodate today's larger vehicles, and lighting was enhanced.

The first four floors are reserved for the exclusive use

of patients and visitors. That proximity, combined with new pay kiosks in the hospital and garage lobbies, simplifies the parking experience, saving time as visitors park their cars, pay, and depart Ben Taub.

From the moment visitors arrive until they leave, the Harris County Hospital District is dedicated to being as patient-friendly as possible.



TECHNOLOGY
ENHANCEMENTS

*Our new diagnostic imaging and
electronic medical record systems
help speed physician decisions,
while enhancing patient-caregiver
communications.*



Dr. John Riggs, left, and Tim Tindle are architects of a vastly improved computer system that features an electronic medical record (EMR). The EMR enables all of a patient's caregivers – regardless of their location – to order studies, read test results and track changes in the patient's health over time. EMR and a digital image handling system are improving the quality of care while saving time and money for patients, health care professionals and the district.

The launch of an Electronic Medical Record (EMR) system in its community health centers, combined with the debut of a digital imaging system called PACS, has vaulted the Harris County Hospital District to the forefront in the use of technology to enhance patient care.

Less than four percent of all health systems in the United States have a fully implemented EMR, in which physicians, nurses and other caregivers enter orders and results directly into the record. The information is then available to health care personnel throughout the organization.

“We began the EMR roll-out in the health centers because it has a greater impact on the physicians’ work there, and 90 percent of our patient encounters are in the ambulatory environment,” explains the hospital district’s chief information officer, Tim Tindle.

Clinicians can enter notes, review test findings or place clinical orders in the system, which maintains the records in real time. EMR doesn’t just save time and money – it eliminates the problem of illegible handwriting and highlights potential conflicts between new and existing prescriptions.

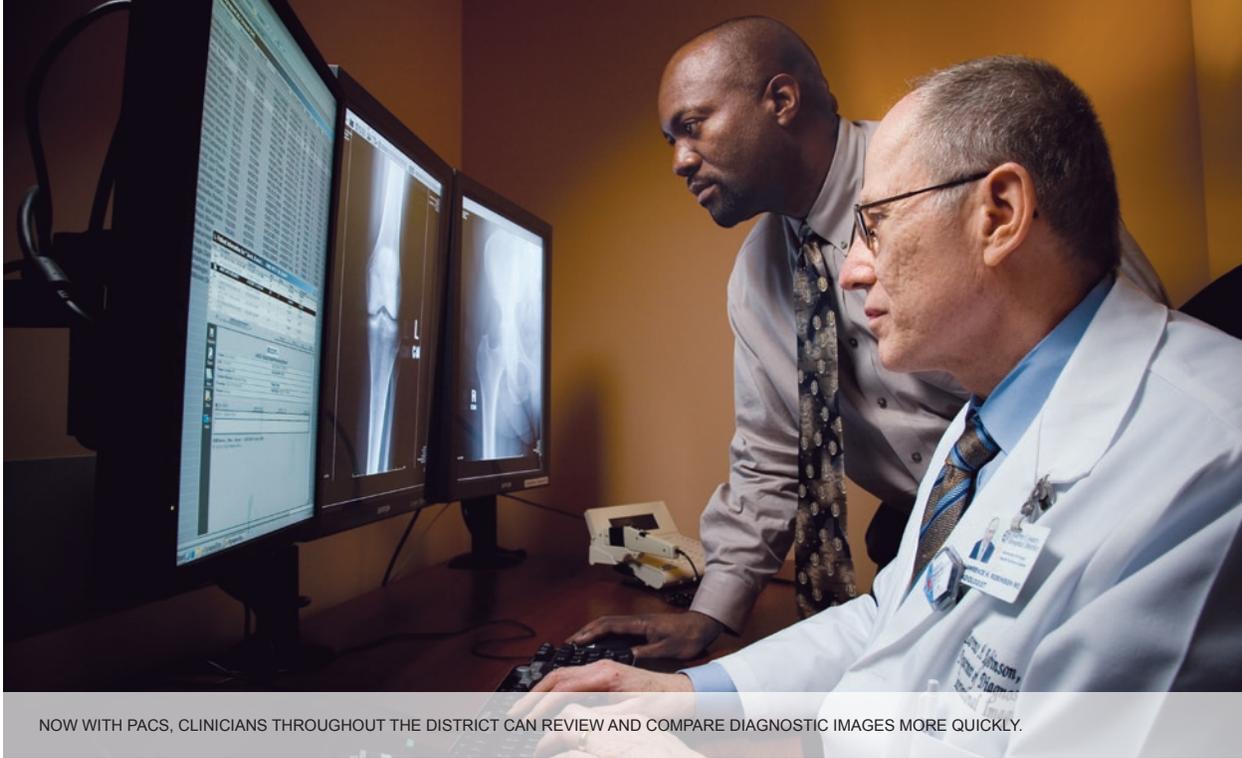
The EMR maintains a record of test results throughout a patient’s medical history, enabling physicians to make better-informed decisions about patient care. “The ‘product’ physicians deliver is decisions,” explains Dr. John Riggs, medical director of information technology. “The raw material we need is information, and we need to get data easily in order to make quality decisions.”

One terrific advantage of EMR for Dr. Lisa Danek, medical director at Northwest Health Center, is that it permits her to leave an electronic note for a Spanish- or Vietnamese-speaking nurse to contact a patient with instructions. The note stays on the screen until a nurse makes the call and logs it as a completed task.

“EMR reduces miscommunication and keeps everything in front of us until a task is complete,” says Danek. “Now I don’t have to ask if a test was done or a patient was called.”

The EMR system includes drop-down templates for the various specialties, lab tests and therapies. The templates enable physicians to literally “check off” the specific tests or therapies they require. The orders can then be read





NOW WITH PACS, CLINICIANS THROUGHOUT THE DISTRICT CAN REVIEW AND COMPARE DIAGNOSTIC IMAGES MORE QUICKLY.

in radiology, laboratory, pharmacy and other departments – immediately and clearly.

Printers in exam rooms allow physicians to give patients written summaries, an invaluable tool in self-care, as the instructions are clearly explained and portable.

“We are providing high quality health care, more efficiently and more completely,” says Suzanne Bryan, administrator at Northwest Health Center, the first site to have EMR installed. The staff there is eager for system expansions that will strengthen and simplify their work. So eager, in fact, that Riggs now defines his job as managing staff expectations for information technology. “They have tools now they had only dreamed of,” he explains. “They see IT can tackle problems not easily solved before, and that we’re just scratching the surface.”

Quicker diagnoses are also enhanced by PACS (Picture Archiving and Communication System), which was made possible by the installation of a high-speed fiber optic network. Physicians throughout the district can view x-ray, CT or MRI images of the highest quality immediately on oversized high-resolution computer screens.

The advent of PACS, while giving physicians a valuable tool in delivering quality care, will also save the hospital district a projected \$8.24 million over 10 years through a reduced demand for film and storage supplies and eliminating the need to physically transfer films from place to place. Also, patients don’t have to have x-rays retaken because existing film is in transit or on another physician’s desk.



By embracing the latest advances in information technology to enhance patient care, the hospital district was honored in the 2006 Most Wired Survey and Benchmarking Study by the American Hospital Association’s Hospitals & Health Networks journal.

FISCAL YEAR 2006-2007

COMBINED STATEMENTS OF REVENUES, EXPENSES, AND PROFIT

<i>(In Thousands)</i>	Fiscal Years Ended February 28	
	2007	2006
Operating revenues		
Net patient service revenue	\$261,104	\$256,316
DSH/UPL program revenue	179,902	169,119
Premium revenue and other revenue	201,705	123,147
Other operating revenue	21,266	16,671
Total operating revenues	<u>663,977</u>	<u>565,253</u>
Non-operating revenues		
Net ad valorem tax revenue	421,655	383,533
Net tobacco settlement revenue	14,832	10,298
Investment income and other revenue	21,813	10,506
Total non-operating revenues	<u>458,300</u>	<u>404,337</u>
Total revenue	<u>1,122,277</u>	<u>969,590</u>
Operating expenses		
Salaries, wages, and benefits	463,453	429,000
Pharmaceuticals and supplies	141,990	139,807
Physician and other services	386,746	291,102
Depreciation, amortization and interest	42,501	41,557
Total operating expenses	<u>1,034,690</u>	<u>901,466</u>
Total profit	<u>\$87,587</u>	<u>\$68,124</u>

STATISTICAL HIGHLIGHTS

	2007	2006
Admissions		
Ben Taub	26,425	25,899
Lyndon Baines Johnson	16,960	16,266
Quentin Mease	270	321
Total	43,655	42,486

Patient Days		
Ben Taub	158,986	161,063
Lyndon Baines Johnson	72,144	66,832
Quentin Mease	11,324	11,799
Total	242,454	239,694

Newborns		
Ben Taub	6,426	5,949
Lyndon Baines Johnson	4,892	5,233
Total	11,318	11,182

Emergency Visits		
Ben Taub	89,324	92,703
Lyndon Baines Johnson	64,358	70,755
Total	153,682	163,458

Outpatient Clinic Visits (with doctor)		
Ben Taub/Quentin Mease	206,270	204,220
Lyndon Baines Johnson	109,642	114,785
Community Health Centers	584,770	631,229
Total	900,682	950,234

THE HARRIS COUNTY HOSPITAL DISTRICT FOUNDATION

Some dreams of the Harris County Hospital District's change agents are made real thanks to the generosity of individuals, companies, organizations and foundations in the Houston area and beyond. Their gifts support patient services, facility enhancements, community education initiatives and so much more.

Since the Harris County Hospital District Foundation was established in 1992 to supplement and enhance the hospital district's broad health care mission, it has accepted donations and underwritten programs that once were merely dreams.

Generous support from hundreds of caring individuals and organizations has allowed the district to launch new health care programs and services while providing high-quality health care to medically indigent, uninsured and underinsured residents of Harris County. As the community's "safety net" for the growing number of the underinsured or uninsured, the district needs your continuing support to meet the increasing demands for health care.

You, too, can make dreams come true by helping build a healthier community and ensuring that top-quality services are available for every child and every family.



2006 HCHD Foundation Gala co-chairs David Ott, M.D. and Pam Ott, with Kay Holmes, 2006 Ben Taub Humanitarian Award Recipient Ned Holmes, and HCHD Foundation Chairman H. Ben Taub.

Consider a donation to the Harris County Hospital District Foundation and help make our big dreams come true.

For information about how you can be a change agent for the future health of our community, contact the Harris County Hospital District Foundation at 713-566-6409.

We are proud to thank our generous donors of the past fiscal year on the

following page. We sincerely appreciate their thoughtful support as we dream of building the very finest health care organization in the nation.

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The Harris County Hospital District's Public Partnerships and Tangible Gifting Department is committed to supporting partnerships and projects that improve the health of the diverse community we serve. Collaborating with community members helps us meet the needs of our patients and provide rewarding service projects. Below is a list of donors and partners who have generously supported us throughout fiscal year 2007.

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