dear new friends,

I can hardly believe that it has been more than six months that I have been leading Harborview’s amazing team in my role as executive director. It has been a very busy several months for me and a busy year at Harborview, filled with many successes thanks to the work and dedication of our faculty, staff, board of trustees and partners.

We invite you to learn about some of these accomplishments in this online edition of the Report to the Community—our first to be produced almost exclusively online! This approach not only allows us to be green and save money during challenging economic times, but also gives us the opportunity and freedom to tell our stories in much greater depth while connecting with friends, both old and new.

This year, we’ve chosen the theme, Making Connections, because it reminds us that our achievements would not have been possible without the effort and commitment of our supporters. It’s these connections with the community that help make Harborview a success in patient care, teaching, research and a jewel in service to our mission and community.

Our new Norm Maleng Building is possible because of these connections. We are able to expand our capacity to serve because of teamwork among Harborview, King County, the University of Washington and the community.

The seamless transition into the building, despite 100 percent inpatient occupancy in the main hospital, is a testament to the dedication of teams from UW Capital Projects, Harborview and Turner Construction supported by leadership from the Harborview planning department.

We also want to recognize the 24/7 support of our staff and physicians in the clinical care units and all of the support departments that have focused on delivering care and services to our patients during the transition and every day since.

The Ninth and Jefferson Building is on schedule for completion later this year. We are excited that the new UW Medicine Eye Institute and the Department of Global Health will be located in this building, along with an expansion of the UW Medicine Neurosciences Institute and spine program.

Patient safety and quality of care continue to be top priorities and excellent opportunities to make connections with our patients and their families. We are very proud of the life-saving care that takes place here, yet we recognize that there are always ways to improve and demonstrate our effectiveness with quality and safety for every patient, every time.

We invite you to make a connection with us by learning more about our remarkable year and sharing in our accomplishments—from providing millions of dollars in charity care to the numerous patient success stories. I hope you enjoy the new online format.

Sincerely,

Eileen Whalen, Executive Director
Harborview Medical Center is owned by King County, governed by the Harborview Board of Trustees and managed under contract by the University of Washington.

A comprehensive health-care facility, Harborview is dedicated to the control of illness and the promotion and restoration of health. Its primary mission is to provide and teach exemplary patient care and to provide health care to those patients King County is obligated to serve.

As determined by the board of trustees, Harborview, within its available resources, gives priority to a patient population that includes: persons incarcerated in the King County Jail; mentally ill patients, particularly those treated involuntarily; persons with sexually transmitted diseases; substance abusers; indigents without third-party coverage; non-English speaking poor; trauma, burn treatment and specialized emergency care patients; victims of domestic violence; and victims of sexual assault.

While maintaining a priority commitment to patients and programs in these categories, Harborview also serves a broad spectrum of patients to maintain a balanced clinical program and fiscal viability.
The King County executive appoints members of the Harborview Board of Trustees, subject to confirmation by the King County Council. These positions on the board represent the districts of Metropolitan King County. The board, as the representative authority of the county, oversees the provision of health-care services to assure that high-quality health care is made available to county residents.

Board of Trustees for the 2008 fiscal year:

Kimberly McNally, President
William Fallon, M.D., Vice President
Patricia Cheadle, A.B.D.
Bernadene Dochnahl
Jane Guiltinan, N.D.
David Hadley
Kristin Houser
Lisa Jensen
Clayton Lewis
David McDonald
Lee Ann Prielipp
John Sothern
Scott Wallace
Harborview Medical Center does not discriminate on the basis of handicap in violation of section 504 nor with regard to admission, access to, or treatment or employment in any programs or activities receiving federal financial assistance.

Harborview Medical Center is owned by King County, governed by the Harborview Board of Trustees and managed under contract by the University of Washington. It is part of the UW Medicine system of care.

---

**staff**

**Eileen Whalen**  
Executive Director

**J. Richard Goss, M.D.**  
Medical Director

**Lori Mitchell**  
Chief Financial Officer

**Cindy Hecker, R.N.**  
Chief Nursing Officer

**Debra Gussin**  
Associate Administrator  
Ambulatory Care Services

**Elise Chayet**  
Associate Administrator  
Facilities Planning and Regulatory Affairs

**Scott Desmond**  
Compliance Officer

**Project management** by  
Staishy Bostick Siem

Contributors include Steve Butler, Claire Dietz, Brian Donohue, Elizabeth Lowry, Marsha Rule and Peggy Weiss

**Feature photography** by Clare McLean

**Supplemental photography** by  
Brian Gaines and Frank Miller

**Design** by UpRoar

**Printed** by McCallum Group

---

**clinical departments**

**Anesthesiology**  
Charles Novak, M.D.*

**Burn Center**  
Nicole Gibran, M.D.

**Emergency Services**  
Eileen Bulger, M.D.

**Family Medicine**  
Robert Crittenden, M.D.

**Laboratory Medicine**  
Wayne Chandler, M.D.

**Medicine**  
Virginia Broudy, M.D.

**Neurological Surgery**  
Richard Ellenbogen, M.D.

**Neurology**  
Will Longstreth, M.D.

**Obstetrics and Gynecology**  
Kirkwood Shy, M.D.

**Ophthalmology**  
A.J. Amadi, M.D.*

**Oral and Maxillofacial Surgery**  
Jessica Lee, D.D.S.*

**Orthopedics**  
Bruce Sangeorzan, M.D.

**Otolaryngology/Head and Neck Surgery**  
Mark Whipple, M.D.*

**Pathology**  
Nancy Kiviat, M.D.

**Pediatrics**  
Brian Johnston, M.D.

**Psychiatry**  
Peter Roy-Byrne, M.D.

**Radiology**  
Wendy Cohen, M.D.

**Rehabilitation Medicine**  
Peter Esselman, M.D.

**Surgery**  
Ronald Maier, M.D.

**Trauma Services**  
Gregory Jurkovich, M.D.

**Urology**  
Hunter Wessells, M.D.

* Denotes staff in acting or interim roles.
After a national search, Eileen Whalen was appointed executive director for Harborview Medical Center effective Oct. 6.

Whalen, who has 25 years of experience in health care, served as vice president of University Medical Center in Tucson from 2004 until 2008. As executive director for Harborview, she will guide the medical center and will serve on the leadership team for UW Medicine.

“I’m excited to have joined the Harborview Medical Center/UW Medicine team,” Whalen said. “It’s a once in a lifetime opportunity to work with such a stellar management team and with faculty, staff and a board of trustees who are totally committed to Harborview’s unique mission.”

The University Medical Center in Tucson, like Harborview, is a Level I trauma center and academic medical center dedicated to advancing medical care through excellent training and research. In addition to University Medical Center, Whalen has worked at Saint Mary’s Regional Health Care System in Nevada, San Francisco General Hospital and Maryland Institute for Emergency Medical Services Systems.

“I am very excited about our ability to recruit Eileen as the new executive director for Harborview,” said Johnese Spisso, vice president for medical affairs at the University of Washington and clinical operations officer of UW Medicine. “She brings a wealth of experience and leadership abilities that make her an outstanding fit for the hospital and our UW Medicine health system.”

Whalen earned her bachelor’s degree in nursing from Niagara University in upstate New York and her master’s degree in public health from Chapman University in Orange, Calif. She was the founding editor of the Journal of Trauma Nursing. She has written many articles on emergency and trauma services and on health-care system design. She is a nationally recognized speaker and a health-care consultant for trauma care systems across the country.

Whalen reports to Spisso and to the Harborview Board of Trustees, consistent with the King County-UW management contract. Harborview is owned by King County, governed by a county appointed board of trustees and managed by the UW.

“Eileen Whalen is an innovative leader,” said Kimberly McNally, president of the Harborview Board of Trustees. “She has broad-based experience in operations, business development and clinical care. She has demonstrated a commitment to quality care and patient safety, and enthusiasm for Harborview’s unique mission. In addition to her widely known expertise in trauma services, Eileen brings the ability to develop strong working relationships with medical staff and community partners.”
What are your first impressions of Harborview?

EW: Harborview is legendary for its excellence in quality care, research, teaching and community service missions. I’m humbled and honored to have the opportunity to lead this vital work as part of UW Medicine. We have an outstanding executive team, a dedicated board of trustees and a truly exemplary staff.

What are your goals for your first year?

EW: I will be listening and learning to understand Harborview’s culture. I will also be deepening my understanding of our legislative agenda and establishing relationships with state leaders in Olympia.

What are some of the challenges that you expect to tackle?

EW: Reaching the next level in terms of patient safety and quality is of utmost importance. Another great challenge, as a safety net hospital, is to meet the needs of the community for accessible and high-quality care, especially in light of our census and the overwhelming demands on our resources. I will also focus on providing leadership and infrastructure support for our education and research missions.

What role do you expect Harborview to play in the community?

EW: My goal is for Harborview to be very visible. As a new Seattle resident, I look forward to being very involved in the community both professionally and personally. I hope to spend the next year getting to know our community leaders and building stronger partnerships at the local, state and national levels. I will also be reaching out to other health-care partners and business leaders in hopes of strengthening health care in King County.

How does your family feel about relocating to Seattle?

EW: In addition to being a health-care consultant, my husband, Bob, will return to Arizona monthly to manage our 13,000-acre cattle ranch. In Seattle, we are both excited by the combination of an urban environment in close proximity to the outdoors. Our recreational plans include skiing, hiking, bicycle riding and walking about town. Since we love to cook and entertain, we are having a field day at the Pike Place Market.

Will you miss the Arizona sun?

EW: After growing up in Washington, D.C., and going to college in Buffalo, I’m used to cold, damp weather. Our cattle ranch can also provide an occasional sun break!
Year in Review

Harborview’s challenge each year is to remain fiscally viable and to finish the year with an operating margin of at least 1 percent.

In 2008, Harborview improved access to important services for all patients while managing extraordinarily high occupancy, ranging from 95 to 105 percent. We achieved our budgeted payor mix for sponsored patients: 37 percent. This improvement in overall payor mix has allowed us to achieve our financial goals and to provide a record amount of services to our mission population in 2008. We have also continued to provide care to all King County residents in need, spending more than $120 million in charity care in 2008.

Harborview implemented more than 85 process improvement initiatives, which saved $12 million in 2008. These initiatives were accomplished by effectively managing access and patient flow for scheduled and emergent admissions, as well as mission population services. Similar strategies have also helped us achieve strategic growth in our Centers of Emphasis and key service lines. Several efforts were launched to improve quality of care and efficiencies in preparation for opening the Norm Maleng and Ninth and Jefferson buildings.

“[Dr. Amadi] did an excellent job. Luckily the tumor was all up front. He took it out and zigzagged his incision so the scar would basically disappear. If you get close, you can see it, but it doesn’t look like she had surgery. It’s amazing.”

Angelo Belsito
father of Isabella Belsito
Richland oculofacial plastic surgery patient
### Inpatient Volumes

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Inpatient Discharges(^1)</td>
<td>18,603</td>
<td>18,504</td>
</tr>
<tr>
<td>Indigent</td>
<td>7,811</td>
<td>7,885</td>
</tr>
<tr>
<td>Mentally Ill</td>
<td>5,706</td>
<td>5,574</td>
</tr>
<tr>
<td>Trauma Service</td>
<td>5,645</td>
<td>6,225</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1,765</td>
<td>3,511</td>
</tr>
<tr>
<td>Non-English Speaking Poor</td>
<td>960</td>
<td>792</td>
</tr>
<tr>
<td>HIV/STD</td>
<td>379</td>
<td>427</td>
</tr>
<tr>
<td>Burn Service</td>
<td>589</td>
<td>652</td>
</tr>
<tr>
<td>King County Jail Inmates</td>
<td>150</td>
<td>201</td>
</tr>
</tbody>
</table>

\(^1\)Sum of patient type will not equal total volumes since some patients may group into multiple categories. Decrease between years is consistent with the increase in length of stay.

Percentages represent the group within the mission population compared to the total patient population.

### Outpatient Volumes

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Outpatient Volumes(^1)</td>
<td>390,371</td>
<td>381,837</td>
</tr>
<tr>
<td>Indigent</td>
<td>218,880</td>
<td>223,854</td>
</tr>
<tr>
<td>Non Trauma Emergency Department</td>
<td>56,101</td>
<td>61,698</td>
</tr>
<tr>
<td>Non-English Speaking Poor</td>
<td>48,995</td>
<td>42,414</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>33,341</td>
<td>25,390</td>
</tr>
<tr>
<td>Madison Clinic</td>
<td>17,184</td>
<td>17,809</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>14,871</td>
<td>15,784</td>
</tr>
<tr>
<td>Trauma Service</td>
<td>12,886</td>
<td>13,825</td>
</tr>
<tr>
<td>Sexual Assault Counseling (Visits)</td>
<td>3,699</td>
<td>3,300</td>
</tr>
<tr>
<td>Burn Clinic</td>
<td>2,352</td>
<td>2,215</td>
</tr>
<tr>
<td>King County Jail Inmates</td>
<td>1,216</td>
<td>884</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>386</td>
<td>409</td>
</tr>
</tbody>
</table>

\(^1\)Sum of patient type will not equal total volumes since some patients may group into multiple categories. Decrease between years is consistent with the increase in length of stay.

Percentages represent the group within the mission population compared to the total patient population.

### Emergency Department Visits

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Emergency Department Visits</td>
<td>68,987</td>
<td>76,491</td>
</tr>
</tbody>
</table>

\(^1\)Sum of patient type will not equal total volumes since some patients may group into multiple categories. Decrease between years is consistent with the increase in length of stay.