

2011 REPORT TO THE COMMUNITY

# Transforming Care Changing Lives



Barlow Respiratory  
HOSPITAL  
Helping You Breathe Easier



# Transforming Care Changing Lives

At Barlow Respiratory Hospital, the phrase “Transforming Care, Changing Lives” defines what we do, and have done, for over 100 years. We focus on helping patients breathe easier by teaching them how to take their next breath and return to their daily lives.

At patients’ bedsides, in our research center, around conference tables, and in our educational seminars, everyone connected to Barlow shares a deep and ongoing concern for patients who are dealing with highly complex medical conditions. Together, we work to help them achieve results far beyond what any individual could achieve without the help and specialized knowledge of a dedicated team. In this, our first Annual Report to the Community, you will learn about some of those extraordinary patients and the Barlow programs that changed their lives. You will also meet some members of our equally extraordinary medical team.

We’ve also told the story of our ongoing clinical research—important work that is constantly improving the patient experience and allowing us to work more efficiently as staff and patients benefit from leading-edge technologies. We are particularly proud of a recent patient and family satisfaction survey and have shared those results.

“Taking the Next Breath,” our capital campaign for building a much-needed new hospital that allows us to continue our legacy of care, is also featured in this important report. We hope the following pages will shed new light on a highly valuable member of the community and Barlow’s critical role in the greater Los Angeles area.

With many strengths to draw from, and an organization that fosters partnerships with the community as well as regional and national hospitals, Barlow is adapting to the changes that are reshaping people’s lives daily. We invite you to get to know us a little better as we share our stories.

**Margaret Crane**  
*CEO, Barlow Respiratory Hospital*



BARLOW'S VENTILATOR WEANING PROGRAM TEACHES

# Breath

Shirley Herndon is grateful for every breath she takes. But it wasn't an easy route from a devastating heart attack and ventilator dependency back to a life of simple everyday pleasures.

At the beginning of her stay in another hospital, Shirley was connected to a ventilator by a tube that went through her mouth and vocal cords into her trachea (wind pipe). After a few weeks, doctors performed a tracheotomy, allowing the tube to be moved from her mouth and placed directly into her trachea. Because of the time she had already spent in the hospital and time she still needed to recover, she was considered "chronically critically ill." Shirley's doctor determined that it was best for her to move to a facility with a focused program that combined weaning from the ventilator with rehabilitation. He referred her to Barlow.

Here, with the help of Barlow's specialists and team approach, Shirley was able to get off the ventilator and breathe on her own. Little by little, she regained her life—the ability to walk, talk, eat, write, and sew—one success leading to another.

## VENTILATOR WEANING PROGRAM Changing Lives Everyday

Barlow's Ventilator Weaning Program treats those who are dependent upon machines to take their next breath. Patients come to Barlow for this program when they have already experienced a long stay in intensive care or prior weaning attempts have not been successful.

At the center of the program is the Therapist-Implemented Patient-Specific (TIPS®) weaning protocol. Implemented

and monitored by experienced respiratory care practitioners, patients move at their own pace through a step-by-step process that supports the recovery of independent breathing. The TIPS® protocol—developed by Barlow pulmonologists and based on years of specialized practice—was the first of its kind to be published and is nationally recognized and widely adopted by other hospitals.



*"Once they took me off of the ventilator, I was so much more relaxed because I knew that pretty soon, if I followed instructions and worked hard, I would be able to go home."* — Shirley Herndon, Patient







*“If we weren’t here, there would be a tremendous void in long-term care in Los Angeles.”* — Dr. David Nelson

Above: Dr. David R. Nelson, Medical Director.



LIFE AND BREATH

# The Physician

**Dr. David R. Nelson, Barlow’s Medical Director and a board-certified pulmonologist, reflects on his 21 years at Barlow, working as a physician, medical administrator, and teacher.**

I first came to know Barlow when I did a fellowship here as part of my pulmonary training at USC. From the beginning, I liked everything about it. Two years later when they invited me to join the medical staff, I didn’t hesitate.

What really struck me about Barlow was its absolute focus on a unique patient population. It’s all about the complexities of respiratory diseases and benefits of rehabilitation. Everyone here—from bedside caregivers to the administration—is personally committed to the expert clinical care of our patients, as well as attending to the special needs of their families.

As Medical Director, I’m responsible for the quality of patient services delivered by the medical staff. But I don’t believe you can really do a good job of that by sitting in an office and reading reports. That’s why, as a practicing pulmonologist, I make daily patient rounds. The act of visiting each patient’s bedside keeps me in close

touch with their needs, their progress, and the level of care we are delivering. It also makes it possible for me to contribute first-hand knowledge to help shape our quality improvement initiatives. And, I get to see the effects of those initiatives as they translate to better outcomes. It is incredibly rewarding to work hand-in-hand with all Barlow staff through every phase of problem-solving and patient care.

There are other long-term acute care hospitals in Los Angeles, but what really sets Barlow apart is our regional ventilator weaning center, dedicated research function, and the fact that we are the area’s only not-for-profit respiratory hospital. On top of everything else I have seen accomplished at Barlow over the past twenty years, I am especially proud of our contribution toward educating medical students and other health care professionals. I’ve personally taught more than 200 students who have gone on to carry the knowledge and experience of Barlow into the community.



BARLOW'S MEDICALLY COMPLEX CARE PROGRAM CREATES

# Hope

Roxana Cugno was just 39 years old when Barlow helped change her life. Born with lung sequestration, she had experienced decades of suffering, including bouts of pneumonia, compromised breathing, and a partially paralyzed diaphragm. She had also undergone lung surgery. As a young mother, she faced numerous day-to-day challenges.

After arriving at Barlow, the team conducted a series of tests, which revealed a partially paralyzed diaphragm and low oxygenation levels. Through weeks of education and intensive physical and occupational therapy, Roxana learned how to pace herself and monitor her breathing to control symptoms and return to everyday life. Highlights of her treatment included understanding the role and correct use of medications, learning new breathing techniques, and learning how to cope with depression and anxiety that may accompany chronic lung disease.

“By the time I got to Barlow, I was in pretty bad shape. I had seen specialist after specialist. But finally, I was in a hospital where I felt that people really listened to me. Barlow took a look at my whole day-to-day life, not just my lung issue. They not only helped make my life easier, they gave me and my family hope.”

## MEDICALLY COMPLEX CARE PROGRAM Ongoing Evaluation and Attention

Barlow, long recognized as the destination of choice for diagnosis and treatment of respiratory failure and chronic lung disorders, is also a regional resource for treating a full range of complex medical conditions, including diabetes, heart failure, circulation problems, digestive issues, and neurologic diagnoses. Patients are admitted to the Medically Complex Care Program when they need to be seen by a physician on a daily basis and require 24-hour nursing care.

Treating medically complex patients involves caring for the total person rather than

administering a single medication or procedure. Barlow patients benefit from a multidisciplinary medical staff of specialists available for consultation, and a wide spectrum of available pulmonary and critical care diagnostic services, interventions, treatments, and therapies.

The overall goal with these patients is to blend the science and art of medicine, guiding the removal of technology, unraveling the interventions, and supporting an effective healing response and recovery.



*“I feel very fortunate that Barlow took a look at my whole day-to-day life, not just my lung issue. They not only helped make my life easier, they gave me and my family hope.”* — Roxana Cugno, Patient







*“When patients reach the ultimate goals of independence and self-care at home, it’s so rewarding for everyone involved.”* — Prim Desai

Above: Prim Desai, Director of Rehabilitation Services, consults with Dr. Christopher Ho.



## CHALLENGE AND REWARD

# The Physical Therapist

**Prim Desai, Director of Rehabilitation Services at Barlow, shares her thoughts about the joy she finds in helping patients overcome challenges and get their lives back.**

Since my early training in India, I’ve had a passion for working with patients with pulmonary disease. When I moved to California and heard about Barlow’s focus, I knew I had found the right place to continue my career—a hospital that offers state-of-the-art treatments and methods along with an intimate, family feeling.

When your sole responsibility is to make a difference in the lives of people with breathing disorders, there is never a dull moment. Respiratory disease affects the entire body as well as a person’s outlook. The heart, the skeletal system, the muscles—all are impacted. Often people start out feeling negative and discouraged, not believing they can improve their breathing and overall functioning. They may experience fluctuations and setbacks or feel anxious or depressed or fearful. But then they do make

progress and are able to leave Barlow at a much higher level of functioning. We are able to measure their progress, comparing their Functional Independence Measure (FIM) scores on admission, at discharge, and three months after discharge.

My job goes beyond breathing retraining. My staff and I are responsible for recognizing signs and symptoms of infections and other health complications while helping patients build the strength and endurance they need to progress. We also work with them to adapt their home environment to meet their physical needs.

Since I’ve been here, Barlow has expanded its offerings, adding services for medically complex patients, as well as implementing a number of technological improvements. For example, we have made strides in promoting one-way speaking valve tolerance for our ventilator weaning patients so that they can better communicate. The hospital also has an Outpatient Program and two satellite facilities, which enable patients to get treatment closer to their homes and families. It’s been wonderful to be a part of so many lives and to be a part of Barlow’s growth. I’m looking forward to the next decade!



BARLOW'S PULMONARY REHABILITATION PROGRAM RESTORES

# Confidence

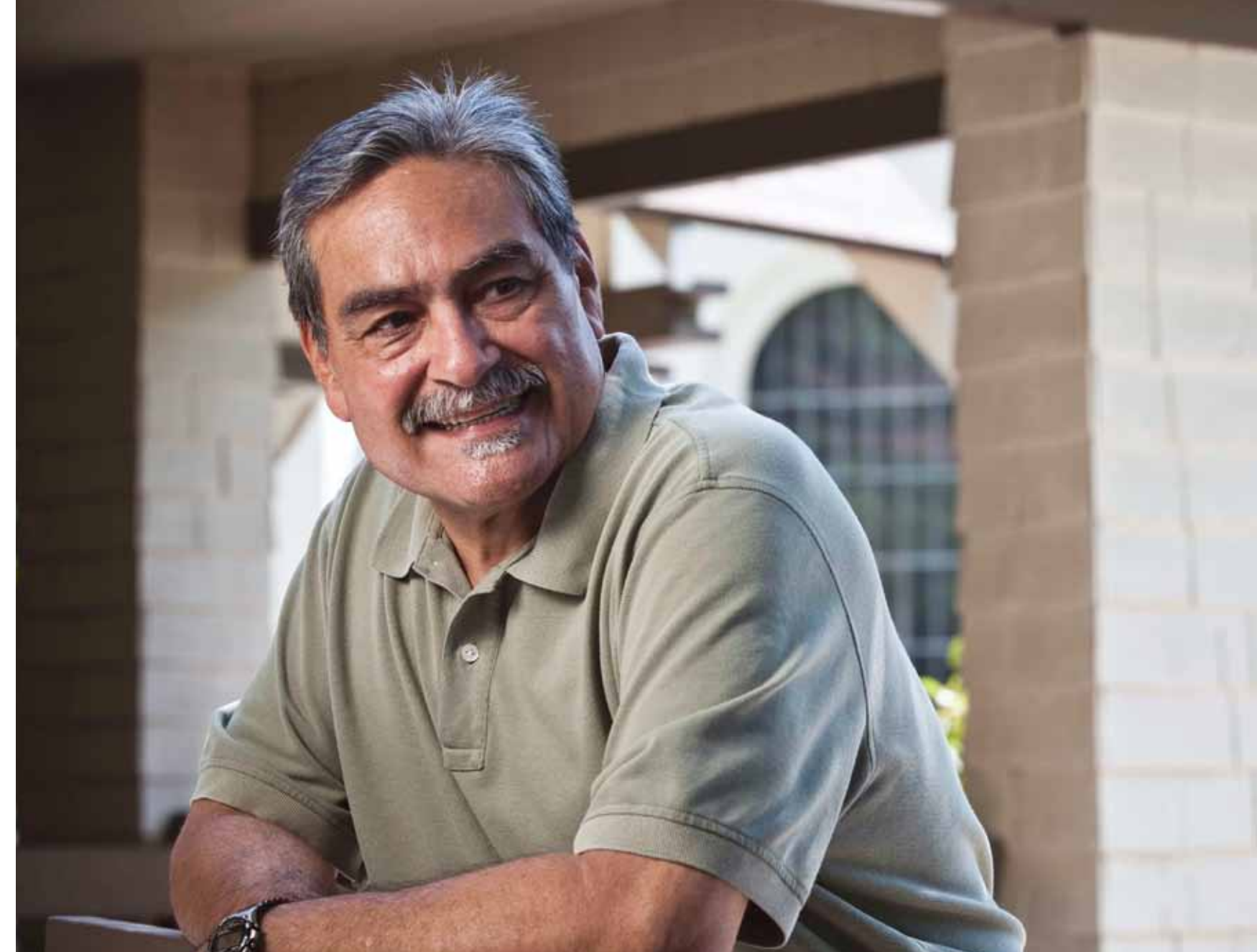
Barlow's Pulmonary Rehabilitation Program helped Rey Dominguez navigate the journey from fear and uncertainty to confidence. A 64-year-old long-distance bike rider, backpacker, and fisherman, Rey suddenly started experiencing serious breathing problems and was eventually diagnosed with pulmonary fibrosis. From that moment, everything changed. Rey thought he had hit a wall, and it was devastating.

A referral led Rey to Barlow, where he entered the outpatient rehab program. Barlow's interdisciplinary team of experts first identified his baseline abilities in order to develop individualized goals. Rey's treatment plan included breathing retraining, physical conditioning, and tips on nutrition and meal planning to support wellness. Rey also learned how to monitor the effects of his education and conditioning activities using a pulse oximeter, which measures saturation of oxygen in the blood.

## PULMONARY REHABILITATION PROGRAM Restoring Wellness Breath by Breath

Barlow offers both outpatient and inpatient programs for pulmonary rehabilitation. The goals for each are the same: to enhance patients' lives by teaching them, and their families or caregivers, new strategies for breathing, monitoring, and controlling symptoms so that they can lead more active, independent lives. We help them build the confidence they need to keep moving forward.

At Barlow, we take a holistic, team approach, addressing every element of daily life—from getting dressed to socializing. Depending on a patient's individual needs, the team may include a physician, nurse, respiratory therapist, physical therapist, occupational therapist, and professionals in social services, nutrition, and speech therapy.



*"Barlow found a way for me to expand my life rather than being trapped. I learned to do things a little differently—maybe not as fast as I used to do them, but Barlow helped me learn to breathe and carry on."* — Rey Dominguez, Patient







*Barlow's new hospital will allow us to continue our 100-year legacy of specialized care in a state-of-the-art, LEED-certified facility.*



# Continuing the Legacy

**Change is coming to the Barlow community in the form of a state-of-the-art hospital and wellness community. Slated to break ground in 2013, the new Barlow Respiratory Hospital will transform an entire section of downtown Los Angeles and invigorate the surrounding Echo Park community.**

Continuing our 100-year legacy of specialized care, the new Barlow Respiratory Hospital will enable us to serve more patients in an environment that is more flexible and spacious than our aging hospital. It will also be sustainably engineered and LEED certified. The state-of-the-art, 102,000 square-foot, three-story building will allow us to offer 56 acute care beds—and with space for new operating suites, patients will be able to have minor surgeries at Barlow instead of having to transfer temporarily to another facility.

Those who most intimately understand Barlow's needs for a new hospital—our physicians, nurses, patients, and their families—all contributed to the design. The new layout of floors and patient rooms includes innovations that will significantly increase

visibility, enhance efficiency, and offer more comfortable space to patients and their families. Each patient room will be private, with its own bathroom and in-room access to medical supplies.

Thanks to careful planning and creative thinking, Barlow has the resources to fund all but a relatively small portion of the estimated total project cost of \$125 million. We have already identified over 80 percent of the necessary funding through existing hospital reserves, some debt financing, and the sale of 19 acres of Barlow's 25-acre site near Elysian Park.

Even with substantial funding in place, our challenge is to raise the remaining \$25 million to complete the picture. Through our capital campaign, Taking the Next Breath, we are seeking philanthropic donations from individuals and organizations who believe in Barlow's mission and would like to join us as we build our future.



# Innovation in Clinical Research

Barlow is one of the few respiratory hospitals in the country with a dedicated research center recognized for developing and publishing breakthroughs that are transforming care and changing lives for patients every day.

## A LEADER IN RESPIRATORY RESEARCH

Barlow Respiratory Research Center (BRRC) is internationally known for its research on weaning patients from prolonged mechanical ventilation (PMV)—critical, ongoing work that involves real patients whose lives depend on it. Over the past several years, our research efforts have resulted in the publication of four book chapters, 16 papers in peer-reviewed medical journals, nearly 50 abstracts, and numerous editorials and communications.

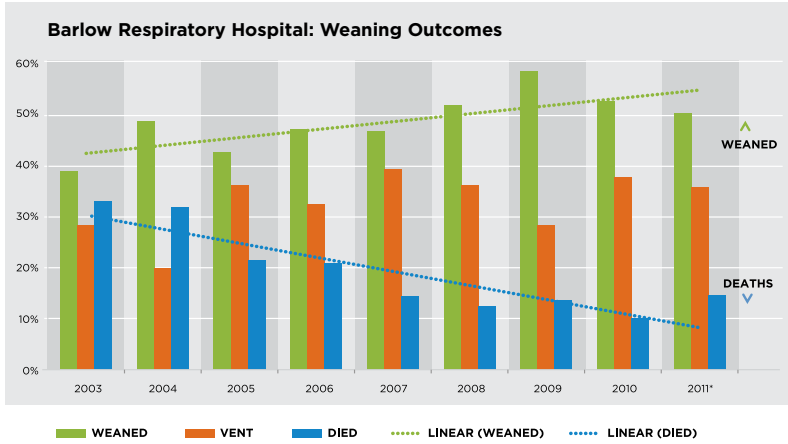
In addition to the Center’s key focus of helping patients who rely on ventilators for every breath they take, our research team also addresses a number of issues related to chronic lung diseases, such as asthma, COPD, emphysema, pulmonary fibrosis, and other illnesses. By conducting research and reporting its findings, BRRC and Barlow Respiratory Hospital (BRH) together serve as valuable resources for patients who become ventilator-dependent and have weaning and rehabilitative potential, those with chronic lung and medically complex disease processes, their families, and the medical community challenged with their care.



For over two decades, Barlow Research Center has contributed to the knowledge base of pulmonary and critical care medicine, shaping the health care decisions and outcomes for patients with ventilator dependency, respiratory failure, and other disease processes in the respiratory and medically complex patient.

## SHAPING BETTER OUTCOMES

In our ongoing clinical research, we seek to answer questions such as: What are the characteristics of ventilator-dependent, post-ICU patients admitted? Why are they “stuck” on the ventilator? Which patients actually get off the ventilator and can we predict who they might be? Answers to these questions further our ability to help thousands of people who struggle to breathe independently. The information we collect as we explore these issues with patients goes into our Ventilation Outcomes Database (VOD). Now with over 4,000 patients’ data, the VOD is the foundation for all clinical studies of patients admitted to BRH for ventilator weaning.



## Turning Knowledge into Practice: Selected Publications and Presentations

### Post-ICU Mechanical Ventilation at 23 Long-term Care Hospitals: A Multicenter Outcomes Study

This was the first multicenter study of weaning outcomes from long-term acute care hospitals, sponsored by the National Association of Long Term Hospitals (NALTH). BRH served as the primary research site, with BRRC staff serving as Principal Investigator, Data Manager, and key authors. The results of the study were published as two papers. —*Chest*

### Outcomes in Post-ICU Mechanical Ventilation: A Therapist-Implemented Weaning Protocol

Barlow is perhaps most widely known for developing and publishing the TIPS® protocol for ventilator weaning. Long the standard of care for weaning patients from prolonged mechanical ventilation at BRH, the protocol was subsequently adopted by many hospitals throughout the nation and abroad and serves as a template for “best practice” models for weaning in the post-ICU setting. —*Chest*

### Chronic Critical Illness: Measuring Family Satisfaction with Care at a Long-Term Acute Care Hospital

Family satisfaction is an important component of quality of care at Barlow. We evaluated a survey assessing patient and family satisfaction with care, focusing on family satisfaction with hospitalization in a population where many patients are unable

to give feedback themselves. Results showed that care and concern by staff, communication, and coordination of care were key determinants to family satisfaction. —*Presented at the NALTH Physician Clinical Education Conference*

### Post-ICU Mechanical Ventilation: Changing Population Characteristics, Weaning Outcomes, Discharge Disposition, and Survival

Patient characteristics and weaning outcomes may change over time. Analysis of six years of data showed that we continue to wean over half of patients admitted on ventilators, patients’ severity of illness on admission has increased, patient deaths have decreased, and more patients are being discharged to extended care facilities than to home.

—*Presented at the American Thoracic Society International Conference*

### Characteristics of Patients Admitted to a Long-Term Acute Care Hospital for Treatment of Prolonged Severe Illness

Medically complex patients—patients with prolonged severe illness not receiving mechanical ventilation—admitted to long-term care hospitals are a diverse population that has never been described in medical literature. We reported the characteristics of these patients transferred to BRH for continued treatment of sustained severe illnesses. A goal is to identify different types of patients and develop clear outcomes for each group.

—*Presented at the NALTH 2011 Physician Clinical Education Conference*



### Barlow’s Ventilation Outcomes Database and Ventilator Weaning Program work together to:

- Characterize the patient population
- Objectify weaning process and outcome
- Identify trends, progress, and problems
- Measure the impact of interventions





# 2011 Clinical Highlights

“Outcomes research will increase in importance and application as health care systems and payers become more interested in maximizing patient outcomes relative to resources used.”

—Dr. Shannon S. Carson, MD, Univ. of North Carolina

As an innovator and leader in respiratory care, Barlow is constantly improving the patient experience, working more efficiently, and giving our staff and patients the benefit of leading-edge technologies. Recent noteworthy developments include a new system of multidisciplinary rounding and advances in antibiotic monitoring, among other strides in the hospital's day-to-day operations. We are also particularly proud of a recent patient and family satisfaction survey.

## MONITORING FEEDBACK AT A MOMENT'S NOTICE

Just as important as human touch and observation are advances in electronic patient monitoring systems—complex machines that calculate everything from oxygen levels to blood flow, giving health care professionals valuable, lifesaving feedback at a moment's notice.

Advances in these systems allow the care providers to monitor patients during hospitalization anywhere—24 hours a day, 7 days a week. We recently upgraded our Phillips telemetry system at all Barlow facilities to the highest current standards. Barlow also replaced all of its ICU bedside monitors with new machines capable of state-of-the-art monitoring of all physiologic waveforms required in critically ill patients. We also added a number of the IntelliVue MX40 wearable patient monitors, which allow our physicians, nurses, and respiratory therapists to check a patient's clinical status with just a push of a button. Additionally,

we upgraded our portable monitors to the Philips IntelliVue MP5, which provides monitoring and functionality in a compact, easy-to-use housing. This technology allows for better and easier monitoring of patients during transport to various units of the hospital and during special procedures.

## RECENT ADVANCES IN EMR

Barlow is making great progress toward meeting the federal mandate for hospitals to switch from paper to Electronic Medical Records (EMR) by 2014. There are many benefits with electronic medical record keeping. It brings faster access to test results, allows easier information sharing between physician offices and/or home and hospital staff, and results in fewer handwriting-based mistakes and duplicated tests.

### To date:

- We have created several reports and performance improvement indicator results that are available to all directors on a daily basis. These reports give us easy access to information that directly improves the quality of care that we provide to our patients.
- Adding pharmacy alerts on certain required fields for medications that necessitate specific actions from pharmacy and nursing ensures patient safety. In addition, bar coding every medication and scanning it prior to dispensing the medication to patients enhances the safety check of five rights of medication administration.
- Most of our physicians are now entering orders directly into the EMR system instead of using hand-written notes that require transcription. As we progress in this area, Barlow is looking to convert more forms to the appropriate electronic version, have more physicians chart and place orders using the EMR, and make the EMR more efficient and user friendly.

## MULTIDISCIPLINARY ROUNDING

While new technologies are improving medical care every day, nothing can truly take the place of personal communication and collaboration among different members of our health care teams and their patients.

In order to formalize and maintain this type of personal contact, Barlow has initiated the practice of Multidisciplinary Rounding. This means that each day, Monday through Friday, a team consisting of a pulmonologist, registered nurse, respiratory therapist, respiratory director, speech pathologist, pharmacist, and the registered nurse clinical educator meet at the patient's bedside. Together, they review the plan of care for the day, address any medical issues, and make recommendations to enhance each patient's care. As they do so, the patient and his or her family and their concerns are also included in the discussion. This practice has enabled us to evaluate the safety and effectiveness of care for each patient in real time. We are then able to move forward knowing that every member of the team has been fully informed of the patient's medical status and concerns. Patient and family involvement in these rounds is important as it helps keep patients and their loved ones informed of progress on a daily basis and improves their overall experience and satisfaction.



## EDUCATION

In order to provide patients with the best, most informed care possible, it is imperative that Barlow health care professionals stay on top of new developments and evidence-based practices. Because of the number of developments taking place in this critical area, Barlow allocated significant resources to provide Education Day in 2011 for over 100 nurses. The main focus on pharmacy education, EKG interpretation, and our new telemetry system has greatly enhanced the clinical knowledge of our nursing staff.

## ANTIBIOTIC STEWARDSHIP

Issues surrounding monitoring antibiotic use are prominent in today's hospital environments. To address these issues, the state of California has introduced two Senate bills mandating hospitals to protect against healthcare associated infections (SB 158) and to monitor and evaluate antimicrobial use (SB 739). In response, Barlow initiated its Antibiotic Stewardship program in 2009. The goal of our stewardship team is to optimize more appropriate antimicrobial selection in an effort to improve individual patient care, minimize adverse events, help prevent the emergence of resistance, and reduce hospital costs.

Since the program's initiation, Barlow has been able to implement numerous changes, including making adjustments to our specimen collection and evaluation. We started antibiotic stewardship rounds once a week with the pharmacy director and our infectious disease physician and initiated an extended infusion program, which helps the antibiotic stay in the patient's system longer, and promotes better activity against the offending bacteria. One of our monitoring parameters includes the amount of doses dispensed over 1,000 patient days. This number represents the amount of antibiotics dispensed over the year. In 2008 and 2009, our numbers were 1514, and 1602, respectively. In 2010, and 2011, they were 1399, and 1308, respectively. The decline in the overall use of antibiotics at our facility is a major step toward preventing their overuse and decreasing the possibility of resistance to antibiotics in our patient population.





BARLOW’S SATELLITE LOCATIONS: SERVING MORE PATIENTS

The average length of stay for a Barlow patient is 32 days, so the closer patients can be to their homes, the easier it is on them and their families. In many cases, our satellite locations offer a highly desirable option. Each satellite works within and collaborates with a host hospital and offers the same standards of excellence established by Barlow. By collaborating with host hospitals, we are able to offer patients coming from the local community much-needed continuity of care. Many of the physicians at the host hospitals also have privileges with Barlow Respiratory Hospital. These physicians often have connections to other healthcare providers in the surrounding communities, making it easier to coordinate the patient’s care. Specialties at each satellite location are the same as the downtown L.A. campus and include ventilator weaning, wound care, rehabilitation

services including pulmonary rehabilitation, speech and language therapy, physical and occupational therapy, restorative nursing, and social services.

**Barlow at Presbyterian Intercommunity Hospital** in Whittier was Barlow’s first satellite unit; established in 1996. It serves medically complex patients from as far away as Sacramento, Arizona, and Colorado. Building on that success, **Barlow at Valley Presbyterian Hospital** in San Fernando Valley opened five years ago and within a short period of time began working at capacity, serving patients from as far away as Fresno. Last year, it was close to maximum capacity year-round. The staff is especially proud of recent clinical reports showing a substantial increase in successfully weaning their patients from ventilators in 2011.



BARLOW SCORES HIGH ON PATIENT SATISFACTION

It’s no surprise that Barlow patients and their families expect highly personalized care and service throughout their stay and ongoing recovery. We also know that long-term acute care hospitals have unique issues related to patient and family satisfaction, as patients are often seriously ill and hospitalized for extended periods of time. This presents a challenge in terms of effectively measuring the Barlow experience. To meet this challenge, Barlow uses a special survey process developed by Press Ganey, the recognized national leader in health care performance improvement.

Our ongoing passion for quality service and care is reflected in our most recent survey results from 2011. Barlow’s overall score for patient satisfaction was in the top five percent of all long-term acute care hospitals using the same survey. In addition to our excellent overall rating of care, exceptionally high scores were received in the areas of nurse communication, physician communication, responsiveness to needs, and a patient’s likelihood of recommending Barlow to others. Providing the quality patient experience leads not only to satisfied and cared-for patients and families, but also to positive outcomes for our staff and community.

BUILDING THE FUTURE  
HEALTHCARE WORKFORCE

Clinical Care Extender Internship

Since 2008, Barlow and COPE Health Solutions, a leading non-profit health care organization based in Los Angeles, have worked together to provide a clinically focused experience that gives individuals interested in pursuing a career in health care a hands-on experience involving direct patient care. They are part of the Clinical Care Extender Internship. Barlow participates with COPE in this initiative in an effort to provide a realistic opportunity for college students seeking a degree in a healthcare-related field to see if health care is the path they want to pursue.

The goal of the Clinical Care Extender Internship is to recruit and develop a culturally and linguistically competent healthcare workforce. Participants are usually college students in healthcare programs or graduates and individuals exploring a mid-career transition to health care. Though the need for such professionals is great and growing, not everyone qualifies. The selection process is rigorous and focuses on applicants who are highly motivated and likely to pursue a health-care career. Among other functions, COPE acts as Barlow’s liaison for students, colleges and universities, and organizations.

The selected interns, although at Barlow for a brief period of time, become valuable members of Barlow’s patient care team alongside nurses, physicians, and allied health professionals in everyday clinical and administrative settings. As they move through a 280-hour internship,



they learn whether a career in health care is the right fit for them and at the same time make a difference to the patients and staff at Barlow. Currently, Barlow Respiratory Hospital has 75 active interns across our three campuses.

The Health Professions Training  
(HPT) Program

The HPT Program was another joint program created by COPE and Barlow to prepare health professionals for employment at Barlow through a training and mentorship program that provides assistance to students pursuing an Associate’s or a Bachelor’s degree in nursing or respiratory therapy. Six participants were selected into the program, which included four nurses and two

respiratory therapists; all participants were in the last year/semester of obtaining their degree. Participants who entered the HPT Program received a financial scholarship, a Barlow staff mentor, a monthly invitation to attend hospital luncheons, and an opportunity to complete a clinical rotation/preceptorship at Barlow prior to graduation. All participants were required to commit to a minimum 2-year employment as a licensed RN/RT at Barlow post licensure.

All six HPT participants are now employed at Barlow. It has been a mutually beneficial program for all parties involved, and in a small way, Barlow Respiratory Hospital has made a difference in the future of health care.



# Financial Highlights

**BARLOW GROUP and AFFILIATES**  
**Combined Statements of Financial Position**  
Fiscal year ending August 31, 2011

ASSETS	2011	2010
<b>CURRENT ASSETS</b>		
Cash and equivalents	\$5,606,875	\$5,710,532
Patient accounts receivable, net	\$9,587,675	\$7,786,113
Other receivables	\$245,610	\$436,350
Inventories and other assets	\$633,897	\$659,698
Total current assets	\$16,074,057	\$14,592,693
<b>INVESTMENTS</b>	\$30,186,203	\$26,972,519
<b>ASSETS WHOSE USE IS RESTRICTED</b>	\$2,111,933	\$2,687,506
<b>CONTRIBUTIONS RECEIVABLE</b>	\$8,454,168	\$7,784,730
<b>PROPERTY AND EQUIPMENT, net</b>	\$12,414,316	\$12,030,493
<b>TOTAL ASSETS</b>	\$69,240,677	\$64,067,941
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued expenses	\$6,086,946	\$5,634,050
Total current liabilities	\$6,086,946	\$5,634,050
<b>NET ASSETS</b>		
Unrestricted	\$53,098,481	\$49,047,363
Temporarily restricted	\$4,992,471	\$4,999,237
Permanently restricted	\$5,062,779	\$4,387,291
Total net assets	\$63,153,731	\$ 58,433,891
<b>TOTAL LIABILITIES AND NET ASSETS</b>	\$69,240,677	\$64,067,941

REVENUES	2011	2010
Net patient service revenue	\$48,488,116	\$45,952,870
Unrestricted contributions	\$430,370	\$68,599
Other revenue and investment income	\$2,625,506	\$1,452,642
Net assets related from restrictions, used for operations	\$115,000	\$141,293
Total revenue	\$51,658,992	\$47,615,404
<b>OPERATING EXPENSES</b>		
Salaries and employee benefits	\$28,902,283	\$26,588,684
Other expenses	\$19,944,854	\$17,935,035
Total operating expense	\$48,847,137	\$44,523,719
<b>EXCESS OF REVENUES OVER EXPENSES</b>	\$2,811,855	\$3,091,685
<b>UNREALIZED GAINS, net</b>	\$1,239,263	\$339,670
<b>INCREASE IN UNRESTRICTED NET ASSETS</b>	\$4,051,118	\$3,431,355

**NUMERICAL OVERVIEW**

Licensed Beds	105	105
Total Patient Days	25,254	23,647
Total Admissions	791	723
Average Length-of-stay	30.9	33.4
Medical Staff Members	210	218

**BARLOW RESPIRATORY HOSPITAL**

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