



CEO News & Views

Bruce Schroffel

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Increasing Capacity. Closing A Unit.

As you know, earlier this week we regretfully announced that we will be closing our inpatient psych unit on or about January 16.

For many, many reasons, none of us wanted to close it. Chief among them was that this amounts to another community reduction in the already-scarce resources available to these very important patients.

And though we will be helping to place the 31 members of the Psych staff, preferably in positions within the hospital, we recognized we would be bringing a lot of uncertainty into their lives in the short run. It will also affect the daily routines of the fine physicians who have been caring for patients there. The people in that unit are not only among our most talented, but many have a deep and genuine passion for this very difficult field of care.

But we also have an urgent need to convert the space currently devoted to the 22 beds secured for psych inpatients to more general inpatient use. I don't have to tell you about the worrisome numbers of Emergency Department, PACU and other patients waiting to be transferred to rooms in the AIP. And you are all-too-familiar not only with the resulting access problems and patient dissatisfaction, but with the professionally embarrassing burden of having to apologize to customers we're supposed to be healing.

We've needed to fix these things for a long time, at least since we finished moving to this campus. The ultimate solution is a new tower. But until then we've been reconfiguring space, improving systems to speed "throughput," adopting "lean" management pilot projects, turning a few private rooms into semi-private rooms and more in the effort to ease the bed crunch.

Finding alternatives for the inpatient psych unit has been on the table since the beginning. I have personally resisted it for all the above-mentioned impacts on patients, staff, physicians, and, not least, our region. We've put off doing it even as we've wrestled with our difficult financial crisis and tamed the challenges of moving into a brand new campus. We've considered moving or reducing the unit. We've seriously examined any other alternative we could concoct.

Will it solve all our problems? No. Will it let us sleep better at night? Probably not. But it will give us 18 more beds for acutely ill patients, and they will be the better for it.

Ultimately, however, closing it was going to allow us to do the greatest amount of good for the greatest number of patients. Will it solve all our problems? No. Will it let us sleep better at night? Probably not. But it will give us 18 more beds for acutely ill patients, and they will be the better for it.

I hasten to add that we are working with the community, the governor's office and the legislature to press the dire need for expanding care for those with mental health diagnoses.

The Rumor Mill

Money. We do close the unit, too, understanding that some will see it as a crude monetary decision. Our inpatient psych unit – like almost all the units other hospitals have closed around the country in recent years – has indeed not covered its costs. The state, which used to cover about \$3 million of its losses a year, withdrew its support three years ago. Amid the national crisis in reimbursements related to mental health, we have carried the entire financial burden of this fiscally problematic care on our own ever since.

In other words: if this was strictly a financial decision, we would have made it at least three years and many millions of dollars ago.

The staff. We announced it three months in advance in order to allow help arrange for continuity of care for patients and, just as importantly, to help what is a terrific staff get situated in new positions, preferably somewhere else within the hospital. We are actively helping all make the transition.

The Future. Once the unit is closed, it will take about six months to reconfigure and remodel the space to make what will be a helpful increase in our inpatient capacity.

Ya Done Good, Real Good

In a big organization like ours, it's easy to forget how important each person is to the entire enterprise. But every-

thing you do – in your good moods and bad; when you feel pressured or when you are on break – is crucial to helping our patients, each other and the entire hospital succeed.

The Sharelink bonus plan is designed to recognize that each of us is linked together in this adventure. It allows each of us to share in its often-notable successes.

This week you will be getting a bonus that reflects how very well you – we, all of us – did in the fiscal year that ended on June 30.

I'm fully aware of all the hard work and sacrifice that went into what was a remarkable financial recovery during that year. I know all about how you have made your work more efficient while continuing to deliver something very difficult: great care, customized to each patient and each family member.

And I sincerely thank our faculty and physicians as well as you for working together – and often tightening our belts – through a financially difficult time while pushing University of Colorado Hospital a few notches still higher in the public's mind.

Kudos. I must also congratulate the 74 University of Colorado Hospital-affiliated physicians named in *5280* magazine's "Top Doctors" issue. Derided by some as a popularity contest, it is also a measure of what physicians in the metro area think about their peers. Almost a third of the physicians named are affiliated with our hospital. One of them, **Jean Kutner**, was *5280's* cover girl. And another, **Steve Ringel**, was featured in a photo portrait.

Sincerely,

Bruce Schroffel
President and CEO