



CEO News & Views

Bruce Schroffel

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Our proposed venture with Children's

Earlier this week you probably saw the email that UCH and The Children's Hospital announced we signed a non-binding letter of intent to explore developing an enhanced (and jointly owned) service for mothers and babies. We, of course, have long served both "well" moms and babies as well as "high-risk" moms and babies. Children's, in turn, has an equally advanced "high risk" neonatal program and an unmatched array of pediatric talent.

If our talks to form a joint Maternal Fetal/Neonatal Medicine Program bear fruit, we will combine and grow the resources both hospitals already commit to mothers and babies. Patients would enjoy the benefits of UCH's obstetrics and neonatal ICU services as well as TCH's neonatal ICU and neonatal subspecialty services. We would pool our faculty and staff talent, financial resources and unique clinical services to become what we believe would be *the* provider of choice to care for mothers, babies, high-risk pregnancies and complex neonates in the region.

Since neither hospital has the room to accommodate the combined services, we foresee jointly constructing new space. It likely would be built with the support of donors. That physical space would not be ready for about three years after we finalized an agreement. We expect to have a model of joint governance for this combined program and we are looking at models that will assure our world class care team maintains their seniority and benefits.

More. Talks. At that point, too, we would convert the space currently dedicated to our post- and ante-partum beds into approximately 55 more med/surg beds. Under the terms of the letter of intent, Children's would contribute a substantial portion of the cost of converting the space.

I hasten to add the letter of intent is just that: a statement of our *intent* to pursue this project. It sets out parameters to frame the discussions the two hospitals will have during the next several months about scope of the practice, ownership shares, licensure, and, certainly not least, the care and feeding of staff.

Delivering the news to you. Since the day I started here I have insisted that our "family" – employees, staff, and clinicians – always should be the first to know about hospital news. We stuck to the policy as the discussions with

Children's, which have been going on in one form or another for eight years, neared this climax.

We discussed this with the NICU staff face-to-face several weeks ago. But, in a measure of how complex a joint venture can be, the news got out at Children's a few hours before we were scheduled to get the news out to the broader UCH community.

The results were predictable: some anxiety quickly overshadowed what should have been excitement about the bright promise of a bold new venture. I hasten to add the mix-up was not the result of anyone's mistake, but it violated our policy, left some colleagues in the dark, and spoiled some much-needed fun. Needless to say, I will keep you advised of our progress.

Our patient dis-satisfiers

We – you – have just had a big "win." Patient satisfaction with food service has nearly doubled since Food & Nutrition Services re-introduced room service for our inpatients in July.

Next week's *Insider*, I'm told, will cover the good news as well as the intense, difficult work that produced this vast improvement.

But improving our patient satisfaction scores is not just a question of getting scores high enough to qualify for ShareLink bonuses. It is a question of being a great hospital, an extraordinary place to give and get care.

Each month, Kelley Williamson in HR distributes our patient sat scores, notes our successes and gently points out some areas where we need more work.

Most areas, like some of the challenges in food service, defy easy answers. They require re-engineering inter-related systems, speeding up patient discharges, finding more beds, getting databases to talk to each other, etc. In food service's case, it involved intensive re-training of both food and clinical staff, re-designing the food lines, getting one computer program to talk to another and, among thousands of other details, much collaboration between departments, units and operations. None of that was easy. None of it could be done overnight.

But when you look back at 11 months' worth of reports, you also find a few other areas that almost always appear and

that don't require complex system changes. In fact, almost all our lowest scores – the patient *dis*-satisfiers – are related to questionable and apparently disrespectful employee and physician behavior.

- The most frequently mentioned issues we have are our "courtesy," "friendliness," "concern for comfort," and "helpfulness" toward patients.
- During the past 11 months, "wait times" are mentioned as problem scores 11 times. Eight of them were for "Wait Time before Noticed Arrival," which also seems like a courtesy, friendliness or empathy issue.

While workload, throughput and bed shortages may make some colleagues cranky or rushed, some apparently have the impression that being rushed is a license to be, at worst, rude to patients or their families.

Achieving our vision of being one of the top 10 academic hospitals in the country and exceeding patient and staff expectations obviously includes solving these behavioral issues right away. It's not just a systems problem anymore.

Kudos

Before I leave the subject of food service's big win, I want to note that credit largely goes to **Mark Raymond** (just promoted to director of Food & Nutrition Services), **Doris Johnson** (just promoted to FNS's manager), admin assistant **Phyllis Erickson**, FNS Inpatient Supervisors **Ineda Williams**, **Ryan Stone** and **Lorna Dacres**, Executive Chef **Scott Montgomery**, all the **Room Ambassadors** who make this program a hit one patient at a time, and certainly not least, **Tony Ruiz**, our terrific vice president of operations.

We held our annual Boo Bash to great reviews on Halloween. This has grown into an ever-expanding, ever-sillier and ever-more wonderful time for us to get together with our families and colleagues. Much of the fun (and the skeleton way-finding signs) was the result of the terrific work of **Kim Herman**, **Teresa Rodriguez**, **Kate O'Keefe**, and **Marianne McCormick**. We all owe them our thanks.

Sincerely,


Bruce

