



# CEO News & Views

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## Steering Our Big Ship

Our goals aren't secret: we aim to become not only a great place to get care, but a great place to work.

But meeting them won't happen simply because we're really good-looking. Making productive decisions takes honest assessment, work, and discipline.

So we've done an unusual amount of digging in recent months. Among other things, we've held open forums and solicited your perceptions through employee opinion surveys. All of us – which I hope includes you – have learned a lot about both what we've done right and where we need to continue to improve.

*We need to add capacity. But just as importantly, we have to use the capacity (including beds and appointment slots) we already have still more effectively, financially soundly and comfortably for our patients, our community and – not least – ourselves.*

**Making Changes.** One way is to increase our efficiency, sharpen our decision-making, base everything we can on accurate data, and measure and insist on results. So last week, after much discussion, I have formed two new working groups. We have also expanded the Executive Council, which tackles global management issues.

One of the new working groups is a "strategy group" to help shape institutional strategy that includes not just the hospital, but the entire enterprise, including our close relationships with the School of Medicine, UPI and The Children's Hospital. The other is an "operations performance improvement team" led by John Harney. It, too, is focused on results. Representing all parts of our ever-more-complex infrastructure, 17 operations do-ers will meet regularly to identify issues as well as process improvement opportunities, and then report their progress two weeks later.

**Why Now?** We obviously need to add capacity. But perhaps even more importantly, we have to use the capacity (including beds and appointment slots) we already have

still more effectively, financially soundly and comfortably for our patients, our community and – not least – ourselves.

## A New Round Of Advertising

On June 2, you'll start hearing UCH radio ads – with special mentions of our cancer, neuro and transplant programs – on radio stations in the metro Denver, Colorado Springs/Pueblo, Fort Collins/Greeley and Cheyenne markets. They will be coordinated with media outreach and events for those services in the Springs and Cheyenne markets, where we are less well-known.

(The full list of radio stations will be reported in the next *Insider*, and available on iAmaze.)

Like any successful venture must, we actually market our programs constantly. Look closely and you'll see us drumming up business with online and other kinds of direct marketing to key audiences, physician outreach efforts, events for prospective patients, media relations, public relations, appeals to niche markets, communications vehicles, and more. All those things are devoted to capturing and generating appropriate business for specific clinics and services.

**Business Impact.** But general advertising – on tv, radio, print, signs, etc. – is very public marketing. It's also expensive, which explains why you don't see us all over paid media all the time.

I, for one, am always a little wary of marketing so publicly when we are full. But we haven't done any large-scale general awareness advertising since last July, and business effect of staying out too long is painful: public consciousness of the hospital and what makes us different inevitably fades. Referring physicians turn to other hospitals trying harder to get their business. Without at least periodic advertising reinforcement, the *kinds* of business we

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get tend to become more haphazard. It is, in short, time to remind the general public we exist, and what we do here.

## Kudos

A potentially vexing systems issue arose earlier in May when we discovered Care Manager and IMPAC, the software used by clinical oncology services, weren't always talking accurately to each other. The resulting opportunities for miscommunications about test results and treatment alternatives seemed urgent.

A multi-disciplinary team headed by Suzanne Sullivan and Steve Clark quickly formed to identify the sources of the problem, find any discrepancies, and fix anything and everything it could find. Quickly.

So from IT, the Cancer Pavilion, Ambulatory Services and beyond Steve Nordstrom, Victoria Slat-Vasquez, Tom McGee, Strode Weaver, and Dr. Fred Kolhouse worked almost exclusively on this issue. Somehow they electronically compared the Care Manager and IMPAC records of some 210,000 patients, looking for differences. They found 594 records were involved, narrowed them to a relative handful that might have some sort of clinical significance, and then reviewed those by hand.

Despite the dramatic rescue effort, the result itself was happily un-dramatic: no one's care was affected by the hiccup in the interface between the two software programs. IMPAC is back up and running, efficiently exchanging data with Care Manager.

But this was an outstanding example of really talented, dedicated people coming together from different parts of the hospital to untangle and solve a complex issue in a necessarily rushed time period. We owe them a lot, especially our admiration. Thank you.

Sincerely,

Bruce Schroffel  
President and CEO

