



CEO News & Views

Bruce Schroffel



UNIVERSITY OF COLORADO HOSPITAL
ANSCHUTZ MEDICAL CAMPUS

A String Of Encouraging Numbers

As you might expect, not a few of the concerns and comments that avidly circulate around the hospital end up in my office. And because we're in a very difficult business that serves literally hundreds of thousands of people a year, some of those concerns and comments defy easy answers.

But a lot of them during the past few weeks have been quite heartening ...

... For The Stroke Program

We just heard that the Joint Commission certified our much-decorated stroke program as a "Primary Stroke Center." Technically, it means the program complies with latest, best practices, and that it is continually improving. In less lofty terms, it is another recognition that the program, pretty much thanks to the vision of Kerry Brega, has become a remarkably quick-thinking, quick-acting SWAT team of disparate specialists – including neurosurgeons, interventional radiologists, neuro-intensivists, neurologists, emergency physicians, nurses and stroke nurse practitioners - who converge at a stroke patient's bedside at the drop of hat.

Overall outcomes have been great. Using a mix of Centers for Medicare and Medicaid and other data, Healthgrades, the independent ratings agency, already placed our program among the top 5% in the nation. The latest designation as a Primary Stroke Center – the seventh in the state – is another feather in its cap.

Kerry Brega, MD, and neurologist William Jones, MD, are medical co-directors of the

program, while Tracey Anderson, MSN, is clinical director. They work with doctors Kevin Lillehei, Robert Breeze, Robert Neumann, David Kumpe and Heather Ene. I'd be remiss if I didn't also mention Lorna Prutzman, RN MSN, who as director of not only of our stroke program but our emergency, trauma and even capacity management services, has an enormous role in bringing this newest honor to the hospital.

... For The Employee Opinion Survey

Some 79% of us took the Employee Opinion Survey while it was available on iAmaze March 17-March 31. The numbers were somewhat higher than in previous surveys, but the tough work begins May 13, when we will get them. Managers, in turn, will communicate them to the rest of the staff in meetings throughout the month. In June, we'll discuss them at open forums, and shape action plans to use them to help make UCH *the* health care employer of choice.

I think it will be a great tool for the organization and, besides, I too am very curious about the results.

... And For The Whole Hospital

Our financial statements through February (we won't have the final March numbers for a week or so) show we're continuing a very strong recovery. Our patient volumes are up across the board. The percent of Emergency Department patients admitted as inpatients is at an all-time high, meaning our ED customers really do belong in the ED instead of in an urgent care facility. Our operating income through the first

two-thirds of our fiscal year stood at \$16.6 million. To give you an idea of how far we've come: we had *lost* \$6.9 million in operating income at the same time last year. Last year at this time, we had 96 days worth of cash on hand. We're now at 150.

You know me as something of a worry wart, so it's always hard for me to say something is going well without adding, "yes, but..." And it is true health care's overwhelming complexities – not to mention bureaucratic threats like those to our Disproportionate Share Hospital funds – can turn heartening numbers upside down in a hurry. Our very success in attracting patients, moreover, also can cause difficult operational challenges for us.

Yet I think we do ourselves a disservice if we don't stop every once in a while and say, wow, we have come a long way in a short time.

Budget Season

And speaking of numbers as we all submit our budgets: our budgetary challenges for the next fiscal year, which starts July 1, are probably going to be different.

I'm just back from Washington, spending a few days with members of our congressional delegation and others looking for ways to keep our Disproportionate Share funds. There was, moreover, some positive movement toward saving the \$30-some million we get to defray some of the expenses of caring for the medically indigent.

Assuming for the moment that we succeed, our sternest budget challenge is probably going to be maintaining the financial discipline we've

gained. It is tempting, after the belt-tightening of the last year and a half, to let the increased revenues we have earned to burn a hole in our pockets. All of us – you, me, everyone – have crucial projects we want to fund.

And, thanks to your great work, each of us *will* have more resources. I am confident, however, that none of us will find ourselves with as many resources as we'd like. Not all new projects will be funded. Those that will be funded have to pass a test. They have to prove they efficiently meet a real and immediate clinical quality or organizational need.

In facing the difficult financial challenges of 2007, I said in this space that our goal was not just to get well but also to avoid ever being in that fix again.

I do believe we now have processes to be able to identify, monitor and respond to financial sneezes before they become financial pneumonia. We continue to install processes to identify, monitor and respond to changes and opportunities among the other attributes of a world-class hospital: patient satisfaction, the engagement of its employees and physicians, clinical outcomes, and managing the very market for health care services.

Those processes really can help keep us achieve "rock solid economics" as well as world-class care.

Sincerely,

Bruce Schroffel
President and CEO