

# CEO News & Views

*an update from Bruce Schroffel*



**May 6, 2009**

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## Badges for our partners

In the coming weeks we are going to be replacing faculty badges from ones that say "affiliate" to ones that say "partner."

## Can we really build a great workplace?

This is the week we start learning the results of the Employee Opinion Survey we all took in March.

Here's why they are so important to me:

Call me naive, but my goals since I came to UCH have included that we'd be a top 10 hospital in every way that mattered, starting with extraordinary patient care. But not least among those goals was to make this a great place to work. My logic: satisfied, challenged people deliver better patient care and work together better. Also, we all probably spend more time at work than we do at home, and we might as well make it a great place to be.



## "Great" in the eye of the beholder

What makes this especially hard to achieve is that we have some 3,600 employees and almost 1,000 physicians working here. Each has his or her own definition of what a great workplace is.

Unfortunately, being a "great place to work" doesn't mean we've got bluebirds happily chirping around us, laying out our instruments and bringing us extra paychecks all the time. A great hospital daily faces wracking medical, operational, financial, competitive, regulatory, personnel and personal challenges. Meeting them is not always pleasant, and rarely involves making easy decisions. Someone is almost always inconvenienced by the result.

## Stacking the deck

But we've nevertheless developed programs, changed policies, instituted a lot of fun activities (the photo below is from the last Boo Bash), shaped benefits, opened up communications, remodeled areas, instituted a lot more fun activities and - among many other steps - actively hired colleagues who get how to contribute to that goal.



And we continue stacking the deck in favor of helping our patients and each other succeed in these difficult endeavors.

We know that being in a great place means having adequate

We will be changing the badges of other UCD colleagues who work at the hospital in the months that follow.

This is more than a random word. Much has been made of how the hospital and the university are legally and financially separate entities. But we are also close partners in patient care, in education and in making the hospital one of the great ones. "Affiliate" always stuck me as distant and formal and maybe even antithetical to the collaborative, close daily relationship we've always wanted.

So, despite the formal organizational differences, we are partners. We want our badges to reflect that, too.

### **Kudos**

#### **Nurses Week**

It's Nurses' Week. I like to think of us as a place where nurses are extraordinarily talented, empowered and, if we're doing our jobs correctly, often-recognized. But I'd be remiss if I

resources at our disposal, at the right time and the right cost. It means having just the right volume of people to treat, and the right number of people on staff to treat them.

It means liking coming to work most of the time. It means that we are genuinely valued by our patients and by each other. That, of course, is why we measure both patient satisfaction and, through the Employee Opinion Survey, employee satisfaction.

### **My email inbox**

And that is why I've been both vastly heartened and somewhat disheartened by the contents of my email inbox lately.

I always get a lot of input from employees. Lately, it was largely about our most recent collective sacrifice for our patients. We've had sick people circling around for unconscionable periods, looking for parking. To make room for them and, not least, to meet our customers' appointment schedules, everyone who works here has had to shift his or her own parking patterns. Some of us, moreover, have had to start paying for parking for the first time.

### **A lot of helpful communication...**

As you might imagine, emails poured in to me and to the Parking Office first when we announced the shift.

Needless to say no one - including me - actually was happy about having to make these decisions and sacrifices for our patients. Parking, after all, is an important necessity for most of us. It is and always will be a hot button issue.



But almost all the people who wrote were asking logistical questions or making suggestions. I'm pleased to report all the questions were personally answered - mostly by the erstwhile Tony Ruiz (*above, left*) and Keith Peterson (*right and also in Kudos, below left*) - and many of the suggestions were adopted.



### **... and a little unhelpful communication**

But then there were some troublingly mean emails, crafted to demand and offend. Some were literally hateful.

I don't know if it's the relatively thoughtless medium of email or our society is growing more rude, but the incivility in some of those messages was surprising. I think of myself as a realist, and long ago stopped being shocked when human behavior sinks to questionable levels. But unless otherwise indicated, I tend to expect the best from my colleagues.

I certainly don't want to make too big a deal about some angry emails. But I admit they upset me.

### **Tell me everything**

For if even those few people speak to patients or to you the way they spoke to me, Tony Ruiz or Keith Peterson via email, everybody

didn't note during this week of national recognition that much of what we are - a Magnet hospital of superlative clinical outcomes, inventive care and collaborative medicine - is directly due to daily dedication, care and energy of our 1,300-some nurses. We owe them thanks every day. And we - all of us as well as our patients - owe them far more than a week of fun and awards.

#### *More Kudos*

### **Rubber meets road, literally**

No one had a tougher week than Vice President of Operations **Tony Ruiz** and Director of Guest Services **Keith Peterson**. They planned and executed what was in truth a very sensitive shift in employee parking that led to the vast improvement in patient parking. They were out in the lots every morning, every day and every evening ironing out kinks and getting people parked. It was by definition a thankless job, at least until now: thank you very much Tony and Keith.

else's great work with our patients and our colleagues is immediately compromised. We're supposed to heal. We're supposed to bring health to people. We're supposed to make this a great place for people to work. Offending them destroys that. People who think of their own momentary inconvenience as a license to be uncivil are a long way from healing, from caring, from being part of a great hospital.

We've met and overcome many real and truly difficult challenges. In the process of daily meeting all those wracking medical, operational, financial, competitive, regulatory, personnel and personal challenges, it was disheartening to learn there are colleagues who resorted to name-calling, eye-rolling and other childish behavior.

Please write me. Tell me everything. I need to know your challenges as well as your ideas. There never has been and never will be anything but my gratitude for alerting me even to bad news. I ask only that you bring it to me, your colleagues and our patients with the same respect they are expected to give to you.

### **About the flu**

There is, of course, a new flu strain (I'm told it's like the swine flu virus, pictured below) that threatens to become a pandemic.

We're trying to respond to this threat in a thoughtful and balanced manner. We want to make sure we weigh the need to prepare for widespread illness in our community, and we need to minimize any panic.

This flu is indeed taking some lives, especially of those whose immune systems may already be compromised. By definition, almost anyone who isn't feeling well has had some sort of slip in immunity. And we have some patients - in the ICUs, burn, transplant and pulmonary, among others - who are extremely susceptible to infection. Specialists and public health officials alike predict this threat - and maybe a pandemic - may go on for four-to-six weeks.



### **None so far**

On the other hand, it is important to note that hysteria is often a more destructive force than this illness, which in most cases thus far has been equivalent to "normal" bouts of "seasonal" flu.

The public health problem isn't necessarily the severity of these symptoms, but the number of people vulnerable to this virus. In all, there could be enough patients to strain the nation's already-stretched health care system.

As of this writing, we have yet to have any patients with this virus at UCH. If the illness progresses as some predict, it is likely that we will. As a national leader, moreover, it is likely we would get more than a few "swine flu" - it's actually not swine flu; its proper name is the H1N1 virus - patients. And as busy citizens of Colorado - and as

*And more kudos*

### **Strode Weaver gets another honor**

**Strode Weaver**, our executive director of oncology services, has been named to the board of American Cancer Executives. The appointment is not only a real honor, but much-deserved recognition for one of our most able leaders.

## **Something On Your Mind?**

[Talk to me](#)

professionals who often work near pathogens - we could expect some of us will fall ill, too.

### **Ready to meet a pandemic if we have one**

We have in fact been planning for potential catastrophes and pandemics for a long time. We're one of the few hospitals anywhere with a physician (Dr. Charlie Little) whose job is to focus strictly on what to expect, what to do, and how to do it in the event of a pandemic.



Since the avian flu scare of several years ago, Dr. Little (*left*) has been coordinating our own teams as well as providers around the region to respond to situations just like this. We have been regularly sending people for national disaster training at a federal facility in Anniston, Ala. Every other week, we hold "tabletop exercises" in which we practice responding to the most frightening, realistic, confounding civil

disaster scenarios Charlie and his crew can concoct. And we participate wholeheartedly in periodic citywide disaster drills. The next one is scheduled for May 15.

### **A key part of our mission**

And now we have a Pandemic Response Team of doctors, nurses and administrators who meet three times a week. It has prepared everything from crucial supplies (gowns, different kinds of masks, medicated swabs, etc.) to staff communications to clinical responses to, of equal importance, prevention measures.

In the event this turns into something that requires us to mobilize the whole hospital, the Pandemic Response Team will work directly with our Command Center to direct operations during the crisis.

We plan for such things not because we're neurotic (although there are those who have correctly accused me of that), but because taking care of patients and our community is *the* key part of our mission. There may be no more important - and difficult - period for fulfilling our crucial community responsibility to provide care than in the midst of crisis. Here's hoping it doesn't come to that. Here's to knowing that, if it does, our patients and our community can count on us.

Sincerely,

Bruce Schreffel

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