



CEO News & Views

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UNIVERSITY OF COLORADO HOSPITAL
— ANSCHUTZ MEDICAL CAMPUS —

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What Will Happen To The Employee Survey Results?

The results started arriving in inboxes a couple of days ago. More will be distributed this week.

The fruits of our employee opinion survey, in other words, are becoming available for picking.

Some 2,860 of us participated in the online survey, and while I wish we'd gotten all 3,600 of our colleagues, the 79% response rate was comparatively very high.

Before we get to the details, however, I want to note that at many organizations employee surveys are used as mere window dressing. Your responses indicated you expected the same for this one. (Better than half the respondents was unsure or expected that the results would not be used to make improvements.)

But it's going to be more than just show. Every manager, director & vp is now learning what the (unnamed) people who report to them are thinking. After that, they will be creating an "action plan" to improve their employees' levels of workplace satisfaction. Each manager's, director's and vp's performance, in turn, will be measured in part by how well they do in improving those levels.

Of Positive Views And Concerns

I'm going to leave the precise details of the survey results to the many presentations about to unfold, but let

me note some of the highlights.

In all, we have satisfyingly positive views of our co-workers, of our managers, of our pay levels, of the organization itself, and of how well our individual teams work. Our most prominent concerns are having tools and resources to do our jobs, the hospital's level of service, working closely with other units, communication from senior management and staffing levels.

We are organizing our action plans now. I can't promise we can resolve every issue, but I can promise our best efforts in each instance.

Getting Systems To Communicate With Each Other, Too

Humans aren't the only entities at UCH that need to communicate with each other.

We are, as you know, nearing the completion of an exacting look at a strategic direction for our information technology during the next decade or so.

Even in a fantastically expensive industry like ours, there may be few costs greater – or few areas more important – than information systems. They are a key to improving patient safety, documenting treatment protocols, enhancing patient satisfaction (who, after all, likes having to give their medical histories every single time they see a caregiver?), and, not least, to building communications between

departments. Recent estimates for tying all hospital information together in a unified system run to \$60 million over a five-year period.

Not communicating is expensive, too.

Last week's *UCH Insider*, in turn, had an article showing that, even though providers yearn for a unified system, few would be willing to give up the individual departmental systems that now work so well for them.

A few days after the article appeared, we fortuitously uncovered an instance in which one of our care databases was not talking as well as we'd thought to another one. The risk – reduced greatly by back-up notifications from Radiology – was that certain test results and observations would not make it from Care Manager into Impac, the database used by the Cancer Center. We are diligently reviewing those and other systems to ferret out and correct other potential miscommunications.

While we are auditing each and every possible instance of this to make sure records stayed consistent on each system, we've momentarily shut down Impac. Doing so is another lesson in how even subtle communications glitches – this one, we currently suspect, was in a software interface – can slow or even corrupt our great work. From our other surveys, we know that far less delicate communications breakdowns – keeping a patient waiting without an explanation or

failing to help a colleague – can have the same effect.

The DSH Funds' Climax Approaches

I'm pleased to report that the state legislature has passed a bill that may help our continued eligibility for the \$30 million a year we get in Disproportionate Share Hospital (DSH) Funds. That money is used to partially offset the \$195 million a year we provide in uncompensated care to uninsured and under-insured Coloradoans. Without the money, we would have to consider limiting that care in the future.

But the federal level fix – which is ultimately what UCH and other "safety net" hospitals around the country need – remains undecided in Congress. At issue: will Congress extend a moratorium on enforcing the ruinous change in the rule that would disqualify many safety net hospitals and the country from getting DSH funds?

The moratorium is set to expire May 25. The House has passed a bill extending it, but the Senate has yet to act. The president, in any case, has threatened to veto the measure, citing it as a blow to his efforts to cut federal spending. We should know the outcome by the next *CEO News & Views*.

Sincerely,

Bruce Schroffel
President and CEO