



# CEO News & Views

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## Making Patient Satisfaction Scores Public

For about a week, a provocative series of numbers ran across our screen savers. They were our patient satisfaction numbers, and they showed we were falling short of where we want to be.

Our aim, of course, is to push Press Ganey scores – which we use to monitor how our patients feel about their UCH experience and identify places we can do better – up into the highest reaches of American health care.

No one working here was surprised by the current scores. They've been the subject of public forums, *UCH Insider* articles, iAmaze notices, not a few issues of *CEO News & Views* and, most importantly, three employee committees actively working to raise them. With its companion effort to improve employee satisfaction, patient satisfaction has in fact become a central part of our culture.

Putting those scores on our screensavers, however, required careful thought. We ultimately chose to make them public to keep the issue top-of-mind. We would all glory in the scores' rise. We would all be part of the effort to improve them if they fell.

**Becoming "transparent."** It was also a part of being more transparent place to work.

That's why we routinely make information public that many other organizations do not: finances, operations issues, human resources, even legal and political concerns. Increasingly, we are doing the same with our quality indicators.

Arming you with the numbers, trends and news to make informed professional decisions is a critical part of making this an unusually great place.

But, as I discuss in the "State of the Hospital" reports I'm delivering this week, the news isn't always sweet. The Press Ganey screensaver, for example, caused some embarrassment as patients sitting in exam rooms saw we were falling short of our goals.

**All of us, all the time.** Ultimately, we pulled the scores off the screensavers. We did it not to cover up the truth, but to respond to concerns that the public – not only our colleagues – were being reminded that we are not serving patients as quickly, courteously or conveniently as our own high standards dictate. We decided to rely on some of the

other means we've got cooking to keep this crucial issue in front of all of us, all of the time.

## Making Strides

Sometimes keeping patient satisfaction scores high is beyond an individual's ability to implement.

For example, I suspect that increasing bed capacity will solve some employee and patient issues. But adding beds is not a one-person job. It requires design, engineering, equipment, contracting, regulatory clearance and, along with the work of scores and scores of our colleagues, a lot of money. Building a new tower – which is what we really need – requires millions that, as you know, we do not currently have. And making more of the capacity we already have requires concerted efforts to speed up discharges, see more outpatients per exam room per day, collect more of the money we are owed and do more testing on weekends, among many other things. Not one of us, singly, can complete any of them.

We have already done a lot of working together, however. As a result, we'll be adding eight new medical/surgical beds July 1, and hope to make room for still more after that. Our hope: they will relieve some of the pressure on the Emergency Department which, like more than half the EDs in the country, is uncomfortably over capacity.

By altering task lists and tweaking work schedules, we've also made wonderful progress in answering patient phone calls more quickly. (If you don't think this is a big deal, remember what you thought of the last organization that left you on hold for too long.) With some systems re-engineering and a lot of employees pitching in, food service has improved markedly. With those and many other changes, we've collectively pushed overall outpatient satisfaction scores higher and closer to our goal of the 80th percentile among peer American hospitals.

## The 'P' Word

Not least among our efforts to improve patient satisfaction, we've made more parking available for patients. That, too, took everyone's cooperation. Some 160 employee surface lot spaces were turned over to patients, and 160 employees consequently are moving over to park at the Leprino Building garage.

No one wanted to ask 160 people to give up the luxury of free parking. By definition, paying for something we used to get for free is a burden, and a big part of my job is easing – not increasing – operational burdens on employees. Though we've tried to keep the burden small by maintaining low prices and eating the ongoing costs of keeping almost 800 free employee spaces open, it is a new expense for several hundred people. But, by joining the 1,300 other colleagues who already use the garage and leave space open for our customers, they are helping to make the system-wide collaborative effort to elevate our patients' experience a success.

Parking, however, will be an ongoing issue for both patients and staff. We are developing options to improve this service for you and for your "customers."

## An Impact On The Employee Opinion Survey?

Yet even as more staff members are joining the effort we are asking them – and everyone – their opinions about working at UCH. We worried that doing it now would influence the survey results.

We proceeded with the survey anyway, hoping that making a change to improve patient satisfaction – even at the expense of a factor in employee satisfaction – won't skew the results too much.

But I want to repeat how much we want you to complete the survey. It is critical to identifying ways to make this a great place to work, and monitoring our progress. It's anonymous, but everyone will see the results, and everyone will act on them. Our goal, as you know, is to make UCH nothing less than the "health care employer of choice" in our region. That, too, has immediate rewards for all of us.

You can find the survey by going to iAmaze between March 17 and March 31, and logging in. I look forward to hearing from you.

Sincerely,

Bruce Schroffel  
President and CEO