

CEO News & Views

an update from Bruce Schroffel



July 16, 2009

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US News cites us again



US News & World Report has recognized us again, ranking us among the top hospitals in the country in six specialties. Not many of the 5,400-some hospitals in the country were ranked at all, and it is rare to be ranked in more than one area. But this year the magazine recognized UCH in gynecology, kidney disorders, diabetes and endocrine disorders, respiratory disorders, rehabilitation, and rheumatology.

As always, we'll be making a big deal of this. It's another indicator of the hard-won clinical excellence patients

Amazing, for now

As I write this managers, directors and vice presidents are in the midst of doing their evaluations, and everyone else will follow in a couple of months.

To some, "evaluation season" is as painful as it is essential. A good evaluation involves thought, introspection, honesty and forthrightness with colleagues, research and - here's the painful part - quite a bit of paperwork. Given that managers should be communicating with their team members throughout the year, however, the results of an evaluation should never be a surprise.



Still apply? Darryl Varnado (that's Darryl, seven paragraphs below) and his team in HR have been streamlining the stickiest parts of the process, and some of those improvements are going into effect this summer. Most, however, will go into effect next summer.

But as the first wave of colleagues actually adopts the initial improvements, I've heard questions about whether our AMAZE performance standards still apply.

The answer: they do, but the model will be phased out. This is the last time we'll use them.

Why it's going

We're phasing it out not because the standards haven't served us well, but because the process built around them has been cumbersome. Just as importantly, improved ideas for tying personal goals to organizational needs come along periodically. After all, our personal lives and our professional lives keep changing. So does our hospital's place in our patients' lives, in science and in the strange world of health care finance change. It's no wonder that the meaning of "merit" - the real standard on which we succeed or fail - changes, too.

These annual evaluations are meant to measure our performance

get here. But, for now, congratulations to the staff of University of Colorado Hospital and, of course, the physicians of the University of Colorado Denver School of Medicine for being recognized as the among the best for the 15th consecutive year.

Kudos Staying off "divert"



Our hospital has spent less and less time on divert as time goes on. When Emergency Services and referring physicians have to ambulance "divert" patients to other hospitals because we are full, they sometimes never resume sending their patients our way. Keeping beds available for them, in other words, is as critical to the health of our hospital as it is to our patients.

In June, we stayed off divert for the entire month. Keeping our doors open to all inpatients who need us requires an almost total hospital effort, from writing timely discharges to cleaning rooms to serving nutritious found in a timely manner and beyond. So, as Emergency Department medical director **Bruce Evans, MD**, noted, there may be more people to cite for this great accomplishment than we can fit in this space.

against the professional goals we set for ourselves last year, the definitions of merit (the qualities that create great service, technical expertise, collaboration and "zest"), and the needs of our hospital community. Did we reach our goals? Did we improve? Did we advance patient care and the hospital itself?

We're looking for new ways to measure it all.

What's coming

There is no shortage of models from which to choose.

Even before we settle on one, plenty of our colleagues are proceeding on their own to improve their performance. Ambulatory Services, for example, has been training and re-training us in advanced customer service techniques. Leaders have been going through half-day leadership classes. I know of office groups that have studied the book *Good to Great* together, and of hundreds of us who have taken advantage of HR classes in everything from finance to effective project management; all of it well beyond our required Healthstream modules.



Search for a new model. Our search for an overall model has taken us thorough investigations of systems stemming from Studer, Gallup and beyond. We have yet to find the perfect fit, but we have found much of value along the way. Ambulatory Services, as I noted, is using a Studer Group patient communication technique called "AIDET."

AIDET, by the way, stands for "acknowledge" the patient, "introduce" yourself and your background, describe the expected "duration" of the encounter, "explain" what is happening and "thank" the patient for his or her time and cooperation.

Rest assured, too, that the overall standards we ultimately choose will not be all that different. They will still focus on our patients, great service, extraordinary expertise, respect for each other, commitment and the energy to succeed at University of Colorado Hospital, regardless of what the model is called.

The ultimate measure of how we're doing

In the end, however, how do we know when we as individuals and as a hospital community are firing on all cylinders? Our clinical quality measures, our financial statements and our employee turnover rates certainly tell us a lot. Operationally, we measure everything from how long it takes to get a patient into a bed to the number of "taps" for clinical supplies. We measure how we're running our facilities, how we're faring in local and national legislatures, how many patients come in, how other hospitals are doing, how many people view which pages on our web sites, how "engaged" our colleagues are, even how involved we are in our larger community. If numbers rise, we act to strengthen them. If they weaken, we act to raise them.

But I wonder if patient satisfaction is not the key measure of how we each perform as individuals.

Room to improve. Given the kind of work I mentioned above, it's probably no surprise that patient satisfaction in our outpatient clinics is beginning to flirt with the highest reaches of the nation's academic hospitals.

Satisfaction in both inpatient units and the Emergency Department is also climbing.

We clearly need to do better. Sitting behind the desk where the buck stops, I hear every complaint that may arise. When you think of the hundreds of thousands of patient encounters we have each year, there really aren't that many. But each one is crucially important to the patient and the patient's family, and is personally embarrassing to us.

But let me at least mention folks like **Lorna Prutzman, Carolyn Sanders, John Harney, John Pham**, certainly Bruce Evans himself and their teams for moving enough mountains to improve this vital service to our patients.

There remains much room for improvement. Leaving it to the other guy - the clinician down the hall; the colleague from Food & Nutrition or Environmental Services or Guest Services or Marketing or Finance or Legal or Medical Records or some other office - isn't working. It's up to me. It's up to you.

UCH starts advertising on Channel 7

I'm looking forward to an advertising campaign we're about to start.

We are always marketing our clinical services, and the bulk of it is in nitty-gritty, hand-to-hand, effective but not widely visible direct sales efforts like pay-per-click online marketing, patient and physician outreach, condition-based educational events, etc.



On an ongoing basis, the most public parts of our marketing - advertising - have been our partnership with Colorado Public Radio, our daily media relations outreach to publicize our physicians and our care, our on-hold phone advertising, occasional print ads, signage, and the internal promotions we do to keep us referring to each other.

"Spurt." And though we'd like to be even more visible all the time - both consumers and those of us here at the hospital love it - it's feasible to advertise in mass media only in periodic spurts.

Here's a new "spurt." In August we'll start a six-month partnership with KMGH, Channel 7. You'll be seeing our hospital in a variety of on-air commercials (some of them as long as 90 seconds, an eon in TV time) during local news and syndicated shows with predominantly female audiences. We'll also have a big presence on Channel 7's popular web site, where we'll be able to promote a wide variety of our services.

The exact times when we'll be on will be posted on Hub.

Our Brand

As always, we'll be promoting the things that make us special and different from other hospitals.

First and foremost is clinical excellence, for our outcomes are generally superior to those patients can get elsewhere in the region.

The second leg of our brand rests on our advanced facilities; not only the leading technology that's in them but the open, comfortable and often beautiful settings they provide for patient-and-family centered care.

And the third pillar of our brand includes all the advantages of academic medicine: the largest assemblage of medical expertise in the region, all available to collaborate on a patient's case; physicians who are faculty members at the renowned University of Colorado School of Medicine and who, unlike so many community physicians, have to stay ahead of the latest in medical advances and research.



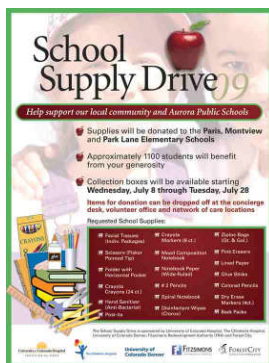
Our patients consequently are among the first - and sometimes *are* the first - to get the latest proven and, sometimes, trial treatments.

... And what it means to patients and referring physicians

Ultimately, however, any organization's brand is nothing more than the actual experience a customer - in our case, a patient or a physician who refers to us - has there.

If a patient is treated with consideration and rigor personally and clinically, is greeted and cared for nicely, and is given the very best of our individual talents, UCH's brand amounts to the sum of those experiences.

Donate school supplies



Times are very tough, not least for our neighboring schools. I strongly urge you to donate much-needed school supplies. Bring them to one of the many boxes around campus (where you see the poster, *above*), and we'll get them to nearby Paris, Park Lane and Montview elementary schools. It's genuinely shocking how ill-supplied these schools and, most importantly, the kids in them have been allowed to become. We need to help.

Something On Your Mind?

[Talk to me](#)

If, on the other hand, a patient has a hard time getting in to see us, feels ignored, gets hurt, is confused by bills, etc., well, for that person that's our brand. It's the main reason I believe patient satisfaction may be the ultimate way we evaluate ourselves.

Have a great week,

Sincerely,



Bruce

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