



CEO News & Views

Bruce Schroffel

July 25, 2008



University of
Colorado Hospital

ANSCHUTZ MEDICAL CAMPUS

Watching Sausage, Legislation & A New Tower Being Made

There's a saying that you don't want to see how either sausage or legislation is made.

In spite of the complex politics involved, I've been an enthusiastic participant in the discussions with the Veterans Administration about sharing a new inpatient tower with us. The proposal might be a win-win: we could build a second tower sooner; veterans would get still more world-class care. But you never know where a highly political process like that will take you. It might be complete happiness. It might be compromise. It might be failure.

If successful, the VA would lease four floors of a new tower from us. After moving in, we would provide radiology, OR, pharmacy, lab and other "ancillary" services for its patients. It would be an inventive "hospital within a hospital," part of a mutually beneficial public-private partnership.

A snag. The VA would replace its aging facilities with our open, contemporary and patient-friendly designs. It would get access to our advanced technology. Economically, the VA would secure the inpatient beds it needs (about 130) without duplicating the (vast) expense of building ancillary units to serve the patients in them. Operationally, it would allow the many School of Medicine physicians and residents who split time and thus rush between our respective hospitals to use their time more efficiently.

For us, the proposal would speed the building of a much-needed new inpatient tower. We'd have more inpatient beds, a bigger Emergency Department, more resources to sustain and expand staff, and (I don't want to raise expectations too high here) maybe even more parking.

The plan, as you know from both *UCH*

Insider and the media, has hit a snag. Several local veterans groups, concerned especially that the plan will not meet their needs, are opposed to the "hospital within a hospital" approach. Two members of Colorado's congressional delegation, concerned about the veterans groups, are also opposed.

Moving ahead. Their opposition is obviously a setback, and, as a VA issue, lies beyond UCH's ability to address. We sincerely hope that some sort of compromise may emerge. We continue to offer our support and help.

We have never stopped moving, however, toward more capacity. As you know, our budgets are built to get us in financial position to construct a new tower on our own in the years ahead. And we are working on other ways to speed the process. It's much too early to discuss them publicly, but, as the patients we ask to wait in the PACU and ED for a bed upstairs can attest, increasing capacity remains crucial.

A New Direction for Information Technology?

Another huge need – and expense – on our horizon is getting the disparate parts of our information systems to talk to each other.

We've now received a report from Aspen Advisors, the consultants who have been working with key clinical leaders to create a strategic IT plan for the hospital. In essence, they suggest fundamental changes in the way we make and implement IT decisions.

Like many hospitals, our units' systems have evolved largely on their own. Today, about 50% of our hospital's IT resources lay in the units themselves, independent of the IT department. In that light, bringing any organizational, clinical and financial efficiency

to our information systems has been a nearly miraculous feat. We've also bought and re-bought legions of discrete software tools that work wonderfully for the specific units they're designed to serve, but effectively make communicating between clinical services slow, labor-intensive and, potentially, vulnerable to error.

As an academic hospital renowned for its ability – unique in this region – to bring the collaborative expertise of a fantastic breadth of clinical services to patients, failing to coordinate our services' information systems risks a key reason people choose to get care at UCH.

We will begin discussing options within this crucial and expensive initiative to improve services – it could ultimately cost \$60-\$70 million – with the Board of Directors at its next meeting, in September.

UCH On The Move

On Friday, July 25th, we celebrated Phase 1 of our "America on the Move" program. It's really been a great way to improve our "wellness" and, not least, have a little fun together in earning some team bragging rights. There's more to come, but for now reserve time to celebrate with our colleague John Burgess and his band, see which teams won awards, enter some great raffles and get a *HEALTHY* grab-and-go breakfast. Details are on iAmaze...

...And please remember to donate school supplies to our two neighborhood elementary

schools. This is a great way to get to know our new neighbors, and to repair the world a bit at the same time. Drop boxes are all around the hospital through August 6.

Kudos

In the middle of the night on July 6th, 45 gallons of water per minute began gushing from a burst pipe in the PACU. Patients and staff were imperiled. Invaluable property in the PACU and, below, the Garden View Café,

inpatient Pharmacy and Radiology were threatened.

But thanks to the fantastic efforts of **Doris Johnson, Gina Flamenco Abrego, Madia Tuke, Heather Hogue, Jude Sanchez, Aaron**

Delay, Tim Close, and, among others **Mike Martin**, the PACU was repaired and back to normal by 0300. The Garden View was repaired and opened on schedule at 0630.

They all worked with **Paige Patterson**, who acted as Incident Commander. I'm equally impressed by Paige's effort to recognize each and every person who performed these extraordinary services. She put commendations in each colleague's file, and let me know about it. I, in turn, want to let you know, and to thank them on all our behalf.

Sincerely,

Bruce Schroffel
President and CEO

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