

CEO News & Views

an update from Bruce Schroffel



August 26, 2009

This Week

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Kudos

Our man on the board

Governor Bill Ritter has named our own **Jose Melendez**, MD, MBA, to the state Board of Medical Examiners. This is the busy board that grants medical licenses, reviews physician disciplinary cases from around the state, and consults with the legislature about bills affecting medical practice. It's a difficult, often thankless and absolutely

The "A"s on our report card

Yesterday, the Board of Directors rewarded all of us. It approved the payment of ShareLink and other incentive bonuses.

It made the award, of course, because we substantially met the quality, financial and patient satisfaction goals the Board set for us for the past fiscal year, which ended June 30.

Given that this is back-to-school time, maybe the best way to put it is that we got great grades in clinical quality and finance, and good grades overall in patient satisfaction. It was, moreover, our second good report card in a row. Financially, we have typically done well one year, and not well the next. I believe this is the first time in our history our financials have been healthy two years in a row. We did it, moreover, while providing almost \$200 million in uncompensated care during the past fiscal year. In other words, we have done enormous work for society at the same time we have made enormous strides as a responsible hospital in often-unresponsible times.



ShareLink payouts. Details about the amounts and timing of the Sharelink bonuses will be getting to you soon in a letter to your home and in *UCH Insider*.

But, instead of focusing on the details and even the thrill of getting extra money in our bank accounts, let me talk from my 30,000-foot view about what we've accomplished. At the risk of carrying this back-to-school theme way too far, you can look at our "critical success factors" as our list of subjects: patient safety, clinical quality, financial success, employee engagement and patient satisfaction. And you can, in fact, track how you're doing in each of the classes. There's a link to the dashboard (our the scorecard, our updated report card) on the lower right-hand section of Hub. Needless to say, there are constant stories about them in *UCH Insider*. I, too, have been known to harp on them in this space.

More great grades

By just about every definition, our hospital is an increasingly

crucial public service, but I don't think the governor could have found a better, smarter board member.



Making things possible

Another committed band of UChers spent the beautiful weekend of August 14-16 at the hospital. They were helping replace the aging computer server dedicated to our essential IDX system with a new, more powerful server. While the benefits of the venture are already evident to anyone who uses IDX, the actual transition was a multi-month, complex effort.

To give you an idea of just how complex it was, the technical team headed by **Soren Schultz** managed and coordinated the

successful one. In just the past several months, for example, we've again received recognition as one of America's top hospitals from *US News & World Report*. With each quarterly report from the University HealthSystems Consortium, we place high - often in the top 10 - of the nation's academic med centers (which, again, I believe are the nation's best hospitals) in many of the clinical services we deliver. We place high in operations, too. We've been cited for unusually good performance in managing blood resources, in stroke care and the neuro ICU, in cardiac care, in treating altitude sickness, in solid organ transplant, in the work of our ancillary health techs and, at the risk of forgetting many others, in blood and marrow transplant.



More honors. The bond rating agencies have upgraded us twice in the past year. Those upgrades came in the middle of a deep, troubling recession. And the otherwise-shellshocked investment community recently snapped up \$52 million of our bonds in one day, and asked to buy more. The Joint Commission has re-accredited us, informally but sincerely adding that the Commission's examiners judged us a "world-class" hospital. Operationally, we've managed to add inpatient beds, learned how to discharge appropriate patients more readily, minimized (and, increasingly, eliminated) the time we'd have to spend on hospital divert, did a better job making patients comfortable in parking lots as well as at front desks, and opened up access in key areas like the Breast Center and Cardiac & Vascular. We've launched an ambitious effort to integrate our disparate information systems. And we created a wonderfully encouraging year-end financial report.

Just as importantly employees, as indicated by the recent Employee Opinion Survey, are more actively engaged with each other, with the hospital, and with the mighty if unending task of delivering extraordinary care to patients and their families.

And that's just since January.

And yet...

So, even though we are closer to Labor Day than Thanksgiving, we have a lot to be grateful for.

All that said, we still obviously have room to improve as we continue to rise toward "top 10" status.

And I must add that the challenges ahead might be even more daunting. I don't think anyone can rationally believe that American health care doesn't need to be reformed. As a nation, we spend far more but typically have worse outcomes than other industrialized countries.

project, prepared for the downtime, tested the new IDX and all the other systems that depend on it for data, and replaced the old one.

Mike Bishop, Steve Butti, Curt Devore, Ryan Hoffman, Morgan Jeppson, Susan Osman, Jenny Sautel, Christina Sing, Kim Wada, Hirut Yitayew and Pam Zinniel assisted Soren.

And **Peggy Dalious** led the Command Center team that handled process-related issues that came up as a result of the downtime. Among those also giving up their weekend were **Keith Peterson, Mary Holden, Chris Ketchum, Shelly Limon, Steve Nordstrom, Cathy Clark, Kim Meyers, Steve Suter, Sharon Baker, Suzanne Sullivan, Kay Rees, Joan Coleman, Sue Bonini and Jan Hagman.**

Something On Your

Same work, fewer resources

While I know of no system that is free of inconveniences and even heartbreak, ours is also often unfair, rigid and even brutal in its decision-making.

I don't claim any special insight into whether meaningful reform will actually happen this time. If it does, however, I suspect we may find the academic hospital and faculty business model needs to be altered. The reason is that, regardless of the direction reform takes, it will include reductions in resources. This country cannot sustain the escalation in health care expenses year after year, and all the bills under consideration include provisions that will cut or choke down many of the resources we currently need to operate. Under them we would, in short, have to learn to live on less.

In recent years, we've learned to prosper in what we know to be a broken system. I suspect that, if the system actually is changed, we will need to learn new ways to deliver care, create new business models and, in the end, find new ways to prosper.

John Adams and our next tests

One health care economist recently recalled a passage out of David McCullough's bestselling biography of John Adams (who is pictured below). The time is 1776, and Adams is at Independence Hall in Philadelphia writing a letter to his wife Abigail.

As folks around him like Jefferson, Franklin, Madison, Hamilton and Jay debated how to create a government that might somehow deliver unprecedented things like individual liberties, Adams wrote his wife that he honestly wasn't sure there was enough talent in the room to pull it off.



IS this thing possible? And, the economist who mentioned this added, Adams may have been right. No one could possibly have been prepared for that job. These people became great only after being severely tested by a terrible war and then more than a decade of trying out another form of government before coming up with the Constitution we have today.

And we, as a society, have flunked the health reform test before. We flunked it in the late 1940s, when President Truman proposed universal coverage. We flunked it in the early 1970s, when President Nixon tried to solve the problem by requiring all employers to provide health insurance. We flunked it in the early '90s, when President Clinton challenged us, and, caught in a partisan crossfire, we were unable to change anything.

Mind?
[Talk to me](#)

While as a hospital we continue to study and do so well on our daily exams here in Colorado, it appears we may be tested again.

Sincerely,



Bruce

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