

CEO News & Views

an update from Bruce Schroffel



September 22, 2009

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Kudos

Those who shoot us

Meanwhile, a committed team from Employee Health and beyond has been extraordinarily busy immunizing us against the seasonal flu. (An H1N1 vaccine is not yet available.)

Getting flu shots has never been more important, and the staff seems to know it. We've had an unusual number of

Accelerating the hospital's future

On Monday, in a day-long special strategic planning session, the hospital's Board of Directors authorized the start of planning and architectural design for a new UCH bed tower here on the Anschutz Medical Campus.

It did more than that, too. In the special six-hour meeting, it approved a plan to realize the ambitious vision of being a top 10 hospital by the year 2020 by turning the vision into specific, measurable tasks and milestone goals.

It endorsed the general principles of the hospital's 10-year financial plan, and reviewed the ambitious plans of the School of Medicine and University Physicians, Inc.



Not least, it okayed a plan to continue advancing our clinical quality and patient safety standards to a level solidly in the top 10 academic hospitals in the country.

Big steps toward a second tower

It was, in all, an extraordinary series of initiatives coming out of the session. None, of course, may be as dramatic as the measure that might lead to a second tower.

As exciting as it is, I need to be clear that the board did not give an okay to build the tower. A decision like that requires



the board.

enormous planning, weighing of disparate factors from costs to staffing to, most importantly, the community's health care need. The board did, however, authorize spending the funds necessary to take the next 12 to 15 months to develop, plan and design this massive undertaking. During that time, we'll be formally gathering program development input from faculty and staff, consulting with architectural firms and, of course, reporting our progress back to

employees take advantage of the free flu shots we've been offering since September 14. Given that we're expecting the H1N1 virus to keep us very busy during the next couple of months, it's more important than ever for us to stay healthy, too.

I want to thank Employee Health and Wellness Manager **Diann Eason**, Medical Director **Henry Roth**, Charge Nurse **Paul Davis**, RN, **Gail Gifford**, RN, **Barbara Taylor**, RN, **Tina Collier**, RN, and their team (including **Jessica Baysinger**, **Jason Bradham**, **Patrick Hardiway**, **Pam Kruse**, **Carol Saxinger**, **Jared Torres**, and **Rhonda Vargas** for their tireless work in getting all of us at satellite clinics as well as at the Anschutz campus some measure of protection.

Making things possible

When all is said and done, the board will then assess not only the plans but the hospital's financial health and the general health care climate.

I anticipate the plans will envision a tower that will give us another 150 to 200 beds along with associated support services, including parking. For a parking-short campus like ours, I want to emphasize that any substantial growth in capacity is going to come with additional parking for patients and for staff.

Why we need to grow

When I came to the University of Colorado Hospital four years ago, we believed it was going to be 5 to 7 years after we moved all inpatient operations to this campus even to start planning for a second tower.

As you know, we've been able to start in just more than two years after our move.

The reasons are many. The most obvious has been the significant growth in patient demand for our services. We're often at or near capacity, and have been almost since the day we moved here. I don't have to remind you about how difficult that makes the already-difficult jobs of insuring patient safety, improving customer care, and even managing the logistics of getting to and from work every day. The School of Medicine and UPI, our partners, also have been growing markedly as their widening reputation - and the improving public perception of the hospital itself - attracts more faculty members as well as more patients.

And our new inpatient pavilion has never been big enough to accommodate all our patients. In the original plan, we were going to be treating only some of our patients here. The rest were going to be at the Ninth Avenue building. The original plan, however, was ultimately forsaken for financial reasons, as was a subsequent effort to build a second tower here at the Anschutz Medical Campus.

That left us with a relatively few 297 medical/surgical beds. The academic hospitals in the elite company we keep all have more than us. Duke has 647, Hopkins 721, Michigan 628, University of California-San Francisco 534.

The additional capacity allows them not only to offer a greater volume of clinical services, but also to attract more of the kind of learned, extraordinary specialist and tertiary sub-specialist physicians we have.

A new tower, in sum, would allow us to continue our ascent to a place among the top 10 hospitals in the country.

An historic turn

The busy businesspeople, physicians and academicians who make up our Board of Directors all took some hard time off from their day jobs to step back and consider some of the hospital's big issues at our special strategic planning session on September 21.

It's not like **M. Roy Wilson, Pete Coors, Dick Monfort, Beth Slifer, Tim Travis, Dick Krugman, Andy Meacham, Steven Dawes, Jerry Rutledge, Mary Rhinehart, and Bruce Benson** didn't have other things to do. I thank them and congratulate them on their commitment, their willingness to take on some very knotty challenges and, not least, their foresight and energy in the herculean task of creating a truly great medical center.

One More Flu Note

So, in its own way, this was another historic turn for our hospital.

We have taken dramatic turns in each of the years I've been privileged to be here. We have moved all our inpatient services to one of the most advanced, contemporary and beautiful healthcare facilities in the world. We've installed new disciplines and financial processes that have made us into one of the most fiscally solid hospitals in the nation. We've learned to manage bed capacity and operational hiccups skillfully. We've done it, moreover, while keeping our clinical quality and patient safety records at very high levels. In a sometimes chaotic financial universe, moreover, we've continued to make huge new investments in clinical and communications technologies - like the Epic project we've just begun - for our employees and our patients.

To me, the events of this week's board meeting - the further integration of a clinical partnership with the school and University Physicians, the refinement of the steps we need to take to realize the vision of where we want to be in 2010, in 2015 and 2020, and of course the authorizing of planning for a second tower - marks the start of yet another historic run.



The start of a new I-225 interchange

Some time in November, you'll see the start more big, necessary steps in this campus's evolution.

Phase I of a multiyear construction project that will upgrade the I-225/Colfax interchange and ultimately create new access to the campus at 17th Avenue Place will begin.

When completed, it will provide still another important portal to our hospital, the university, Children's, the new VA and the businesses and residences of the Fitzsimons Redevelopment Authority. It should also provide some relief for the traffic congestion that collects at the current entrances to and exits from this growing health care city. Phase II of the project will begin next spring.

Initial funds for the project - which some estimate ultimately to cost \$43 million - come from stimulus money appropriated by the federal government as well as from UCH, Children's and the university. (Congressman Ed Perlmutter, I should note, led the effort to make this much-needed interchange a priority.)

While construction will surely present some short-term inconveniences for us, in the long term it will make life considerably easier for us and for our patients.

Sincerely,

The hospital's flu traffic, as you know, has started early. We don't usually see this number of flu patients until January or February. The culprit, as you know, is the H1N1 influenza virus.

It's especially important for health care providers and workers to stay healthy. We have a lot of people who need our help. A vaccine for H1N1 has been approved, but we don't yet know when we'll get it or how much of it we'll get.

Until then, it's crucial that we wash our hands frequently, sneeze into our sleeves, and wear masks, especially when we're in proximate contact with immune-suppressed patients.

Constant updates about how to handle the pandemic personally and professionally are on Hub. Patient education materials are on

Sincerely,



Bruce

Something On Your Mind?

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the hospital home page at www.uch.edu.

We're also aggressively monitoring the illness among our patients and our own people to know when to trigger special efforts to accommodate a surge of patients with a reduced staff.

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