

Building a High Performing Leadership Team

University of Colorado Hospital

The turnaround team: creative collaborators

They refer to their elegant new campus as the Emerald City and they call their executive team the Kitchen Cabinet. However, there is nothing whimsical about the focus and dedication of the executive team at the University of Colorado Hospital.

Under the leadership of President and CEO Bruce Schroffel, this team is crystal-clear on their goals, initiatives and the type of culture needed at their organization. Hard work has paid off as the hospital has emerged as a rising star in clinical quality and business acumen.



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— Bruce Schroffel

Strengthening the bottom line

However, the road to their success was arduous. When Schroffel arrived at the organization in January 2006, there were huge challenges waiting. The financial picture was bleak with cash-on-hand going down. Under the leadership of Anthony DeFurio, VP of Finance and CFO who joined in December 2006, the workforce was reduced and a weak balance sheet was shored up. Operating income has improved from a \$1.6 million loss in FY2007 to a \$108.1 million gain in FY2010, making it one of the most profitable academic medical centers (AMCs) in the country.

DeFurio notes that at the time of the turnaround, the leadership and faculty at the University of Colorado School of Medicine were model leaders. "They knew we needed to right the ship. They believed in it, supported us and embraced the change." Productivity metrics were established for every unit to track performance and

employees were encouraged to understand and own the bottom line.

The big move

As finances improved, staff members also faced a move to an entirely new campus and repositioning the organization. Built on a patient- and family-centered model, today's hospital is the Rocky Mountain region's leading AMC located at the modern Anschutz Medical Campus in Aurora, CO.

"They did a smart thing during my first interview. They gave me a tour," notes COO John Harney, who joined the team in February 2008. "My mouth dropped open when I saw this place. It's beautiful."

However, the move to the new campus presented its own challenges. "The move was very disorienting for some staff. It was only 6.2 miles but worlds away in terms of a cultural shift. Before employees knew where their parking spaces were. Now everything was new," recalls Schroffel. Today everyone is settled in a unique health care city at the Anschutz Campus, featuring a 400-bed hospital, outpatient clinics with 660,000 visits per year, a cancer pavilion, a renowned eye institute and more.

Creating a high-performance team

In the midst of these changes, Schroffel was busily recruiting a new executive team. "I wanted a team for a new campus with new perspectives and a new vision. It was a fitting time to restart," he explains. Schroffel searched for people who were "passionate, willing to challenge, open and honest. Being passionate is critical. We need to build something together and hit our metrics. It's absolutely critical to share common values and the right vision."

Those attributes were put to the test when the new team rewrote the organization's mission, vision and values. "It was a very difficult assignment but everything was done well in the end," comments Angela Lieurance, VP, Marketing &

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Development, who began work at the hospital on the same day as Schroffel. "It was a collective effort and we all shared in the final results. We're living it, not putting it away in a drawer to be forgotten."

Their 2020 vision was audacious: to be recognized as one of the top 10 AMCs in the U.S. Remarkably, this team has already realized this goal when the hospital was cited last fall by University HealthSystem Consortium (UHC) as one of the country's top 10 AMCs based on quality, patient safety and patient satisfaction.

Today it enjoys a healthy bottom line, gains in market share and high employee engagement scores. The organization is building a second inpatient tower to meet growing demand for its services, bringing 210 beds, an expanded emergency department, new operating rooms and more jobs to the area. Sustained growth and profitability led Fitch Ratings to assign an upgraded A+ rating to the organization's bonds issued to fund the new construction. Schroffel was named *The Denver Post* Business Person of the Year in 2010, but he gives the credit to his executive team. He describes his Kitchen Cabinet as "extraordinarily talented and smarter than me. My job is to be the conductor."



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He observes, "Some leaders miss opportunities because they are insecure. You need to let your CEO ego go and allow your team to run the show. Take the lead but let them do it on their own. Don't be afraid to take risks and make mistakes. Be clear on expectations."

They meet every Monday except when emergencies arise. "We try to keep our discussion at the strategic level and focus on bigger, systemic issues," explains Harney. However contact is continuous. "We meet all day long. We pop into each other's offices. It's the frequency and quality of our interaction that gets things done," says DeFurio. "We act quickly and respond to pressures."

Using the strategic plan to respond to reform

Unlike many traditional CFO positions, DeFurio also oversees strategic planning and business development. This expanded scope put him in an excellent position to update the strategic plan at an opportune time. He explains, "When health care reform dropped on us, everyone felt uncomfortable. All of us were anxious. How should we react? Then the light bulb went on. We had developed our strategic plan about four years ago. It was still relevant, but we took time to refresh the plan. We used a very collaborative process and feel very confident about it."



"Everything must be evidence-based and highly efficient, while still staying true to our research and education mission."

— Anthony DeFurio

One important outcome from this planning process was a better understanding of the organization's value in the marketplace. DeFurio continues, "With the onset of health care exchanges, we're looking at a 30 percent reduction in our cost structure in the next 3-5 years. That's very daunting, so we need to re-evaluate our cost base and our value proposition. Everything must be evidence-based and highly efficient, while still staying true to our research and education mission." This type of thinking has led to new tactics and innovative approaches.

Colorado is a not-for-profit organization but not state-supported. Some believe this helps the team to stay nimble and make quick decisions when needed. "When making decisions, we always begin with the core platform: What's best for the patient? That perspective helps to guide the discussion about budgets, staffing and other issues. It's not easy, but it's a strong philosophical framework," notes Lieurance.

Breaking down silos for results

Suzanne Sullivan, Vice President of Ambulatory Care, clarifies that "this is still a young team learning how to work together. We face the challenge of silos. Instead

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of worrying about our own perspective, how does the patient experience us?"

After a career in ambulatory care spanning 30 years, Sullivan understands the importance of being an advocate for your area while still breaking down silos. "I'm a died-in-the-wool champion for ambulatory care. However, we need to learn that it's not my team, but our team."

She continues, "Collaboration is more important today than ever. In the old days, there were enough FTEs and margin that you didn't have to collaborate as much. You could 'work around.' Now we're leaner and meaner. There are no reserves, we simply have to work together."



"We do a lot of pilots so we can modify things before going full scale. You need to demonstrate that you can move the dial and sustain results."

— John Harney

A prime example of collaboration can be seen in the ramp-up for the institution's Epic electronic medical record. Led by Chief Information Officer Steve Hess, who joined the Colorado team in July 2009, this is a three-year project involving 120 people working throughout the entire institution. Schroffel compliments the CIO's collaborative skills: "Steve's a prize as we implement Epic. He has earned the trust of the faculty and his colleagues."

The project kicked off in February 2010 and went live in ambulatory care one year later; Epic will go live throughout the entire organization by September 2011. This fierce pace was guided by carefully prepared plans in governance, communication and buy-in. "Epic is not just an IT project. It's important to create a multidisciplinary and formal decision-making structure, backed by guiding principles," explains Hess. "We want to go fast and hit our milestones but still be collaborative."

"Steve and I are joined at the hip with Epic," says Sullivan, laughing. "I have been through this type of installation in the past, but this time is better because Steve actually cares about the user. He wants to understand how people are using and interfacing with the system."

Sullivan continues, "I have a new appreciation for the importance of capturing data. Today ambulatory care is front and center, the gateway for patients, with more emphasis on outcomes so we can manage care better. We used to rely on our instincts but now we need hard data."

The personal touch

Service excellence and patient satisfaction are of paramount importance, especially with payors now aligning reimbursement with satisfaction scores. "We have struggled with patient satisfaction scores," explains Harney, who chairs the service excellence committee. "The staff is very patient-oriented and we always receive letters praising the staff, but the scores were just not right."

So the Colorado team has embarked on a program called AIDET (Acknowledge, Introduce, Duration, Expectation and Thank you) based on proven customer service principles. Four areas (three inpatient units plus the emergency department) are involved in the pilot. Staff members have participated in a "train the trainer" program and HCAHPS scores will be monitored for improvements.

"We do a lot of pilots so we can modify things before going full scale. You need to demonstrate that you can move the dial and sustain results," says Harney.

Listening to staff

This is a highly visible executive team, beginning with Schroffel walking the hallways every day. "People stop me and tell me what's on their minds. They're very honest, sometimes too honest," he notes. People notice. Lieurance laughs when she recalls, "Employees ask 'Can't you put a bell on him?' because Bruce keeps popping up everywhere, even on weekends."

This visibility extends into executive rounding, an initiative where leaders talk to staff and ask them: What are your barriers? How can the process be smoother? What tools do you need? Executives are paired and spend a few hours every week in rounds. Harney is paired with Hess and they move easily through the departments, with Harney interviewing and Hess inputting the answers into a database. "Our goal is to connect with every employee. We are

rotating days and hours to make sure that all shifts are heard from,” explains Harney. “The employees know when we are coming and they love it! Steve and I have even been using the AIDET technique during our interviews.”

This growing organization also takes a pulse through its annual employee satisfaction survey. Response is very strong, with 85 percent completing it online. “Some employees complete it from home. It’s a rigorous process where action plans for improved engagement are developed and updated quarterly,” explains Harney.

A close, hard-working team

Hess describes the executive team at Colorado as very diverse, bringing experiences from different settings and varying geography.

“You need to be constantly engaged to keep up. You must bring your A game — no, make that your A+ game — every day. Personally I love it. You need to be prepared because you will be challenged. It’s a high-performance, creative group.”



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— Suzanne Sullivan

Explains Lieurance, “This team takes risks. We strive to be a leadership team, not a management team. We also believe in encouraging others to lead us. Take valet parking. They are the first touchpoint for many of our patients. It’s very important that they understand how to help patients and own their responsibility.”

Schroffel comments, “We have more balls in the air than ever: the Epic system, a new bed tower and expanded ED, an expanded cancer center and partnerships with other hospitals. Recruiting new faculty is always ongoing but our successful turnaround has really helped recruitment. Plus it’s always sunny in Colorado, which helps.”

Focused on the future

Looking forward, this team is already preparing for more changes and new skill sets. Notes Sullivan, “Health care cannot become a larger percentage of gross national product, so we need to render cost-effective care while maintaining quality and safety. Process improvement will become a more crucial skill, embedded in how we do business. Every vice president needs to understand the process improvement toolkit and use it so we can do more with less.”



“Health care reform is focused on population management. We need to expand our boundaries and do more partnering.”

— Steve Hess

“Health care reform, wherever it takes us next year or the next century, is focused on population management,” observes Hess. “That means economies of scale with big players and big payors. So we need to expand our boundaries and do more partnering.”

Harney points to a relentless focus on accountability. “I can see a big improvement in the last five years in our clinical, financial and performance outcomes. Our challenge is to prioritize, meet our deadlines and measure success. We’re good at goals, but not always so good at metrics. It’s a common problem that extends to other industries, but health care is especially complicated.”

This team simply doesn’t stand still in the face of new growth and challenges. “I was looking for insights and integrity as I built this team,” notes Schroffel. “These individuals are bright, driven and incredibly dynamic. They are always ready to pursue the vision.”

Witt/Kieffer is proud to have worked with the University of Colorado Hospital in building their executive team.

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