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Managing for Change

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1992-04-30

# Managing for change: April 30, 1992 v. 3, no. 3

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<https://hdl.handle.net/2144/25921>

*Boston University*



The  
University  
Hospital

## Managing for

# CHANGE

A Publication for the Managers of The University Hospital

*Dear Leader,*

April 30, 1992

Volume 3, Number 3

### ***Gene Burns incident confirms need for better service and communication with constituents***

In the last issue of *Managing for Change*, I told you about our efforts to measure and respond to patient feedback. It is ironic that just a few days after that issue was published, WRKO radio talk show host Gene Burns spent a good portion of his morning show telling listeners about his negative experience as a UH outpatient. Although such publicity is neither sought nor desired, I believe it makes clear the importance of effective service to and communication with all "customers" of UH.

Mr. Burns' case illustrates a point we have been trying to make for some time: Patients come here or are referred here because of the Hospital's reputation for innovative and compassionate care, but that does not necessarily mean they will return to UH should they become ill again. Often, the overall experience they had as patients—expert care, responsive service, and courtesy and respect—is the determining factor. Mr. Burns was a UH patient late last fall and devoted some of his air time one December morning to praising The University Hospital. Yet, three months later, he publicly voiced his displeasure for having to wait 25 minutes to see his physician, when he had been assured that his time constraints would be met. In not meeting Mr. Burns' expectations, we also failed ourselves. What should this tell us? That patients are to be valued and respected as customers, and that we have to prove ourselves every day with every patient. Patients are why we are here.

Mr. Burns' main criticism is an all-too-familiar one: Why do patients have to be on time for appointments, but caregivers don't? This question opens a Pandora's box, of sorts. One issue, of course, is the effectiveness of our appointment and scheduling systems, as well as a myriad of other factors that impact efficiency. The second issue, however, is communication: In cases where appointments are running behind, an explanation for the patient should be the standard operating procedure.

By the way, I recently heard from Mr. Burns, who replied to a note I sent him. He writes, "Thank you for your prompt attention to the problems I recently experienced as an outpatient. Being in a business that is slavish to the clock, I am no doubt hypersensitive to matters of time. At the base level, however, I do believe that appointments should be kept on time. I continue to be a fan of the hospital and continue to receive good care for which I am grateful to you and your colleagues."

## NEWS TO USE

### ***UH chosen for landmark breast-cancer study***

The University Hospital has been chosen for a very important study that will help improve the health of women. On April 29, the National Cancer Institute announced that UH was selected to help lead the first-ever study of a drug (Tamoxifen) with the potential to prevent breast cancer. The study will enroll 16,000 American and Canadian women over two years who are considered to be at "high risk" for developing breast cancer (that is, women who have the same risk for developing breast cancer within five years as a 60-year-old American woman). Drs. Maureen Kavanah and Marianne Prout, codirectors of the Evans Breast Health Center at UH, are the coprincipal investigators of the UH portion of the study.

### ***Trustee committee looking at how UH Board is structured and governed***

The Hospital's Board of Trustees is in the process of being assessed by its members and others to see how well the Board's structure and function meet today's needs. The Nominations and Governing Committee of the Board of Trustees is overseeing the study. Working with a consulting firm, Vice President for Development Bonnie Clendenning has distributed comprehensive surveys to about 160 trustees, corporators, administrators and selected physicians. From this study, senior management hopes to learn how the Board is perceived and understood by its members and the medical staff. Once the study is completed and the data are compiled, a retreat will be held to present the study's findings and



**Though CHIP transition smooth,  
improvement process is never-ending**

I was very pleased with the ease of the CHIP transition. In fact, the people at Baxter Healthcare, the company that designed CHIP, say that ours was the smoothest and most successful transition they have seen. One good barometer of the system's success are the calls made to the CHIP "Help Desk," which, according to Susan Cerrone, acting director of Management Information Services (MIS), have decreased both in number (from 50 per day to about 30 per day) and in complexity.

Despite its initial success, there certainly will be ways to improve CHIP. Thus, new avenues have been created through which division directors and selected managers can request that improvements and modifications be made to CHIP. By streamlining the process of requesting program changes, MIS is working to improve service to CHIP users. Historically, changes had to be authorized by a vice president, but this process proved to be too arduous. This new authorization policy affects not only vice presidents, division directors, managers and supervisors, but it is intended to involve employees in the continuous-improvement process by providing an efficient mechanism for change. With this process in place, I believe that employee-users of CHIP will be more likely to have their problems and suggestions heard and acted upon.

**TOSS electronic mail is an important communication tool**

In this year's recently published Annual Report, entitled "Working Together," we mention that one key to delivering "zero-defect" patient-focused care is to provide "dynamic and effective communication channels through which changes can be made and issues can be addressed." We are working to fulfill this mandate with such tools as the CHIP system and the TOSS (Total Office Support System) electronic mail system.

TOSS will allow its users to communicate with one another quickly and effectively, and I expect it to become a primary mode of communication. Right now, TOSS is available only to CHIP mainframe users and selected non-CHIP users connected to the mainframe. It should be understood that TOSS is an important communication tool that will make its users' jobs easier.

I have found the "Short Note" option—the ability to send a quick two-line note—very easy to use, and according to Maxie Tomlinson, project director for TOSS, it is the most popular option. However, I expect that more users will learn how to utilize the "File Transfer" option, which allows a user to send an entire personal computer document electronically to another user. While some people have expressed their concern that TOSS might discourage interpersonal communication, I don't see it that way at all. I believe TOSS is a practical tool to enhance current channels of communication. Ms. Tomlinson tells me that ongoing TOSS training classes are available to TOSS users, so you should consider sending the affected personnel in your office. If you have questions regarding TOSS, direct them to Ms. Tomlinson at x8504.



J. Scott Abercrombie Jr., M.D.  
President & Chief Executive Officer

work toward a strategy for change. It is clear that the Board needs to be prepared, in both form and function, for the challenges ahead.

**Leadings indicators show recent  
improvement**

After a trouble period over the last few months, UH's leading operating indicators (admissions, length of stay and ambulatory visits) and financial viability (operating bottom line and philanthropy) have shown improvement of late. Over the last two periods of FY92, admissions have outperformed their budget by 48 admissions. This increase came on the heels of a two-month stretch during which admissions were 174 under budget. Simultaneous to the admitting increase, UH's average length of stay was lowered from 8.44 days to 8.25, which is impressive given that our case-mix index was high. Although ambulatory visits are under budget, they have been enhanced by a steady increase in Emergency Department visits, outpatient surgeries and laser surgeries.

As for the financial picture, while UH claimed an operating gain of \$565,000 through Period 6, that figure was slightly below its budget. According to Tony Voislow, director of Fiscal Affairs, a doubling of free care and reduced third-party payments are responsible for the revenue shortfall. Through Period 6, Bonnie Clendenning, vice president for Development, reports that philanthropic gifts (actual funds, not just pledges) are more than \$200,000 over budget.

**Health care is a major  
public concern**

The ailing health-care system is the second greatest concern of Americans, trailing only the recession, according to a recent poll published in the *AHA News*. Health-care reform far outpaced the issues of taxes, unemployment, education and foreign aid in a poll of 2,000 Americans by Louis Harris and Associates of New York. Although nearly all of those polled called for health-care reform, 80 percent of the respondents said they would not support the reform plans of the 1992 presidential candidates. Of the proposed reform plans, the "Play or Pay" plan of many Democrats was the most popular (33 percent), followed by a "Single Payer" government-run system (30 percent), the Bush administration's "Tax Credit" approach (27 percent) and the current system (2 percent).