

## MEETING OF THE BOARD OF REGENTS, STATE OF IOWA AS THE BOARD OF TRUSTEES OF THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS

September 27-28, 2006  
Cedar Falls, Iowa

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| I. Introductory Comments                                      | Gary C. Fethke, Interim President,<br>The University of Iowa   |
| II. UIHC Committee Report and Discussion                      | Regent Robert N. Downer, Committee Chair   |
| III. Clinical Information System<br>Selection and Contracting | Donna Katen-Bahensky, Director and Chief<br>Executive Officer<br><br>Lee Carmen, Director of Healthcare Information<br>Systems and Chief Information Officer |
| IV. Operating and Financial Performance Report                | Donna Katen-Bahensky<br><br>Anthony DeFurio, Chief Financial Officer   |
| V. IowaCare and Department of Corrections Update              | Donna Katen-Bahensky<br><br>Stacey Cyphert; Special Advisor to the President,<br>Special Advisor to the Dean of CCOM, Senior<br>Assistant Hospital Director  |
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# UIHC Committee Report

**Regent Robert N. Downer**

Chair, UIHC Committee

# Clinical Information System Selection and Contracting

**Donna Katen-Bahensky**

Director and Chief Executive Officer

**Lee Carmen**

Director of Healthcare Information Systems  
and Chief Information Officer

## Clinical Information Systems History

- Historically, UIHC has utilized an internally developed electronic medical record for inpatient and outpatient documentation
- In 1996, UIHC installed commercial inpatient pharmacy, laboratory information systems
  - Scheduled to lose product support in 2010
- UI Health Care Information Technology Strategic Plan identified need for more robust clinical information systems, presented to Board of Regents October 2003
- External review of internally developed system in February 2005
  - Identified some system strengths, many deficiencies
  - Concluded that there was substantial expense associated with maintaining / enhancing legacy system
- Decision by UIHC senior leadership to acquire commercial clinical information systems

## Why a Commercial System, and Why Now?

- UI Health Care's system compared to commercial solutions is lacking in several areas related to patient safety and quality of care:
  - Reducing medication errors through the use of a controlled medical vocabulary
  - Streamlining clinical workflow
  - Facilitating the use of clinical pathways and clinical decision support
  - Enhancing clinical documentation by physicians, nurses, and other care-givers
  - Timely display and reporting of test results; facilitation of interpretation
  - Physician and nurse order entry and process management
  - Knowledge management and factors enhancing patient care
  - Privacy of data (Health Insurance Portability and Privacy Act)
- Increased utilization of UI Health Care system drives increased demand for more functionality
- Peer institutions now report success with integrated commercial solutions
- Generic return on investment models suggest financial benefits available compared with internal development costs

## Clinical Information Systems Selection

- Clinical Information System Selection Project (August 2005 – August 2006)
  - Phase 1 – Identification of system requirements
    - Engagement of over 240 staff
    - Identification of over 2500 functional requirements
    - Request for proposal released November 2005
  - Phase 2 – Review of Proposed Vendor Solutions
    - Review of 8 vendor proposals
    - 4-round process to identify 2 optimal solutions
    - Included onsite demonstrations, reference site calls, reference site visits, total cost of ownership analysis
  - Presentation to Board of Regents August 2006

## Clinical Information Systems Contracting

- UIHC engagement with First Consulting Group to assist in contract negotiations with vendor of choice
- Carver College of Medicine physician participation in negotiations
- Contract includes options to acquire additional clinical, business modules if desired
- Contract provides access to vendor library of clinical content to assist with implementation

# Clinical Information Systems Proposed Project Plan

- Contract Signing
- 12 Months
  - Enterprise Clinical Data Repository
- 12 – 24 Months
  - Emergency Room
  - Radiology Information System
  - Inpatient Pharmacy / Electronic Medication Administration Record
  - Inpatient Clinical Documentation
  - Operating Room
  - Critical Care Documentation
- 24 – 36 Months
  - Ambulatory Documentation / Order Entry
  - Inpatient Order Entry
  - Patient Portal

## Clinical Information Systems Total Cost of Ownership

### ***“One-Time” Costs***

Primary Vendor Software	\$ 12.3 Million
Third Party Software	2.0
Hardware	12.0
Implementation- Primary Vendor	9.6
Consulting	1.8
<u>UIHC Staff</u>	<u>3.6</u>
<b>Total</b>	<b>\$ 41.3 Million</b>

### ***Annual Costs***

Software Maintenance	\$ 3.3 Million Per Year
<u>Hardware Maintenance</u>	<u>2.1</u>
<b>Total</b>	<b>\$ 5.4 Million Per Year</b>

(1) Cost Estimates Represent “Not To Exceed” Values, (2) Contract Term: Perpetual License, (3) Calculations Assume Minimum 7 Year Use

# Operating and Financial Performance

## July 2006

**Donna Katen-Bahensky**

Director and Chief Executive Officer

**Anthony DeFurio**

Chief Financial Officer

# Volume Indicators

## July 2006

	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
<b>Operating Review (YTD)</b>							
Admissions	2,203	2,149	2,102	54	2.5% ●	101	4.8% ●
Patient Days	15,115	14,183	14,983	932	6.6% ●	132	0.9% ○
Length of Stay	6.86	6.60	7.13	.26	4.0% ●	(0.27)	-3.7% ●
Average Daily Census	487.58	457.52	483.32	30.06	6.6% ●	4.26	0.9% ○
Surgeries - Inpatient	845	836	820	9	1.0% ○	25	3.0% ●
Surgeries - Outpatient	893	861	844	32	3.7% ●	49	5.8% ●
Emergency Treatment Center Visits	3,244	2,908	2,831	336	11.5% ●	413	14.6% ●
Outpatient Clinic Visits	51,769	50,573	50,759	1,196	2.4% ○	1,010	2.0% ○

 <b>Greater than 2.5% Favorable</b>	 <b>Neutral</b>	 <b>Greater than 2.5% Unfavorable</b>
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# Comparative Financial Results

## July 2006

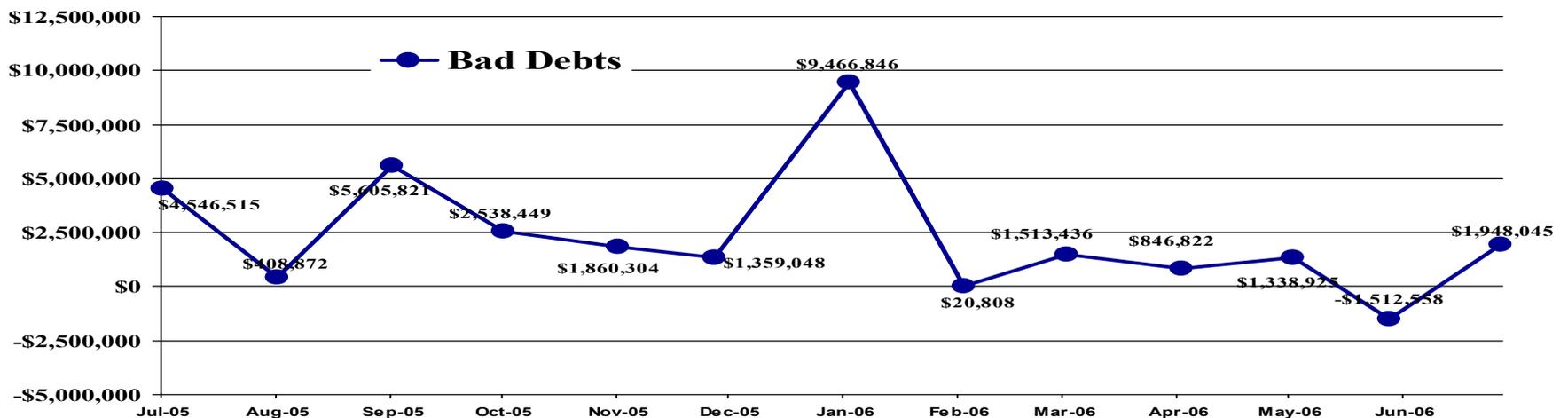
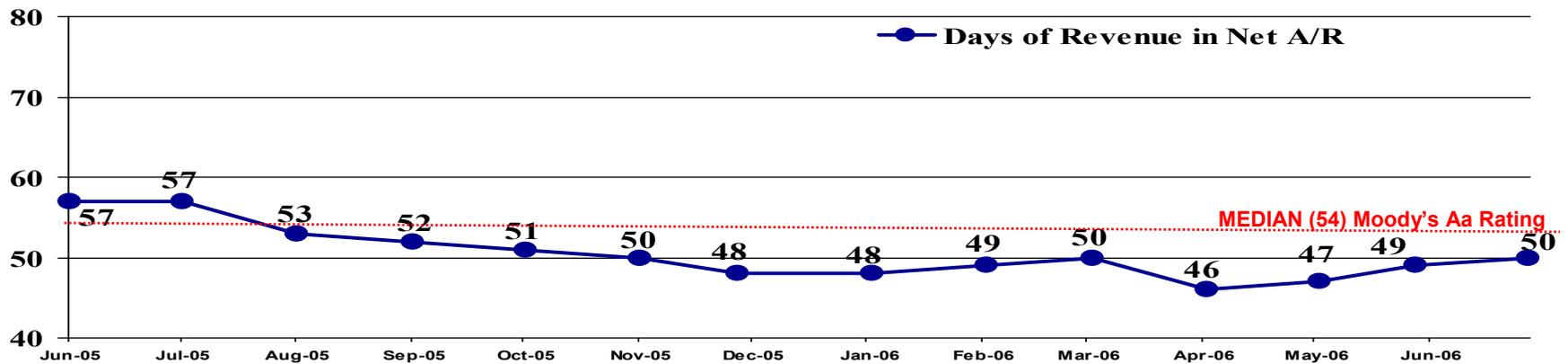


	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
<b>NET REVENUES:</b>							
Patient Revenue.	\$58,926	\$58,657	\$52,143	\$269	0.5%	\$6,783	13.0%
Appropriations	1,117	1,117	1,117	0	0.0%	0	0.0%
Other Operating Revenue	3,261	3,283	3,566	(22)	-0.7%	(305)	-8.6%
<b>Total Revenue</b>	<b>\$63,304</b>	<b>\$63,057</b>	<b>\$56,826</b>	<b>\$247</b>	<b>0.4%</b>	<b>\$6,478</b>	<b>11.4%</b>
<b>EXPENSES:</b>							
Salaries and Wages	\$32,865	\$32,504	\$29,647	\$361	1.1%	\$3,218	10.9%
General Expenses	22,882	24,134	20,997	(1,252)	-5.2%	1,885	9.0%
Operating Expense before Capital	55,747	56,638	50,644	(891)	-1.6%	5,103	10.1%
Earnings Before Depreciation, Interest, and Amortization (EBDITA)	7,557	6,419	6,182	1,138	17.7%	1,375	22.2%
Capital- Depreciation and Amortization	4,446	4,522	4,381	(76)	-1.7%	65	1.5%
<b>Total Operating Expense</b>	<b>\$60,193</b>	<b>\$61,160</b>	<b>\$55,025</b>	<b>(\$967)</b>	<b>-1.6%</b>	<b>\$5,168</b>	<b>9.4%</b>
<b>Operating Income</b>	<b>\$3,111</b>	<b>\$1,897</b>	<b>\$1,801</b>	<b>\$1,214</b>	<b>64.0%</b>	<b>\$1,310</b>	<b>72.7%</b>
<b>Operating Margin %</b>	<b>4.9%</b>	<b>3.0%</b>	<b>3.2%</b>	<b>1.9%</b>	<b>63.3%</b>	<b>1.7%</b>	<b>53.1%</b>
Gain (Loss) on Investments	293	817	731	(524)	-64.1%	(438)	-59.9%
Non-Recurring Items	0	0	0	0	0.0%	0	0.0%
<b>Net Income</b>	<b>3,404</b>	<b>2,714</b>	<b>2,532</b>	<b>690</b>	<b>25.4%</b>	<b>872</b>	<b>34.4%</b>
<b>Net Margin %</b>	<b>5.4%</b>	<b>4.2%</b>	<b>4.4%</b>	<b>1.2%</b>	<b>28.6%</b>	<b>1.0%</b>	<b>22.7%</b>

**NOTE:** all dollar amounts are in thousands

# Comparative Accounts Receivable and Bad Debt Trend as of July 31, 2006 – Unaudited

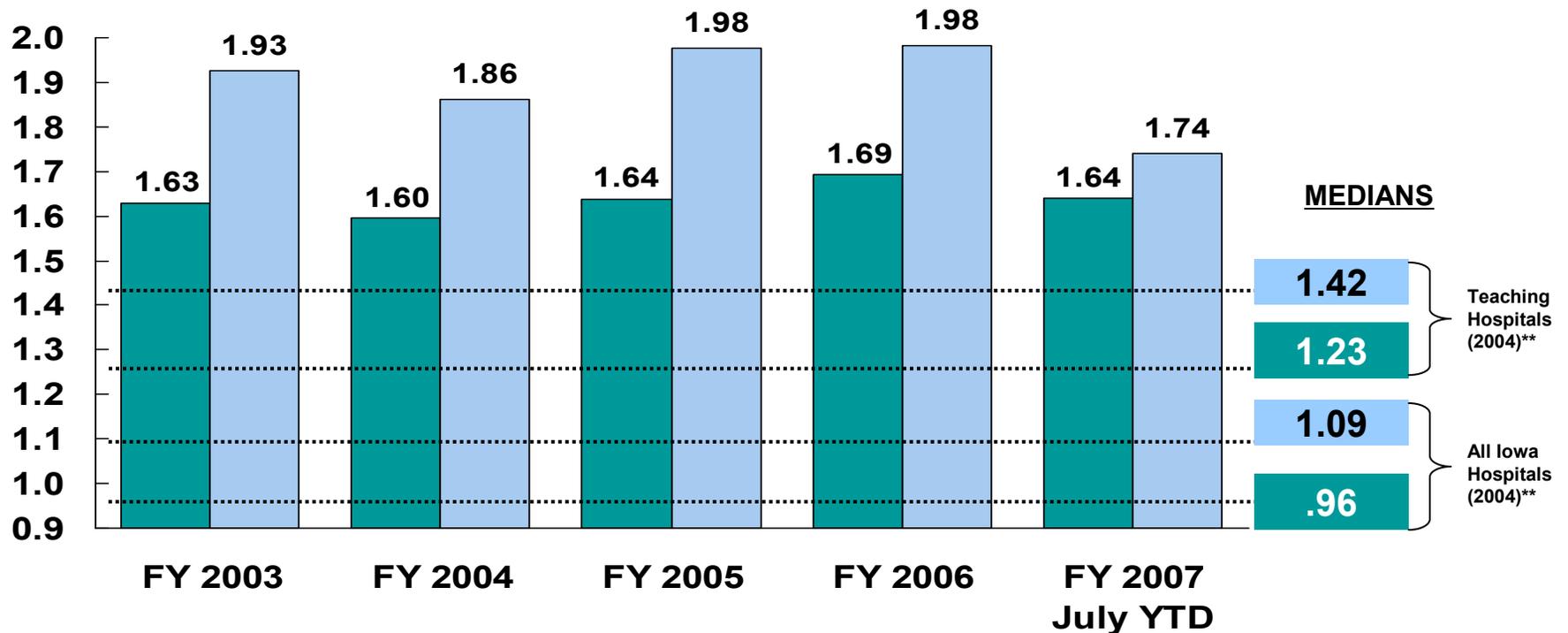
	June 30, 2005	June 30, 2006	July 31, 2006
Net Accounts Receivable	\$93,964,049	\$92,246,060	\$94,378,770
Net Days in AR	57	49	50



# UNIVERSITY OF IOWA HOSPITALS AND CLINICS

## CASE MIX INDEX - ALL ACUTE INPATIENTS\*

## CASE MIX INDEX - MEDICARE INPATIENTS\*



- THE CASE MIX INDEX REFLECTS THE OVERALL CLINICAL COMPLEXITY OF THE PATIENT CENSUS OF A GIVEN HOSPITAL BY ESTIMATING THE LEVEL OF RESOURCE CONSUMPTION OF THE AVERAGE PATIENT RELATIVE TO THAT OF ALL HOSPITALS NATIONALLY WHICH HAVE A CASE MIX INDEX OF 1.00.
- ALL ACUTE CASE MIX INDEX VALUES SHOWN ABOVE INCLUDE NEWBORN NURSERY
- MEDICARE CASE MIX INDEX EXCLUDES DEPT OF PSYCH

\*\* ALMANAC OF HOSPITAL FINANCIAL OPERATING INDICATORS, 2006 CHIPS  
A TEACHING HOSPITAL IS ONE AT WHICH MEDICAL GRADUATES TRAIN AS RESIDENTS.

# IowaCare and Department of Corrections Update

**Donna Katen-Bahensky**

Director and Chief Executive Officer

**Stacey Cyphert**

Special Advisor to the President, Special Advisor to  
the Dean of CCOM, Senior Assistant Hospital Director

## Legislators Praise UIHC for IowaCare

On behalf of the Iowa House of Representatives, we want to thank you for your efforts during the past year for the IowaCare program.

Many states spend years working to revise or develop new health care programs. Iowa was able to create and implement IowaCare in less than 4 months. While many people can rightfully claim a share of the credit, this change would never have occurred without the commitment and effort of the physicians and staff of the University of Iowa Hospitals and Clinics.

Thanks to your willingness to adapt, our state has been able to provide healthcare services to more Iowans. We also have been able to preserve critical federal matching funds for the Iowa's Medicaid program.

After one year of the program, IowaCare has experienced its ups and downs. As policy-makers, we are always looking for ways to improve this vital program. We have worked with administration and the department to respond to physician concerns surrounding medications and DME. As the people most connected to IowaCare, we would certainly like to continue to hear your thoughts on this program and what the state can do to implement positive change. Please feel free to contact us:

[Danny.Carroll@legis.state.ia.us](mailto:Danny.Carroll@legis.state.ia.us)

[Dave.Heaton@legis.state.ia.us](mailto:Dave.Heaton@legis.state.ia.us)

[Linda.Upmeyer@legis.state.ia.us](mailto:Linda.Upmeyer@legis.state.ia.us)

Thank you again for all you do for the citizens of Iowa. We, as a state, are very appreciative of the physicians and staff of the University of Iowa Hospitals and Clinics and your dedication to improving the lives of all Iowans!

Source: August 18, 2006 e-mail message to Stacey Cyphert from Representative Linda Upmeyer.

## Legislators Praise UIHC for IowaCare (cont'd)

Donna and Stacey,

I want to thank the staff at the University of Iowa Hospitals and Clinics for your commitment and service to the citizens of Iowa. Your investment in our health care is exemplary, and I realize the funding falls short of the level of service you provide. I am proud to call the Hospital and Clinic professionals my friends and neighbors, and I will continue to work to bring the funding levels up to the award winning level of service you provide.

Not a week goes by without someone in Iowa relating their story about their care at our hospital, and their stories always contain two themes: the extremely high level of expertise and the deep caring for the patients you serve.

Thank you again for your service.

Dave Jacoby  
State Representative

## IowaCare Expenditures FY 2006 Final

	Claims	DSH Payment	FY 2006 Appropriation
UIHC	\$34.5 M	\$0.0 M	\$37.9 M*
Broadlawns	\$14.3 M	\$22.7 M	\$37.0 M
MHIs	\$13.8 M	\$12.1 M	\$25.9 M
<b>TOTAL</b>	<b>\$48.5 M</b>	<b>\$34.8 M</b>	<b>\$100.8 M</b>

M = Millions

- \* Unexpended UIHC funds are non-reverting and will be used for FY 2006 claims not yet received. When FY 2006 claims are finished, the remainder will be available to offset FY 2007 costs, which are expected to exceed the FY 2007 appropriation.
- \* UIHC Medicaid payment rates decreased as a result of the re-base. This also made IowaCare claims lower than projected.

Source: Department of Human Services, IowaCare Update, Presentation to the Medical Assistance Projections and Assessments Committee, September 19, 2006, Exhibit 9.

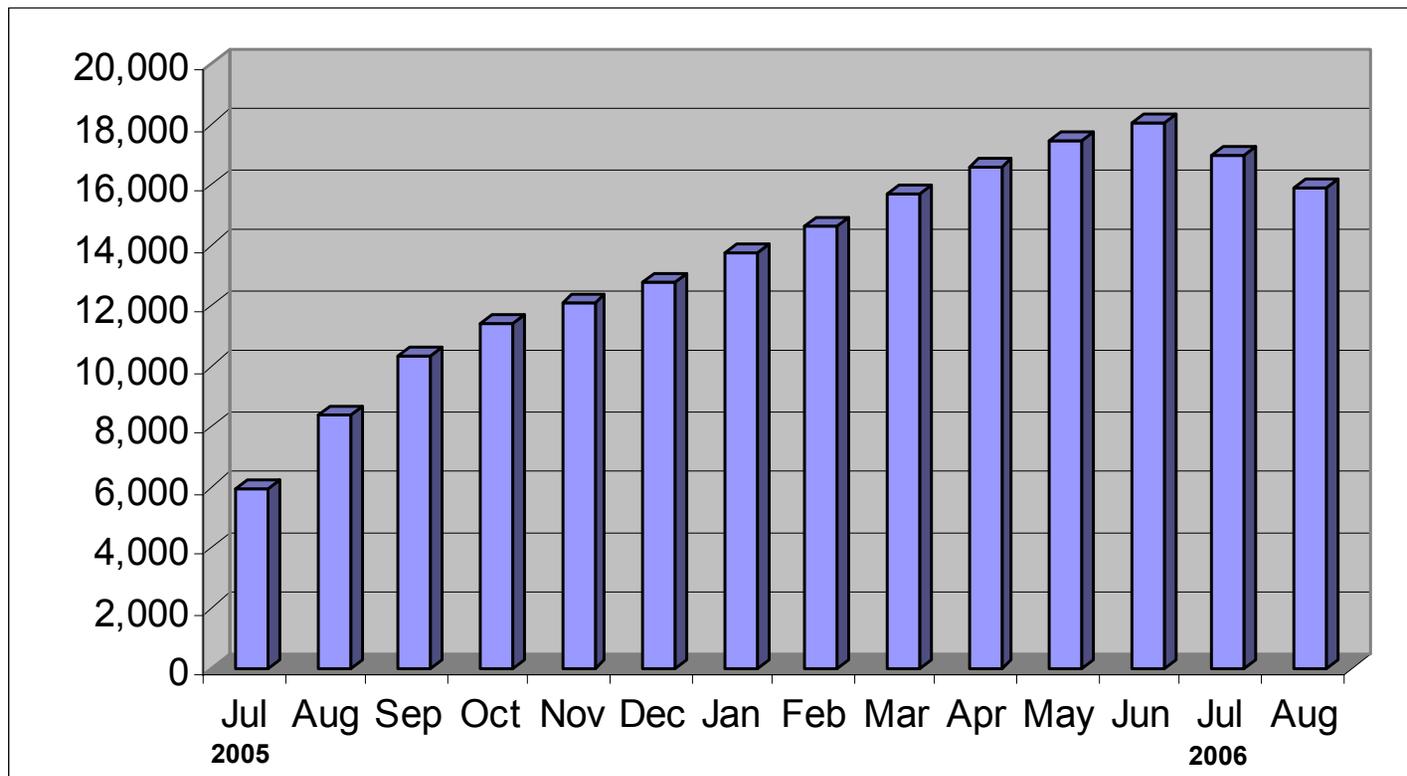
## **General 28E Agreement Signed, Specialized 28 E Agreement Pending**

- UI Hospitals and Clinics and the Iowa Department of Human Services have signed a 28 E agreement for the FY 07 general operation of IowaCare.
- An agreement in concept exists with respect to a new 28 E agreement whereby the UI Hospitals and Clinics will provide Nurse Helpline Services for the enrolled IowaCare population.
  - The goal of the nurse helpline initiative is to assist enrolled IowaCare population members in making appropriate choices about the use of emergency room and other health care services.
  - Operational questions pertaining to IowaCare are not part of the agreement and will be directed to the Department of Human Services.
  - Depending on when the 28 E agreement is actually signed, the Nurse Helpline could be operational as soon as early October.

## **Physician From UI Hospitals and Clinics Appointed to Clinical Advisory Panel**

- Per Laws of the 81st Iowa General Assembly, 2005 Session, Ch. 167 (HF 841), the medical director of the Iowa Medicaid enterprise shall assemble and act as chairperson for a clinicians advisory panel to recommend to the department clinically appropriate health care utilization management and coverage decisions for the medical assistance program and the IowaCare population which are not otherwise addressed by the Iowa medical assistance drug utilization review commission or the medical assistance pharmaceutical and therapeutics committee.
- Janet Schlechte, M.D., Professor of Internal Medicine in the UI Carver College of Medicine, is one of the panel members.

## IowaCare & Chronic Care Enrollment Net of Disenrollments



## IowaCare Volume at UI Hospitals and Clinics Remains Brisk

- Net enrollment in IowaCare and Chronic Care at the end of August has declined significantly from a peak at the end of June 2006.
- A large percentage of the enrollment decline has occurred in Polk County.
- It is unknown at this time the extent to which this decline will continue, or if it will impact patient care volume at the UI Hospitals and Clinics.
  - Not everyone who enrolls in IowaCare utilizes services at the UI Hospitals and Clinics.
  - Of the 27,000+ people enrolled in IowaCare or Chronic Care at some point in FY 06, only 7,875 unique patients (less than 1/3rd) were treated at the UI Hospitals and Clinics.
  - The UI Hospitals and Clinics continues to provide transportation in excess of 150 roundtrips per month for IowaCare patients, with each trip averaging approximately four people.
  - FY 07 data through August 31, 2006 shows the UI Hospitals and Clinics has already seen 3,332 unique IowaCare or Chronic Care patients who have made 8,321 visits.

## **UI Hospitals and Clinics Has Implemented Pilot Pharmaceutical and Durable Medical Equipment (DME) Programs**

- August 14, 2006, the UIHC implemented pilot programs to facilitate IowaCare beneficiary access to pharmaceuticals and durable medical equipment.
- Through September 2, 2006:
  - Over 4,500 prescriptions have been filled at a cost of approximately \$110,000.
  - DME has been provided to more than 30 patients at a cost in excess of \$9,000.

## Questions & Answers Regarding the UIHC's Pharmaceutical and DME Pilot Programs for IowaCare

### How does the pharmacy pilot program work?

- Beginning August 14, 2006, UI Hospitals and Clinics started providing generic pharmaceuticals on its formulary to IowaCare patients free of charge for use at home. Only prescriptions written by licensed UI Hospitals and Clinics practitioners and filled at UI Hospitals and Clinics pharmacies are covered. Patients receive no more than a 30-day supply of prescription drugs at any one time.

### What isn't covered in the pharmacy pilot program?

- Over-the-counter medications are not provided under the IowaCare pilot pharmaceutical program, except for certain forms of insulin. In general, brand name medications are not included. However, for IowaCare patients not using generic medications, UI Hospitals and Clinics will provide a one-time, 30-day supply of brand-name pharmaceuticals. The IowaCare patients will then be assisted in contacting pharmaceutical assistance programs, as they are now, if desired. Home infusion medications are also not covered under the pilot program, although the UIHC Ambulatory Care Pharmacy will dispense directly to IowaCare patients covered oral or self-injectable medications pursuant to a prescription.

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## **Questions & Answers Regarding the UIHC's Pharmaceutical and DME Pilot Programs for IowaCare (cont'd)**

### **What if a patient needs a prescription refilled?**

- For IowaCare enrollees living outside of Johnson County, prescription refills of 30 days or less may be mailed to the patient. Patients living in Johnson County may pick up refills of 30 days or less by visiting UI Hospitals and Clinics. Prescriptions will generally not be mailed to P.O. boxes. No prescriptions will be mailed to an out-of-state address under any circumstances.

### **Can IowaCare patients use an Emergency Treatment Center visit to get their regular medications?**

- No. Routine medications not directly related to the acute reason for the ETC visit will NOT be prescribed by ETC medical staff. IowaCare or Chronic Care patients will be instructed to contact UI Hospitals and Clinics' IowaCare Assistance Center at (319) 356-1000 to request assistance in receiving their routine medications.

## Questions & Answers Regarding the UIHC's Pharmaceutical and DME Pilot Programs for IowaCare (cont'd)

### How does the durable medical equipment pilot program work?

- UI Hospitals and Clinics will provide select DME items to IowaCare enrollees free of charge during the pilot period. Common DME items that may be provided under the program include:
  - Orthopedic braces/supports/prosthetics
  - Feeding tubes/pumps
  - IV pumps
  - Oxygen and supplies
  - Ostomy supplies
  - Diabetic supplies (test strips, glucometers, syringes)
  - Dressing supplies
  - Wound evacuators
- Only DME authorized by licensed providers at UI Hospitals and Clinics is included in the pilot, and patients must obtain the equipment directly from the hospital or a provider authorized by UI Hospitals and Clinics. Quantities may be limited on an individual basis. If DME is available through county relief agencies, Department of Human Services offices, and/or local lending programs, it will not be provided at hospital expense.

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## Questions & Answers Regarding the UIHC's Pharmaceutical and DME Pilot Programs for IowaCare (cont'd)

### Who is eligible for the pharmacy and DME pilot programs?

- Patients who are enrolled in IowaCare in each month for which services are desired are generally eligible for the pilot programs. To receive medications and/or DME IowaCare enrollees must have been seen at UI Hospitals and Clinics during a scheduled visit since the inception of IowaCare. Some patients may be required to be seen again before prescriptions will be filled.
- Also eligible are individuals with incomes greater than 200 percent of the federal poverty level who were part of the Chronic Care program in Fiscal Year 2006 and continue to be enrolled. These people will receive only pharmaceuticals or DME free of charge for their authorized chronic condition.

### Are there any exceptions to eligibility?

- IowaCare patients residing in Polk County are not eligible to receive on-going supplies of medications, but may receive a 10-day supply of medications at discharge from UI Hospitals and Clinics. These patients may be eligible to receive medications and DME through the Community Care program offered by Broadlawns Medical Center.

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## **Questions & Answers Regarding the UIHC's Pharmaceutical and DME Pilot Programs for IowaCare (cont'd)**

### **How are IowaCare patients being notified of the pilot programs?**

- The Department of Human Services sent letters on August 10, 2006 to individuals currently enrolled in IowaCare or Chronic Care. Patients were instructed to contact UI Hospitals and Clinics' IowaCare Assistance Center at (319) 356-1000 to request assistance. The Iowa Department of Human Services may choose to make potential new enrollees aware of these pilot programs. UI Hospitals and Clinics will also inform new IowaCare and Chronic Care patients about these pilot programs as they contact us.
- If an IowaCare patient is eligible for pharmaceutical or DME coverage under Medicare, the Veterans' Administration, or any other third-party payer, he or she will not be eligible to receive benefits under the pilot programs.

### **Can changes be made in the pilot programs?**

- Yes, modifications may be made to the pilot programs by the UI Hospitals and Clinics throughout the year as deemed necessary or appropriate.

## **Questions & Answers Regarding the UIHC's Pharmaceutical and DME Pilot Programs for IowaCare (cont'd)**

### **How long will the pilot programs last?**

- The pilot programs will operate concurrently with the IowaCare program at the UIHC during FY 07.

### **Then what?**

- UI Hospitals and Clinics will keep the Board of Regents, State of Iowa, and legislative leaders apprised of the utilization and cost of the pilot programs. Discussions will occur regarding the on-going need for these pilot programs and, if so determined, regarding available sources of support.

### **Is there an estimate of how much it will cost UI Hospitals and Clinics to cover the free medications and DME through June 30, 2007?**

- It is impossible to know with certainty what IowaCare enrollment and utilization will be. The current estimate of the cost to UI Hospitals and Clinics in Fiscal Year 2007 for these two pilot programs is in excess of \$6 million. The UIHC receives no federal or state financial support for these pilot programs.

### **How can patients or providers learn more about the pilot programs?**

- Contact UI Hospitals and Clinics IowaCare Assistance Center at (319) 356-1000.

## **Department of Corrections Update**

**Donna Katen-Bahensky**

Director and Chief Executive Officer

**Stacey Cyphert**

Special Advisor to the President, Special Advisor to  
the Dean of CCOM, Senior Assistant Hospital Director

## **Information is being Collected on How Care is Provided to Prisoners in Other States**

- Per the Eighth Amendment, states must provide prisoners with adequate medical care.
- It appears common in many states for the Department of Corrections to contract with private companies to operate medical services within state institutions.
- Hospitals are frequently paid a discounted rate for services – commonly a percent of billed charges, a maximum percentage of Medicare or Medicaid rates, or a capitation rate.

## Status of Corrections – Related Issues

- UIHC remains committed to working with Department of Corrections (DOC) officials to ensure that prisoners receive medically necessary and appropriate care in a cost-effective manner. A meeting between staff of the two institutions is under discussion.
- UIHC sent DOC a 28E agreement on August 8, 2006 to facilitate a mutually-beneficial resolution to a concern involving care needs of a specific prisoner. The DOC Medical Director has signed off on the agreement and the UIHC is awaiting the signature of the DOC Director.

## Telemedicine – Iowa Department of Corrections

- Clinical Outreach – UIHC is currently providing clinical telemedicine for Orthopedics, Urology and Cardiology at various correctional facilities around the state.

### Outreach Visits

July 1, 2005 – June 30, 2006

Anamosa Correctional Facility	41
Clarinda Correctional Facility	25
Ft. Dodge Correctional Facility	20
Ft. Madison Correctional Facility	63
Mitchellville Correctional Facility	23
Mt. Pleasant Correctional Facility	87
Newton Correctional Facility	101
Oakdale Correctional Facility	36
Rockwell Correctional Facility	3
<b>Grand Total</b>	<b>399</b>

# Director's Report

**Donna Katen-Bahensky**

Director and Chief Executive Officer

## Director's Report

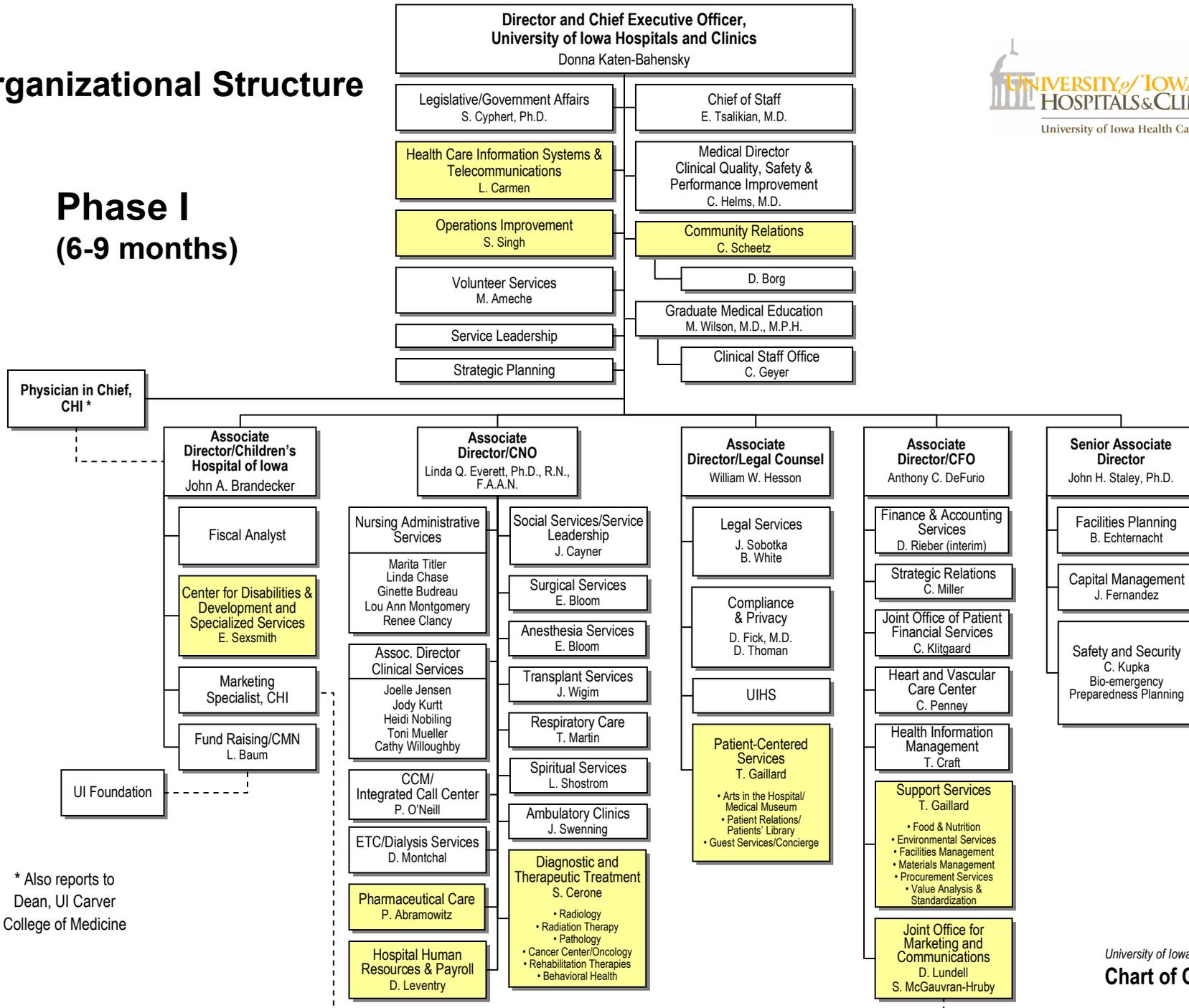
- I. Organizational Structure Modifications
- II. Employee Engagement Survey Results
- III. Department of Health and Human Services Medal of Honor
- IV. Children's Miracle Network – Dubuque Radiothon
- V. Culver's Benefit for Children's Hospital of Iowa
- VI. Nursing Clinical Education Center
- VII. Other

# Phased Approach

- Phase I
  - Temporary reassignment of former Chief Operating Officer's direct reports to remaining Associate Directors
- Phase II
  - Ambulatory Care Consultation complete
  - Children's Hospital of Iowa Administrator orientation complete
  - Recruitment of Chief Medical Officer
  - Review structure for all departments
  - Services lines and centers organized
  - Look at potential for adding other leadership position(s)
- Phase III
  - Make decision about COO position
  - Potential for other decisions about structure

# Organizational Structure

## Phase I (6-9 months)



\* Also reports to  
Dean, UI Carver  
College of Medicine

# UIHC Strategic Plan – The Iowa Difference

- Excellent Service Goal #3:
  - Staff, faculty and volunteers are valued and **engaged** in the pursuit of UI Hospitals and Clinics' vision
- Enable staff to accomplish work, contribute to staff learning and motivation, contribute to staff well-being and grow staff satisfaction
- Baldrige Criteria – Human Resources Focus

### Morehead Associates

- Based in Charlotte, North Carolina
- Over 25 years of workplace research experience
- Nearly 4 million individual employees surveyed
- Clients throughout the United States and abroad
- Employee populations ranging from 100 to over 50,000

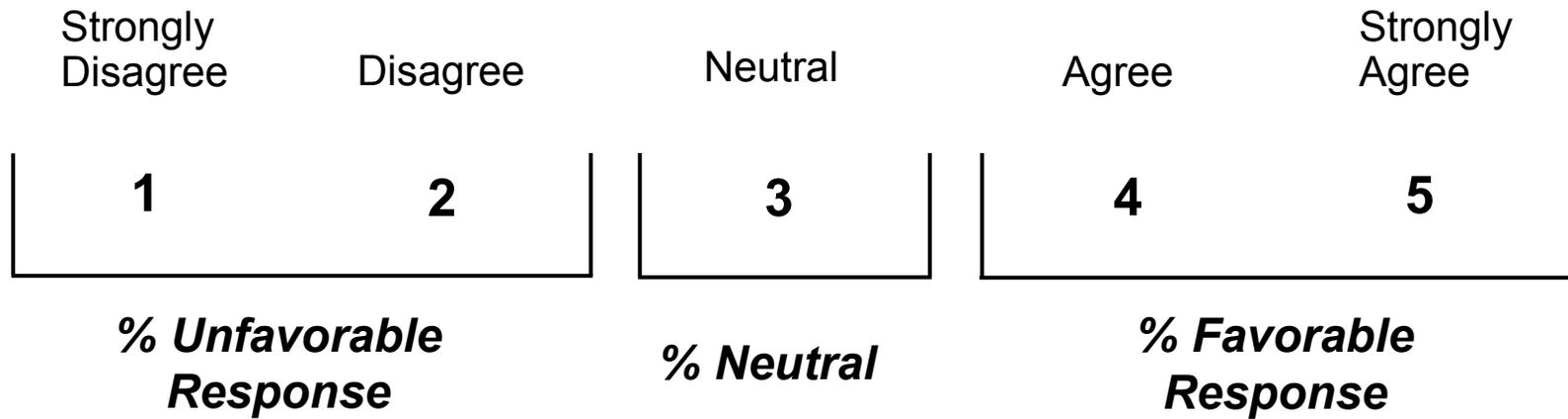
# Employee Engagement

- Morehead and Associates defines employee engagement as:
  - emotional attachment to,
  - identification with, and
  - involvement in the organization.
- Goals of Employee Engagement Research
  - Evaluate employees' perceptions on workplace issues linked to high performance
  - Guide action planning efforts at the work-unit level
  - Strengthen organization-wide communication
  - Measure improvement
- Why is Engagement Important to a High Performing Organization?
  - Research indicates that Engagement is a blend of commitment, loyalty, productivity and ownership. It is the illusive force that motivates employees to higher levels of performance.\*

# Format and Administration of Survey

- 30 closed-ended items
- All items categorized into domains
  - Organization
  - Manager
  - Employee
- Open-ended item:
  - What one thing could your work unit do to improve the patient experience?
- Method: Web-based
- Timeframe: April 2006
- Response Rate
  - April 2006: 5,500 (85%)

## Performance Scale



## Importance Scale



## Most Important Items

Q#	Item	Domain	2006 Imp. Score
6	The person I report to treats me with respect.	M	4.48
16	This organization makes every effort to deliver safe, error-free care to patients.	O	4.46
7	This organization provides high-quality care and service.	O	4.41
12	My work unit provides high-quality care and service.	E	4.35
30	Overall, I am a satisfied employee.	E	4.35
28	This organization treats employees with respect	O	4.35

## Most Important Items (cont'd)

Q#	Item	Domain	2006 Imp. Score
9	My work unit works well together.	E	4.30
1	I like the work I do.	E	4.29
18	The person I report to is a good communicator.	M	4.29
27	This organization supports me in balancing my work life and personal life.	O	4.28
17	My work unit is adequately staffed.	O	4.28

## Highest Scoring Items that are Very Important\*

Q#	Item	Domain	Section	2006 Perf. Score
1	I like the work I do.	E	Job-Person Match	4.31
12	My work unit provides high-quality care and service.	E	Quality/ Customer Focus	4.22
10	I would recommend this organization to family and friends who need care.	O	Commitment Indicator	4.13
16	This organization makes every effort to deliver safe, error-free care to patients.	O	Quality/ Customer Focus	4.12
7	This organization provides high-quality care and service.	O	Quality/ Customer Focus	4.11

\* Importance score is 4.0 or above

## Highest Scoring Items that are Very Important\* (cont'd)

Q#	Item	Domain	Section	2006 Perf. Score
4	When appropriate, I can act on my own without asking for approval.	M	Employee Involvement	<b>4.11</b>
6	The person I report to treats me with respect.	M	Leadership	<b>4.10</b>
14	I respect the abilities of the person to whom I report.	M	Leadership	<b>4.04</b>
2	My job makes good use of my skills and abilities.	E	Job-Person Match	<b>4.01</b>
6	This organization shows its commitment to employee safety.	O	Regard for Employees	<b>3.97</b>
5	The person I report to encourages teamwork	M	Leadership	<b>3.97</b>

\* Importance score is 4.0 or above

## Lowest Scoring Items that are Very Important\*

Q#	Item	Domain	Section	2006 Perf. Score
17	My work unit is adequately staffed.	O	Work-Personal Life Balance	3.21
26	I am satisfied with the recognition I receive for doing a good job.	M	Employee Involvement	3.27
20	Different work units work well together in this organization.	O	Unity	3.31
19	Physicians and hospital staff respect each other.	O	Regard for Employees	3.44
21	I am involved in decisions that affect my work.	M	Employee Involvement	3.46

\* Importance score is 4.0 or above

## Lowest Scoring Items that are Very Important\* (cont'd)

Q#	Item	Domain	Section	2006 Perf. Score
24	This organization treats employees with respect.	O	Regard for Employees	3.51
27	This organization supports me in balancing my work and personal life.	O	Work-Personal Life Balance	3.59
18	The person I report to is a good communicator.	M	Leadership	3.67
25	I get the tools and resources I need to do my job.	O	Regard for Employees	3.75
9	My work unit works well together.	E	Coworker Relations	3.79

\* Importance score is 4.0 or above

# UIHC Survey Results: Key Observations

- Areas of strength include:
  - Confidence in the care provided – quality, service and safety
  - Employees feel empowered to make decisions
  - Organization values employees from different backgrounds
- Opportunities for improvement include:
  - Teamwork within and between work units
  - Recognition
  - How employees feel they are treated by the organization
  - Manager/employee relations
  - Staffing
  - Physician/staff relations
- Results vary by work unit

# Comment Analysis: Top Themes

- *What one thing could your work unit do to improve the patient experience?*
  1. Address staffing issues
  2. Update the facility and equipment
  3. Focus on quality patient care and customer service
  4. Increase respect, and improve communication with the patients
  5. Encourage teamwork and communication among staff members

*Note: A total of 3,737 responses were given for this item.*

### Next Steps

- INSIGHT (newsletter) for staff sharing the overall results and next steps
- Management Staff meeting with Morehead to learn how to interpret and use the results for their area
- Management Staff meeting with their Senior Leader to discuss their results and prepare for sharing with staff
- Share results with staff and listen to their ideas for improvement
- Create an action plan for 2 items and define a measurement tool for tracking progress
- Work action plans, assess if improving through use of measurement tool

# Anticipated Outcomes

- Employees understand survey results
- Employees participate in celebrating strengths and developing action plans to address opportunities for improvement
- Accountability for change is established and acted upon
- Changes occur that lead to a better workplace which facilitates excellent service, exceptional outcomes and innovative care

### Department of Health and Human Services (HHS) Medal of Honor

- UIHC earned the U.S. Department of Health and Human Services Medal of Honor again in 2005
- Award goes to hospitals that have achieved at least a 75% donation rate (among eligible organ donors)
- National average donation rate for all hospitals is about 60%
- UIHC's 2005 donation rate was 95%

# Children's Miracle Network – Dubuque Radiothon

- Held August 30th – September 1st in Dubuque, Iowa
- Conducted with assistance from Cumulus Broadcasting
- Raised a total of \$79,492

### **Culver's Restaurant Support for Children's Hospital of Iowa**

- Owners of Culver's Restaurant donated 10% of sales on Friday, August 4th to the Children's Hospital of Iowa.
  - “My wife, Cathy, and I appreciate the great care that kids receive at Children's Hospital of Iowa,” said Ron Nove, owner of the Coralville Culver's.
  - “We feel an obligation to give back to our community, and know our support to Children's Hospital of Iowa will make a big impact in the lives of sick kids.”
- Dr. Michael Artman, Head of Pediatrics and Physician-in-chief of the Children's Hospital of Iowa, traded in his tongue depressor for an ice cream scoop in support of the cause.

# Nursing Clinical Education Center

- Planning for the Center began in 2000.
- Center development was a joint effort between the UIHC Department of Nursing Services and Patient Care, and the UI College of Nursing.
- Goal was to create a learning environment of the highest caliber, enriching the educational experience of nursing students and enhancing patient care.
- Cutting-edge educational technology and facilities:
  - High fidelity patient simulation
  - Perioperative
  - Pediatric ICU
  - Neonatal ICU
  - General pediatrics
  - Adult medical surgical
  - Adult critical care
  - Pediatric and adult ambulatory care
- Dedication ceremony held on August 25, 2006.