Rescue Mission

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Rescue Mission

Bob Page ’79 helped turn around a troubled hospital by building on a culture of caring.

By TIM OBERMILLER

Bob Page ’79 uses many statistical tools to measure how patients are cared for at the University of Kansas Hospital. But as he says, it’s stories — not stats — that people relate to and remember.

The story Page is about to tell concerns a patient’s dying wish. And a burlesque dancer.

But before he gets to that, Page fills in some background for alumni and students who have gathered for his talk in the Ames Library’s Beckman Auditorium. Page, back for Homecoming to receive the 2013 Distinguished Alumni Award, is also teaching one of the weekend’s popular “Back to College” classes. His topic: “How to Transform an Under-Performing Culture.”

When he joined the nonprofit University of Kansas (KU) Hospital in 1996, “we were in a world of hurt, to be honest,” Page says. KU had among the worst patient-satisfaction rates in the country. A third of its workforce turned over each year, and employees who were surveyed said they weren’t proud to work there and wouldn’t recommend its services to a friend. At a time when the health industry was booming, KU was on pace to lose $20 million annually by the year 2000.

The situation was dire enough to get the attention state legislators, who Page says “threw a Hail Mary pass.” On Oct. 1, 1998, it made KU Hospital an independent entity, ending 92 years of state governance as well as splitting it from the state university system. The parting gift was a $23 million check, about 30 days operating cash. “They pretty much patted us on the head and said good luck,” says Page.

The good news: KU Hospital was now in control of its own destiny and motivated to make changes. “When you are facing what we were facing, you get focused pretty fast,” says Page. “It was either that or close.”

Page’s accounting background told him the logical focus would be on improving the hospital’s “market share, market size and the bottom line.” Instead, as vice president of organizational improvement, he put himself in the shoes of the KU’s doctors and nurses. “What do they think about when they go home from work each night? They want to know they provided the best care possible to every patient that they have.”
Page and other hospital leaders decided to build on that as a means to “culturally transform” KU Hospital. “We said that what we want to do is have world-class service for every patient that comes in. We want to make sure they get the best outcomes possible. And we need to put the right team together. If we do all that, we’ll grow, and we’ll be okay financially.”

A remarkable turnaround ensued: the University of Kansas Hospital is now consistently ranked by the University HealthSystem Consortium among the best academic medical centers in the country for both quality and safety. For the past seven years, it has ranked on U.S. News and World Report’s “Best Hospitals” lists. Of almost 5,000 hospitals evaluated for 2013-14, nine of its specialties rank among the nation’s top 50.

Staff turnover has reduced to 11 percent annually (7 percent for nurses). Patient satisfaction has moved to near the top in national rankings. And for a proof-is-in-the-pudding stat, Page offers KU’s patient mortality index, which in 2013 was 0.65, meaning there were 312 fewer deaths than expected, given a patient’s conditions.

Since 1998, inpatient admissions have risen 135 percent, outpatient visits are up 306 percent and the hospital has reinvested $1 billion into its operations. An expanded and renovated Cancer Center and new Breast Center opened in 2003. The Center for Advanced Heart Care, a $77-million, 238,000-square-foot facility, opened in 2006.

Since becoming KU Hospital’s COO and then being selected president and CEO in 2007, Page is often asked to speak publicly about this turnaround. His PowerPoint presentation, filled with bullet points, is set aside at his “Back to College” class as he tells a story that gets to the heart of it.

The story involves “a retired military man in our hospital oncology unit, and he was losing his battle with cancer.” Before departing his room on her rounds, a nurse asked the patient if there was anything more she could do for him. She smiled at his response: “I’d like a blonde to jump out of a cake.”

A few days later, when she asked him the same question, he answered, “If I can’t have a blonde jump out of a cake, can I have a blonde, brunette or redhead come in and sing and dance in my room?” The nurse thought about it and decided to pick up the phone to call the historic Folly Theater in downtown Kansas City. A burlesque troupe was in town, and she asked, “Do you guys have a dancer?”

Heads turned when, a few hours later, a striking woman came into the hospital attired in a vintage red, white and blue sailor swimsuit. The staff led her to the patient’s room, where he and his family watched with delight as she sang and danced, later having her picture taken with the smiling group. A family member later wrote the hospital, thanking them for making their father’s last day special, “because five hours after that, he died in our hospital,” says Page.

“We tell that story because we don’t have a policy on how to go get a dancer. And we don’t have a policy on how to bake cakes for patients to celebrate their birthdays or how to marry a couple in palliative care. What we have is a culture that says we do the right things for our patients. In fact, every orientation we say, ‘Here’s the deal, guys, if you’re ever struggling, ask yourself one question: What’s the right thing to do for the patient?’ If you do that, you’ll be fine.”
As Illinois Wesleyan’s Distinguished Alumni winner, Page could invite any member of the campus community to sit with him at the annual Homecoming Luncheon in the Shirk Center. He chose Bob Bray, the R. Forrest Colwell Professor of American Literature. It might seem like an odd choice for an accounting major, but Page explained why: Bray gave him a D on his first college paper. Page, who was a salutatorian of his high school class, felt grateful for Bray’s honest assessment. “It was one of those things that motivates you. Thirty-eight years later, I still remember it. It introduced me to college, and it introduced me to hard work.”

A native of Elgin, Ill., Page was recruited by Jim Routi ’63, who retired as dean of University Admissions in 2003 after 40 years at IWU. “He was very charismatic, and when I met with him we were done,” he says. Page cites Wesleyan’s influence throughout his career. “A liberal arts education gives you confidence, because you have this broad background. You’re not pigeonholed in one specific area.”

He launched a post-graduation career in corporate accounting but felt restless after a few years. He began thinking about careers where he could really feel like he was “making a contribution.” Around this time, Page experienced his father’s death of colon cancer. “I watched the healthcare system — what worked and what didn’t work — and began to think about a career in healthcare. I haven’t looked back since.”

At Jewish Hospital in St. Louis, he worked in internal audit. After earning his M.B.A., he was promoted to director of audit services and also began tackling quality-improvement projects. His former boss at Jewish Hospital, John McGuire, was interviewed about Page in a profile for the Kansas City Business Journal. “I was looking for people who wanted to get out of their cubicles and figure out how the hospital ticked, how it could be better. And I didn’t have to push Bob,” said McGuire. “He was always looking for ways to do a better job for the people coming to us for their care.”

While most people associate a hospital career with doctors, nurses and technicians, Page says administrators play an invaluable supportive role, and he encourages business majors to consider it among their career options. “Because as a CEO, I go home every night, and I will tell you I feel like I’ve made a contribution.”
Still, there are daunting challenges facing Page and hospital leaders across the country. “It does get harder to improve,” he says. “The bar keeps rising in healthcare, and what’s difficult today is with the healthcare reform going on in this country. We are being expected to do more with less. And so the focus now has to be on efficiency and effectiveness as well as quality and service, and with all of that we still have to make sure we have enough money at the end of the day that we can reinvest in our organizations.

“Where my frustration is today,” he adds, “is that we were focused on costs, and we’re not focused on value. I don’t think you can talk about cost without talking about quality.”

In regards to the 2010 Affordable Care Act (ACA), Page says, “The idea of having insurance for everyone makes sense. Last year alone at our hospital, the cost of taking care of patients that had no insurance was $52 million. That was the cost, that’s an operating expense for our organization.”

However, Kansas is among states that have not yet decided whether to participate in providing state Medicaid coverage to a greater number of uninsured people who qualify for that coverage under the ACA. In its 2012 ruling upholding most of the ACA law, the U.S. Supreme Court said the federal government couldn’t compel states to expand Medicaid. This creates a financial shortfall for KU and other hospitals that stand to lose federal funds because the ACA assumed Medicaid would expand. The resulting loss of KU Hospital’s expense base could be tens of millions of dollars per year, “which is pretty mind-numbing to be honest,” says Page.

Looking down the road, Page sees an even bigger problem: one of supply and demand. People now live longer and incur more chronic diseases the longer they live. “So there’s your demand, and the supply is declining as fewer and fewer people are going into medicine who will be providing that care.”

To survive all these shifts, Page predicts “what you’ll see in healthcare in the very near future will be consolidation of organizations, because a lot of organizations won’t be able to make it on their own. You’ll see closures of hospitals that can’t make it.”

Page believes KU Hospital has positioned itself to survive and thrive through these changes, but it isn’t resting on its laurels. He doesn’t want KU to be like those radio one-hit wonders, who top the charts and are never heard from again. He holds up to scrutiny mistakes that have been made, and he lists plenty of areas for improvement. One thing that’s not changing, he says, is KU’s commitment to put patients first.

“How do we go in and redesign this,” he asks, “so we make it about you and not about us? And that’s a big challenge, but I believe that is the future of healthcare.”