

University Relations Committee Meeting Minutes  
December 11, 2012  
Board Room, 18th Floor Patterson Office Tower – 9:00 a.m.

Committee Members Present:

Jo Curris, chair; Stephen Bilas, Sheila Brothers, Kelly Holland, Terry Mobley

Other Board Members Present:

Britt Brockman, Bill Gatton, Jim Stuckert

Other guests: Dr. Michael Karpf, Executive Vice President, Health Affairs;

Jo Curris, chair, called the meeting to order at 9:04 a.m.

Member roll call and approval of June 19 minutes followed.

Dr. Michael Karpf, Executive Vice President, Health Affairs, spoke to the committee giving an overview presentation of the critical and creative marketing and public relations strategies for University of Kentucky Healthcare. Dr. Karpf's presentation included a discussion of the topics: University of Kentucky Medical Center Brand in 2003, why a strong brand is important, the evaluation strategy, creating the UK Healthcare brand, and the brand today.

Dr Karpf's presentation began with a discussion of why a strong brand is important. A strong brand attracts and retains clinicians and employees; attracts more patients; helps negotiate better rates with health plans; generates more gifts via philanthropy; increases media coverage; and grows word-of-mouth marketing.

The perception of UK Healthcare in 2004/2005:

A study conducted in 2004 confirmed an image problem with UK hospital. UK Hospital was ranked near the top of area hospitals a person *would not* use. Several UK hospital image attributes from the study included: is a teaching hospital, accepts patients regardless of income, hospital is large and imposing, and treats patients like numbers. Reasons given in the study that patients would not choose UK Hospital: poor service, bad experience, poor medical care. The percentage of employees who would not recommend UK Hospital to family or friends was 25%.

The initial drivers of change in UK Healthcare (2003) were a mandate from the Kentucky General Assembly for UK to become a top 20 public research institution; a steady decline in clinical activity, and the brand had eroded and needed to be enhanced.

UK Healthcare began developing a vision that would include strategic planning in the areas of finance, academics, and facilities.

The 2004 Strategic Plan called for the following advances:

- Subspecialty care (Level 1 Trauma Center, Ky Children’s Hospital, Organ Transplants, and Markey Cancer Center;
- Regional Care: leverage community healthcare providers allowing patients to remain close to home for care
- Efficiency, Quality and Patient Safety: Center for Enterprise Quality and Safety has been established.

Strategic Plan Moving Forward (2010-2015) will continue to focus on the areas of:

Refining subspecialty care; continue to mature relationships with regional providers, and re-emphasize efficiency, quality and safety, and patient satisfaction. Progress in the strategic plan includes: extending market boundaries for regional care outside of Kentucky, steady increase in College of Medicine Faculty—recruitment of faculty from—Harvard, LSU, Cornell, and UCLA to name a few. Our new facilities are among the best in the region.

Communication Decisions for UK Healthcare include:

- Introducing an umbrella brand of UK Healthcare – “UK Healthcare” provides a common name to reduce public confusion. Examples of multiple names—Chandler Hospital, Ky Children’s Hospital, Gill Heart, Kentucky Clinic.
- Increased employee communication – “In the Loop,” “Vital Signs,” “Medical Service Guide.”
- Launched UK HealthCare advertising plan – Ad Campaign-- “That’s Why We’re Here;” “That’s Why I’m Here.”
- Promoted new facilities to the public
- Building relationships with referring doctors. Physician liaisons have helped improve image among community physicians. Since 2005, charted increase in customer interactions—UK Health Connection calls and UK-MD Physician to physician calls
- Expanded community relations outreach – events in Pavilion auditorium, health education centers, support to community organizations
- Co-branding with Community Hospitals
- Emphasis on quality, safety and patient satisfaction

Since 2005 the Brand is strengthened and better positioned. Improved indicators include: Correctly detecting medical problems, up-to-date medical technology, advanced technology and team knows who to use it; the place for life-threatening cases, accepts most insurance, and best physicians.

Dr. Karpf noted a tremendous progress in patient satisfaction. Patient satisfaction is critically important—it defines the winners.

Employees who would not recommend UK Healthcare to family and friends went from 25% in 2006 to 9% in 2012.

UK Healthcare Discharges have grown at rate of 6.8% from FY 03 to FY 12 – a cumulative total of over 80% growth.

As of FY 12, UK Healthcare captured 45.9% of all cases coming into Lexington (relative to 28.5% in FY 04 Q1).

As of calendar year 2010, UK Healthcare ranked 40<sup>th</sup> among integrated AMCs in terms of discharges.

Other areas of success include: Governor’s Award in Arts, new facilities ranked best in the region, UK HealthCare Chandler Hospital wins Consumer Choice Award for first time, and Kentucky’s BEST Hospital

Dr. Karpf answered several questions at the conclusion of his presentation.

**Question 1:** What about the future? What are some things you will focus on?

Dr. Karpf: Recruitment! Several critical positions to fill—not just clinical. I want to hard-wire the gains in patient satisfaction—gains of 60%. We need to consistently stand out in patient satisfaction. And, the building project—building will never stop.

**Question 2:** In sharing the brand, what criteria do you use as you share our brand?

Dr. Karpf: We pick our partners in a very strategic way. We do not partner with just any hospital. We look for groups we can build with, for example Rockcastle County. We set standards—only share our brand with those who contribute to our impact and will make a joint commitment with us.

**Question 3:** Regarding advancements with local physicians, what challenges do you still face? I still hear some frustration from local physicians in terms of making referrals to UK specialists. How do you plan to address this local concern?

Dr. Karpf: The challenges are mostly local—sort of a town/gown issue. We want to create an environment for changing all (for the better). We try to augment what other providers are doing; gain better working relationships.

**Question 4:** In pursuing the “warm and fuzzy” you commented on—how are you approaching that area?

Dr. Karpf: One way is through our Hospice program – allows families to deal with decisions that are difficult. Another way of achieving the “warm and fuzzy” is through patient satisfaction—art and music—the auditorium concerts. We try to make it part of the environment to relax a bit. A lot of the warm and fuzzy is for our staff—the hospital is a stressful place. If the staff can

relax a bit through, for example, an afternoon concert in the auditorium, that helps the work environment.

Chair Jo Curris asked if there were other business to discuss or comments in conclusion.

The motion was made and seconded to adjourn.

Meeting adjourned at 9:53 a.m.