

Straight Talk

A weekly update from management on the issues that matter most



August 19, 2010

Dear Friends and Colleagues:

NCH is our community's largest and most important nongovernmental institution. And that means one thing: We must *change!*

Now, that may sound contradictory, but it's true. *Change* is critical for each of us as individuals and for all of us, working together, as an institution. One NCH mandate is constantly to improve. That's why we are working to change our culture to improve our processes and outcomes. And just as it's one thing to vow personally to lose weight or stop smoking or get in shape or learn a new language—it's quite another to accomplish such important resolutions. Likewise at NCH, we must prize *actions* rather than words.

One prime example is our adoption of Thomson Reuters Performance Excellence Academy process, which focuses on sustained improvement using a powerful tool called the DMAIC (Define, Measure, Analyze, Improve, Control). Using this approach to becoming a "*Top 100 Hospital*," we've formed the following four multidisciplinary teams:

- Reduce heart failure mortality—RNs **Claudia Garone, Deborah Butler, Kevin Smith, Dr. David Axline, Sue Manning, Heather Roberts**, ARNP **Gwen Kolegue** and others are preliminarily focused on education, palliative care, and accurate identification of patients and correct coding.
- Decrease general surgery complications—RNs **Linda McDowell, Donna Lee, Marcia Swasey, Michele Thoman, Jessica Walsh**, Dr. **Sam Tunkle**, and **Rosalyn Polak** have begun with initiatives including the addition of pulmonary prophylaxis to rounding on post op patients, patient and staff education, and communication about documentation, and chart reviews.
- Decrease sepsis (infection) mortality—RNs **Lisa Leonard, Kelly Miller, Ann Norman, Jen Ringle, Jon Kling**, and Dr. **Ismael Martin** are focused on early identification of sepsis, education of clinical staffers, using IT to identify high risk patients, and measuring the impact of these measures to decrease mortality and lower length of stay.
- Ensure appropriate use of medications in heart attack and congestive heart failure patients—RNs **MaryAnn Cashin, Mary Marconi, PJ Morter, Holly Teach, Gerald McGinnis**, Dr. **Carlos Quintero** and the pharmacy have teamed up to automate the transfer of information about these patients from the cath lab and ECHO lab to the electronic medical record so that appropriate medications can be suggested at the correct time.

One reason we are able to improve outcomes in each of these important areas is because we possess the IT (information technology) backbone, thanks to our investment in and partnership with Cerner.

In closing, let me cite one change that is bittersweet for NCH. After 21 years of dedicated service, our dear friend and colleague **Gail Dolan**, Ed.D., North Naples Hospital Chief Operating Officer, has announced her retirement, effective at the end of August. During her two decades at NCH, Gail presided over many key accomplishments, including the opening of the original North Naples Hospital Campus and the Jay and Patty Baker Patient Tower. And I know I speak for all of us when I wish Gail continued success and thank her, most sincerely, for her significant contributions to NCH over the years. We have asked **Michele Thoman**, NCH's Chief Nursing Officer, to assume administrative duties at the North Naples campus on an interim basis.

Respectfully,

A handwritten signature in blue ink that reads "Allen".

Allen S. Weiss, M.D., President and CEO

P.S. Feel free to share *Straight Talk* and ask anyone to email me at allen.weiss@nchmd.org to be added.