

Straight Talk

A weekly update from management on the issues that matter most



August 3, 2007

Dear Friends and Colleagues,

Lost in the back and forth over whether we need an international labor union at NCH is the fact that we already operate a superior hospital, where patient care remains our highest priority.

Our ranking among the top 5% of all hospitals in the nation for overall clinical excellence for the past three years, according to HealthGrades Distinguished Hospital Award, is indisputable proof that our patients receive the highest level of quality care. And of course, we understand that the credit for that goes to all of you.

Permit me to share with you two anecdotes, told to me this past week, that speak to this high level of clinical care that we deliver at NCH.

- Late one afternoon, a two-and-a half year old suffered a near cardiac arrest (heart stoppage) in the North Naples ER. Fortunately, Jamie Roberts, our clinical coordinator for Pediatrics – part of our new, strengthened capability for Pediatrics -- was on duty with her team of highly-trained nurses. Dr. Allan Greissman, pediatric intensivist, was also on the case. Together, the doctor and nurses deftly applied multiple lines, stabilizing the child enough to be sent by air ambulance to Miami Children's later that night.

This kind of immediate, pinpoint care is but one example of how our improved programs are benefiting the community.

- We also received this week documentation on our rate of pressure sores at NCH. A pressure sore is a wound on the buttocks or back of the heels related to skin breakdown. It usually occurs in frail, elderly patients and is a measure of the care such patients receive in a hospital. The incidence of pressure sores can be deadly, with the one-year mortality rate of elderly patients with pressure sores approaching 50%.

The national average for pressure sores is between 6- 7%. We learned this week that the rate at NCH is a stellar 1.4%. This means that as a result of the quality of nursing care that we are delivering, the lives of our elderly patients are being saved. And there is no higher measure of patient care than that.

Let me turn to what else has been happening at NCH over the past week.

First, I am pleased to report that on Wednesday, we concluded our successful sale of DSI Labs to LabCorp. We are grateful to LabCorp for bringing what I believe will amount to even more value to the community, welcome back the in-hospital lab staff to NCH, and wish well all of our former colleagues who are joining LabCorp. There should be no change in the excellent quality of laboratory services we have had in the past, as we perform even more tests in house. Turnaround time for over 90% of tests is

less than 30 minutes downtown with the anticipation that the same will be true on the North campus as employees move into their new lab in the Baker Tower.

We also continue to work to improve our nurse-patient ratios, which was a priority issue at our “Around the Clocks” earlier this summer. Toward this end, we will be adding some travelers as well as rolling out Double Ben Bucks for the 5th day shift worked. Our goal is to accomplish excellent coverage, with our core nursing staff being given every opportunity to get additional shifts.

Elsewhere, this week we opened the downtown campus cafeteria during evening hours. This was another request we received from a number of you at the “Around the Clocks.” A similar schedule at the North Naples nighttime cafeteria has been well received.

I also want to congratulate our Pharmacy team for obtaining a dramatically lower price for the intravenous sedative, Propofol, which we use in both the ICU and OR. Our Mother Baby Unit is also to be commended for coming up with supply savings. Strategic expense management, like these examples, helps provide us with the resources to upgrade equipment and improve compensation.

Finally, let me say that we continue to be open to your suggestions and concerns. Frankly, the only way we can make the kinds of changes you would like to see is if we hear from you directly.

During my own regular rounds this week, I received many such suggestions.

- Some wondered if we would consider extending medical benefits until Medicare begins for long time employees.
- Others asked about lowering or eliminating the deductible when employees and their families use NCH facilities.
- Still others suggested examining medical insurance benefits after six months of disability.
- We were also asked about such things as paying for additional certifications, such as a “Certified Emergency Nurse,” having better air exchanges in the ER, as well as reviewing the 3 p.m.- to-3 a.m. shift differential.

I am committed to considering all of these ideas, examining costs vs. benefits. And will do so.

For our friends in the Baker Tower we are evaluating, with the North Naples Fire Department, the loudness of the fire alarm system in the building, to make sure that the decibel level is not causing harm to anyone.

If there is a positive outgrowth of the international labor union’s recent publicity campaign, it is that so many more people are becoming educated about the hospital, what it provides to its employees and its community, and what it does to ensure the highest level of patient care.

Frankly, we’re convinced that an outsider won’t add value to the care we already provide to our patients or benefit our colleagues. We are here to help the community by caring for everyone. And we sincerely appreciate the job you do to fulfill that important mission.

Respectfully yours,



Allen S. Weiss, MD
President and CEO