

Straight Talk

A weekly update from management on the issues that matter most



May 15, 2008

Dear Friends and Colleagues,

After the past couple of weeks of difficult news at NCH, I was struck this week by two things – first, a colleague’s unsolicited email about how she’s handling her job, and second, a nurse I on saw on the North Naples campus. I thought I’d share both with you.

- Gina Gentile-Alcazar, Director’s Associate for the Cath Lab, emailed me the following, which I am quoting verbatim with permission. *“You have only tried to improve NCH and we are grateful. We do have to ‘work smarter.’ My position was full time and we changed it to part time a few months ago. I promised Steve [Cook, Director of Cath Lab] that I would not fall short. I have kept all the responsibilities of a full time DA, in half the time. I focus, don’t waste time, the staff knows they can communicate with me, and it has been a success.”*
- On Tuesday morning, I was at the North Naples Campus and almost ran into an RN by the front door. She was obviously “going the extra mile,” as she transferred a patient out of the hospital, presumably to home. As she finished with the patient, I heard her quip, *“Now I do transport.”* Evidently, this particular RN had time in between caring for patients. And she was using that “down time” to pitch in to help ease the transport backup.

Now I’m not asking people to submit nice emails, nor am I suggesting we convert our nurses to transporters. But I do think these examples indicate that most of us at NCH understand the realities of the current economic downturn, accept the fact that we may have to do more with less, and are eager to pitch in to help—even when not asked. That’s what distinguishes our hospital from others, and I greatly appreciate the efforts of people like the two outstanding employees cited here.

This week we experienced a milestone with the introduction of Computer Physician Order Entry (CPOE) in both ERs. Going forward, the majority of orders for patient care in the ER, including diagnostic tests, medications and nursing orders, will be entered by the physician or physicians’ assistant directly into the digital medical record. Gone are the days of nurses and pharmacists deciphering a doctor’s handwriting. Physicians can point and click and use routine care sets for common maladies. The computer will keep track of allergies, medication interactions and alert the ordering physician when potential problems arise. The ER physician can then change or modify the order as necessary.

CPOE, combined with the already-in-place bar-code verification of “right medicine, right patient and right time,” has been shown to decrease medication administration errors up to 90%. NCH anesthesiologists have been on CPOE for months, and in the fall, we expect to have CPOE for the rest of the hospital. It is inspirational to observe the diligence of all involved—physicians, nurses, pharmacists and information technologists—in helping introduce CPOE that makes our hospital a safer place. CPOE may be the tipping point for NCH going “digital.”

Let me close on a note of pure fun. This Saturday night from 5:30 to 8:00, we will host another *Fun Splash* at the Livingston Water Park. Last weekend’s picnic entertained more than 700. Most of the adults chose to stay dry and eat, while most of the kids chose to get wet—and eat! A great time was had by all. If you are an employee who missed last week, please come this Saturday with your family. Just let HR know so we can plan for enough food.

Respectfully,

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

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