

December 11, 2008

Dear Friends and Colleagues:

Among the most important and hotly-debated topics—that helps a hospital determine both the level of its quality care and the strength of its financial condition—is that of *nursing ratios*.

It's also important, therefore, that all of us understand both how we are doing with respect to employing practical nursing ratios and also our philosophy in dealing with this key issue. In an effort to share this information with everyone, I have placed graphs showing patient-to-nurse ratios for each unit over the past three months, on our website at www.NCHMD.org/ratios.

First, let me make clear, as we have stated in the past, that our nursing ratio *goals* are to have about five patients per nurse on Day shifts and about six patients per nurse on Night shifts for most of the medical surgical units. These ratios do not include Clinical Coordinators who do help with overflow. If you look on the website at the results for September, October, and November, you will find that for the most part, Day shift ratios have, indeed, remained around five patients per nurse, and Night shift ratios at around six patients per nurse. You'll also note that patient-to-nurse ratios are different in the ICUs and ERs, where demands vary from three patients per nurse to one-on-one care. We are continually monitoring acuity and trying to adjust as needed.

As we have gotten busier this fall—good news for all of us—ratios have varied occasionally both up and down. We also have experienced occasions of nurses calling out, and, in these instances, we are most appreciative when others fill in on short notice. Cooperation and teamwork make all of our working lives better.

On a related matter, Comprehensive Rehabilitation is now officially under the sole direction of NCH. In terms of this important aspect of our service, we have had a long and good relationship with HealthSouth, to whom we are grateful for bringing us this far. Going forward, we are fortunate to have retained the full cadre of long-time HealthSouth on-site leaders, who will become full-time NCH employees. Consequently, service won't change a bit. We'll continue to care for many patients with strokes, orthopedic problems, fractures and all sorts of illnesses and diseases where we can make a difference. This "in-sourcing" will save NCH money, which will help to improve the ratios of caregivers to patients on 5S, a wonderful and perpetually-busy unit.

Finally, let me close with a mention of another element of our NCH operation that makes our care unique—the NCH Volunteers. I had the great pleasure at lunch on Thanksgiving Day in the downtown cafeteria to spend some time with two volunteers, Mr. Jim and Mrs. Clara Kellar, who not only were enjoying the special meal, but also celebrating their 50th wedding anniversary. They both felt great about being able to help on this "double holiday" for themselves and said they would be with family over the holiday season. The Kellars exemplify what is great about our NCH Volunteers—they genuinely enjoy serving the community in such a special way. And we, too, are so grateful—and fortunate—that they are part of our team.

Respectfully,



Allen S. Weiss, M.D.

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