

March 26, 2009

Dear Friends and Colleagues:

This was Board week at NCH, with the full Board of Trustees meeting yesterday and the Board Quality and Finance Committees earlier in the week. Overall, the Board was pleased that the system is faring better than we expected in this recession.

We increased system volume in March to a level 8.7% greater than last March. For the fiscal year that begins October 1, volumes have increased by 2.7%. So we are running a bit ahead of budget. While we can't predict how we will fare this summer when the season ends, we do have great confidence in the quality of care we continue to deliver.

Quality inpatient care and safety is always our first focus and primary mission, and the Board Quality Committee reviewed a number of our important programs.

- Our **patient fall prevention program** is one such standout initiative. Hospitals can be dangerous places if you are elderly, on multiple medicines, in a new environment, and subject to a long stay. By identifying and removing as many risk factors as possible, we can decrease the chances of a patient having an injury caused by a fall. At NCH, high-risk patients, as defined by one of our process improvement teams, wear bright yellow, non-slip "booties," have magnetic yellow caution signs on their room doorposts, and whenever possible, are provided a bed equipped with a bed alarm to alert staff when the patient is trying to get out of bed unassisted. We are particularly aware of highest-risk patients, typically elderly women who are mobile, confused, and try to go to the bathroom by themselves when they have been instructed to ask for help.
- Our **pressure sore prevention program** is another that is nationally-recognized as a "*best practice*." A few years ago, our experience in this area wasn't good; in fact, worse than the national average. But then Joan McInerney, Sandy Wheeler and the entire nursing staff and care technicians went to work to change the identification process and improve prevention. The results speak for themselves, with NCH remaining under 2% in terms of prevalence, while the national average stands at 6.2%. As we like to say, "*Working together, we solve problems*."
- We also showed encouraging results on the recent **ACHA Survey for Life/Safety**. The examiner, who was here for six days, was particularly complimentary of the folks on our two campuses who keep us all safe and physically comfortable—Gene Galsterer, Rodney Judd, Jerry Mahnke, Craig Terrillion, Walt Tester, and their teams. The meticulous inspector did locate several areas that needed fixes, including fire sprinkler heads downtown, which needs replacement, a few unsealed penetrations in the new Baker Tower, some closures on fire doors, and the need to relocate alcohol hand-wash dispensers. Nothing major, and all easily correctable.

All in all, we've performed very well indeed during this season, in spite of major economic uncertainties.

In meeting recently with many of our weekend caregivers, I understand the feeling of fatigue as the season seems to have peaked. I appreciate everyone's diligence, care and compassion as we live up to an NCH tradition for consistently high quality. I urge you to help each other when you can, and I thank you for all you do every day for our hospital and the communities we serve.

Respectfully,



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.