

November 12, 2009

Dear Friends and Colleagues:

We recently celebrated *National Medical Staff Services Awareness Week* and *National Nurse Practitioners Week*. And the recognition in both cases couldn't be more well-deserved.

A few years ago, neither of these essential services had the preeminence, size nor essential function that they enjoy today at NCH and across the country. The remarkable growth of Medical Staff Services and Nurse Practitioners (along with Physicians Assistants, Certified Registered Nurse Anesthetists and other important mid-level providers) is the direct result of changing demand for better credentialing and more capacity for professional services.

Charles Darwin once famously said, "*It is not the strongest species that survive, nor the most intelligent, but those most adaptable to change.*" In no field is change more rapidly occurring than in ours. Healthcare insurance reform will most likely pass this year. It will likely be followed by payment reform next year and then healthcare delivery reform the following year. Those who benefit from the status quo may view these changes as disturbing. But to those of us who deliver healthcare every day—and realize the need for a more efficient, effective and globally-competitive healthcare system for the United States—we understand that such reform is necessary.

In many ways, healthcare continues to evolve and mature as a result of various "disruptive" forces, which alter the way we do what we do. As eminent Harvard Professor Clayton M. Christensen has noted in his new book *The Innovator's Prescription*, the medical profession, in order to advance and thrive, needs to embrace these "disruptive" changes. That is exactly what we have been doing at NCH over these past few years. Here are a few examples.

- Back in the 1980s, when I was fortunate to be able to serve as a medical staff officer, we assigned one assistant to help credential new physician members and serve as support for the entire medical staff. (Granted, the medical staff was less than one-third its current size!) Today, this key function has grown to where our expert team of Medical Staff Services Professionals, **Cyndi Brandon, Sherrie LaFemina, Yolene Derissaint, Gina Philippi and Susan Sherwood** composes the first line to patient safety, responsible for ensuring that NCH physicians and providers are properly educated, licensed, and trained in their specialties. We have positively *disrupted* the process to mandate that all the 223 Allied Health Practitioners are re-credentialed annually and the 637 physicians on our medical staff are re-credentialed at least every two years with careful review of Board status, malpractice coverage, state license, continuing education and other appropriate criteria.
- Another positive *disruption* concerns our use of nurse practitioners. Our nation's 125,000 nurse practitioners have grown in stature, handling everything from straightforward diagnosis and primary care disease treatment to oversight of patients with chronic diseases. At Baltimore's famed Johns Hopkins Hospital, where **Dr. Aurora Estevez** and I visited recently, nurse practitioners even help supervise the surgical ICUs. Here at NCH, we anticipate having nurse practitioners in the ICU. This is another *disruptive* move we are confident will benefit our patients although we will be watching closely. We had the same confidence and concerns as the Wolford School for Certified Registered Nurse Anesthetists (CRNA) grew at NCH over the past nine years. Wolford now proudly graduated 45 CRNAs last year and anticipates about 75 graduates in this year's class.

I can promise you that such positive disruptions to the system will continue as we work every day, as agents of change, to improve the quality of the care NCH delivers to our community.

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.