

June 10, 2010

Dear Friends and Colleagues:

It's no secret why NCH has received so many distinctions for *quality* over the past five years. We possess a combination of services, resources and, most of all, people that is unrivalled in our market. Two emails I received this week make the point vividly.

- Dr. **David Lindner** emailed the following:

*"I was called at 6:59 pm to emergently see a patient by Dr. **Tony Krembs**. This 80-year-old had a five-lobe infiltrate, a 96,000 WBC and actually did not look like he had pneumonia. In the next two hours he'd been assessed, admitted, seen by Critical Care, Anesthesia, consulted with Hematology, had a Bronchoscopy, and begun all his therapy. I can tell you that nowhere else in this neck of the woods will this happen.*

"Thanks, it is a pleasure to work when the assets are all in place, we are provided with what we need, and the team functions in the manner it was supposed to."

- Then I received the following email from Dr. **Holly Miller**:

*"Dr. **Todd Rice** (ER Physician) called me to notify me of a patient that had just returned to the ER due to vaginal bleeding. I was the Unassigned Gyn Doc on that day. The patient had a procedure earlier that day elsewhere and was transported by EMS to NCH. Her bleeding slowed and she was discharged. When she returned shortly after her initial discharge, her vaginal bleeding was profuse.*

"Dr. Rice quickly ascertained that this patient needed GYN evaluation. He had his team treat her as a trauma patient and, by the time I walked over from my office, she already had two IV lines going and blood was on its way, thanks to the fast work of the nurses on duty, all of whose names I wish I remembered.

*"The CT staff responded immediately when Dr. Rice, upon my order, called for a stat CT. Radiologist Dr. **Jack Ryan** gave me an immediate read. The OR staff (**Robert Garris, RN; Meprina Martineau, RN; Yves Desruisseaux, RN**) had the OR set up. Dr **Joe Arrigo** and his SRNA team met the patient in pre-op and quickly brought her back to the OR, continuing to infuse fluids and blood to keep her stable.*

*"I was very impressed that Ultrasound Tech **Robert Gentile** was willing to join us in the OR to provide for real-time ultrasonography, while I did a D&C. By having a great U/S machine and sonographer, within a few minutes I was able to ascertain that her bleeding was not within the uterine cavity. I placed a foley balloon to try to tamponade the bleeding and saw that it was persisting. We then were able to convert to ExLap/TAH with very little lag time. The OR staff stayed calm and worked flawlessly.*

"The patient was discharged home in three days. I saw her in my office yesterday, and she is just happy to be alive. While she credited me with that, I know that I couldn't have done it without all of the people I've noted, and I am sure a few more I am forgetting—all of whom gave 110%!"

One other asset we have that others don't is unstinting community support. And sadly, NCH and our community lost one of our greatest friends—**Raymond Lutgert**, who provided for our cancer centers and first da Vinci robot. Over the years, Mr. Lutgert and his wonderful family have done so much for so many. Clearly, NCH would not be able to provide the quality care that Dr. Lindner and Dr. Miller described in their emails without the commitment to the local community and the larger humanity of people like Ray Lutgert.

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.