

June 27, 2013

Dear Friends and Colleagues,

It seems everyone these days has their own “*Top Five*” lists, and it is no different in healthcare.

As I learned at the recent Regional Policy Board meeting of the American Hospital Association (AHA), the AHA healthcare “*Top Five*” have great bearing on how we use effectively our scarce clinical resources. I had the privilege of facilitating a discussion among colleagues including healthcare system Board members, system leaders, state association leaders, an AHA Board member, and professionals from AHA about these five healthcare requisites, gleaned from discussions with clinical leaders around the country:

1. Reducing inpatient admissions for ambulatory-sensitive conditions (e.g. low back pain, asthma, uncomplicated pneumonia).
2. Appropriate blood management in inpatient services.
3. Appropriate use of elective percutaneous coronary intervention.
4. Appropriate antimicrobial stewardship.
5. Reducing the use of ICU for life-threatening terminal illness (including encouraging early intervention and focus on advanced illness management).

In preparation for the meeting, each of the participants surveyed a Board member, physician colleague, and the CFO of their system to assess readiness, challenges, execution tactics, and tools needed, and how the AHA could best assist.

In our case, Board Chair **Mariann MacDonald**, **Dr. David Greider** (an expert in blood banking), and CFO **Mike Stephens** rated our readiness as an aggregate “3” on a 1-to-5 scale. All agreed our major challenges involve goal congruence—getting all the players aligned, including insurers (particularly Medicare), patients (who need to be responsible for their own health and have reasonable expectations), physicians (who need to be rewarded for outcomes not volume), and hospitals (which need to evolve from buildings housing repair shops for individual patients to systems facilitating good health for whole communities).

While NCH has a ways to go on each of these initiatives, we are making great progress on the journey. As a starting point, the AHA stresses education, transparency, diligence, and goals that are morally agreeable, reasonable, and obtainable. With these thoughts in mind, blood management, antibiotic stewardship, and palliative care/hospice would be good departure points for all of us at NCH.

We’re occasionally reminded of the progress we’ve already made in becoming a destination hospital, whose reputation for quality care transcends the confines of southwest Florida. Such is the case in the brand new edition of *HealthLeaders* magazine, which features NCH for its business model and patient-centric approach. We appreciate the national recognition, but wonder about the magazine’s choice for “cover boy.” <http://www.healthleadersmedia.com/magazine.cfm> Not exactly a movie star, but my folks would be so proud!

Respectfully,



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

***P.S. DO YOU HAVE A COLLEAGUE OR FRIEND WHO WOULD BE INTERESTED IN THESE UPDATES?***

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