

January 29, 2009

Dear Friends and Colleagues:

**Pressure sores** aren't normally the subject of polite conversation. But our experience with these damaging and dangerous lesions is another reason that NCH quality care is so well respected.

In the most recent surveys, NCH recorded a 1.3% hospital acquired prevalence of pressure sores, far better than the national average of about 7%. This is especially a credit to our Care Technicians, the bedside professionals who turn and comfort patients each day. Our Care Technicians (formerly known as Certified Nurse Assistants) such as Marisol Rosa and Dolores Martinez from 4S and Catalina Suarez from 5S provide more hands-on care than almost any other hospital team members. Care Technicians spend valuable face time with patients taking vital signs, comforting, toileting, bathing, and generally helping ensure that patients get well.

Here's why pressure sore prevention is so significant. These sores are the bane of bed rest and frequently lead to significant morbidity and mortality in the elderly. Some geriatricians, me included, think a pressure sore is associated with a 50% one-year mortality in frail elderly patients. Every six months, our wound care experts, assisted by our educators, observe every inpatient's heels and sacral area (back side) for signs of skin breakdown and pressure sores. After evaluating and identifying at-risk patients with a scoring system known as the Braden Scale, Joan McInerney's wound care team can take appropriate preventive measures. (The graph showing our pressure sore experience over the past seven years can be viewed at <http://www.nchmd.org/pressureulcer>.)

As always, NCH quality was front-and-center on the agenda of this week's **Board meetings**, which concluded yesterday.

The Board Finance Committee reported a solid first quarter for our 2009 fiscal year, which began October 1. We were pleasantly surprised that NCH admissions were up more than 4% from a year ago. We had a record number of surgeries in December. Nonetheless, we experienced a modest loss for the whole system, which we anticipate at this time of year. The less good news is that January has been slower than last year in terms of admissions. Traditionally, this is the season we have done well financially, so we will monitor closely our performance in the weeks ahead.

The Strategic Planning Committee reviewed progress on our six major themes: (1) Quality, (2) finance, (3) people (patients, colleagues, and physicians), (4) growth, (5) marketing and (6) philanthropy. Quality remains our most important mandate in serving the community. Our quality metrics continue to improve, and we are getting closer to sharing these complex clinical metrics, in an understandable manner, with everyone. Dr. Aurora Estevez's recent *Physician Quarterly* publication included many of the CMS (Centers for Medicare and Medicaid) measures, including comparable national averages and best-in-class experience.

Also notable, our most recent **employee satisfaction** scores were the best ever. That's encouraging. Less encouraging, our **patient satisfaction** scores need more work. The Board also reviewed our new TV commercials, which quote words of praise for NCH care from a real heart surgery and a hip replacement patient.

These times are exciting, and progress is being made. But as I used to say when I practiced medicine, "You're only as good as your last patient." Continuous improvement remains our mantra.

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](mailto:allen.weiss@nchmd.org) to be added.