



MOSES CONE HEALTH SYSTEM

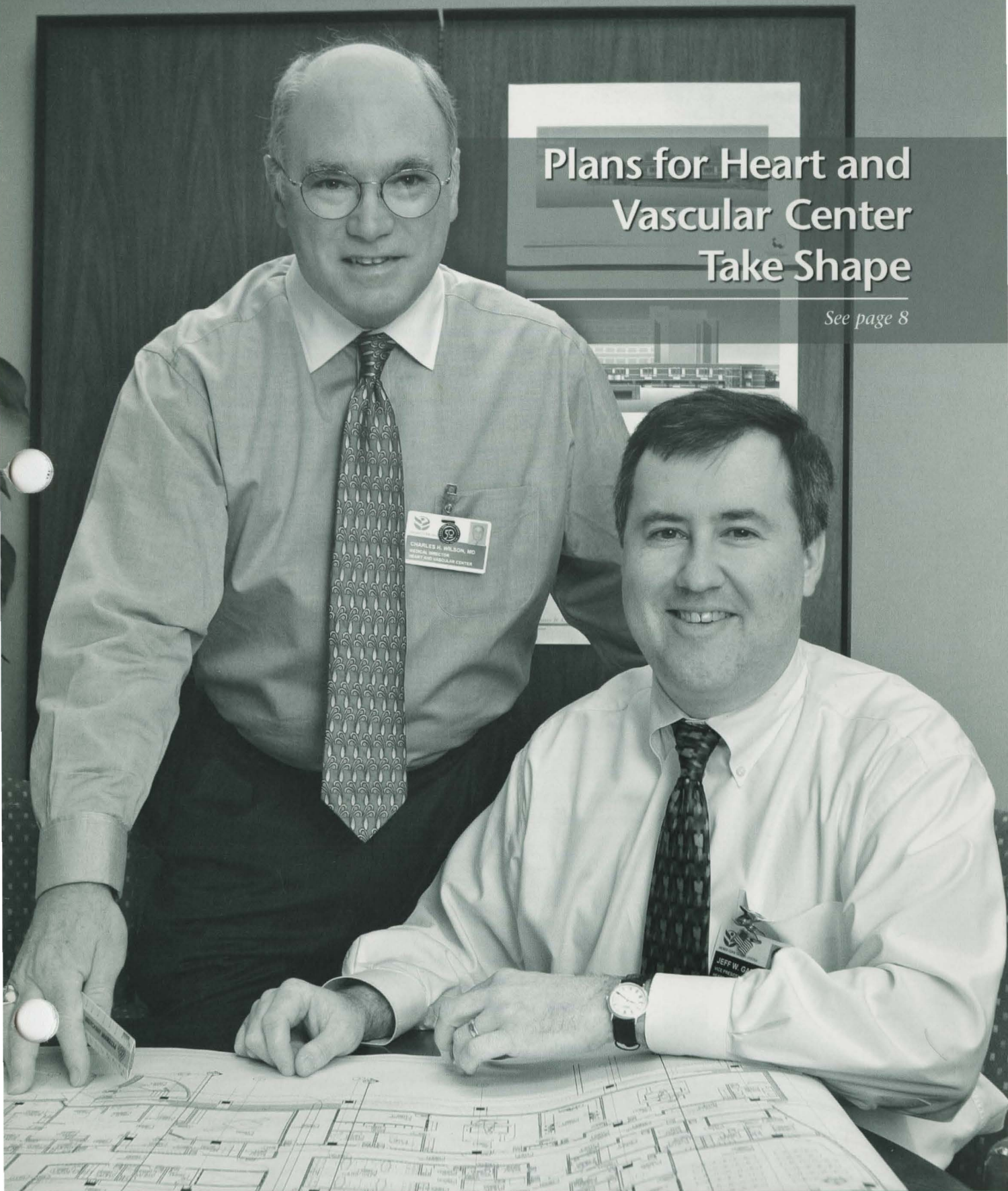
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MD *journal*

THE MOSES H. CONE MEMORIAL HOSPITAL
WESLEY LONG COMMUNITY HOSPITAL
THE WOMEN'S HOSPITAL OF GREENSBORO
ANNIE PENN HOSPITAL
MOSES CONE HEALTH SYSTEM BEHAVIORAL HEALTH CENTER
LEBAUER HEALTHCARE

Plans for Heart and Vascular Center Take Shape

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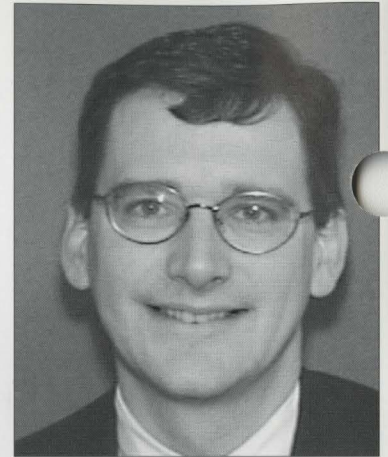
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ON THE COVER

Charles Wilson, MD, Medical Director, Heart and Vascular Center, (left) and Jeff Garrison, Vice President, Heart and Vascular Center, helped envision the plans for the future complex.



Brian Fillipo, MD

New Vice President, Quality, Plans Involvement with Medical Staff

Brian Fillipo, MD, will draw on years of clinical experience as an internist to help shape his new role as *Vice President, Quality* for Moses Cone Health System.

Fillipo, who started in January, will lead efforts to measure, report and improve the quality of healthcare provided here. He also oversees risk management, peer review, care management and patient safety.

"One thing that's really impressed me since I have started is how well trained the medical staff is and how dedicated and loyal the employees are to the System," Fillipo says.

His clinical experience should help him work closely with the Medical and Dental Staff. "I've practiced medicine, so I understand the issues facing physicians," he says.

Fillipo comes to the System from Geisinger Health System in Danville, PA, where he served as associate chief medical officer. He also served as an executive of a network of more than 140 physician providers.

He earned his medical degree and served as chief resident in internal medicine at Hahnemann University in Philadelphia. He has a master's degree in medical management from Tulane University, which has given him a broad base of knowledge about quality issues and process improvement.

"Most opportunities to improve quality come from looking at processes," he says. "A large focus of my role will be trying to change the culture of the organization to think in terms of quality improvement –

not who's to blame, but rather what are the processes that allow events to occur."

Fillipo plans to be highly involved with the Medical and Dental Staff, attending service meetings and peer-review meetings frequently. His wife, Roberta, is also a physician and works as the medical director of Hospice and Palliative Care of Greensboro.

The quality-improvement effort that brought Fillipo here began last year. The System hired **John Long** and **Sherri Barnhill**, who are Black Belts in the nationally known Six Sigma process-improvement method. Their first major task is to evaluate two main quality-improvement processes – one to reduce waiting times in the Emergency Department at The Moses H. Cone Memorial Hospital Emergency Department and another to reduce lab turnaround times at Wesley Long Community Hospital. In the future, they will work on many other projects.

The System also has identified 20 key quality-improvement indicators that include both clinical and non-clinical measures, ranging from the rate of patient falls to the number of insurance denials the System receives.

Fillipo is excited to be starting his role. "I think sometimes when people hear about quality improvement, they tend to think in terms of an atmosphere of blame, and they're a little skeptical about it," he said. "But our goals here are really positive. We all know this is a great health system, and we all want to raise it to national recognition as a quality leader."

System Plans to Open Urgent Care Center This Fall

Moses Cone Health System has started construction on an urgent care center intended to relieve Emergency Department crowding.

The Urgent Care Center is expected to open in late 2004 on the Church Street side of The Moses H. Cone Memorial Hospital, across the driveway from the Family Practice Center. It also will house an after-hours pediatric care area and Occupational Health Services, which is moving from its North Elm Street location.

Administrators hope that about one-third of the 70,000 patients who go through the Moses Cone Hospital Emergency Department with minor ailments each year will go to the Urgent Care Center instead. "We continue to treat more people in the Emergency Department and, to be honest, we are running out of space," says **Glenn Waters**, *Executive Vice President, Moses Cone Hospital*.

The current Emergency Department has a Fast Track area, however patients still experience a longer wait time than desirable because of the number of patients who need to be seen and the limited space available. The Urgent Care Center will have its own staff of 25 full-time employees.

"We're eagerly anticipating the opening of this center," says **Robert Beaton, MD**,

Medical Director, Emergency

Medicine. "By having the

facility literally across the

street, we think it will

relieve some of the

congestion down

here.

And by having it so close, if someone comes to the Urgent Care Center with a condition that turns out to be more emergent, we'll be able to respond to that patient immediately if needed."

The Urgent Care Center also will offer an after-hours pediatric component. Initially, a pediatrician will staff an area designed just for children until 9 p.m. "We have been working with pediatricians on this project," Waters says. "They have a lot of after-hours calls that they aren't able to handle."

Ernest Schiller, MD, *Chief, Pediatrics Service*, said local pediatricians are pleased about the project. After-hours pediatric care is needed in the community. Often, parents resort to taking their children to the Emergency Department at those times, he said.

"This should help the Emergency Departments by taking some of the pressure of high numbers out of there," he said. "It should also help the children get good care. When they are seen in the new building, they'll be seen by pediatricians without much waiting."

Occupational Health Services will occupy the remainder of the 8,000-square-foot building. It will continue to offer pre-employment physicals, drug screens, educational classes, executive physicals, hearing conservation, off-site health screenings and other services. Sharing labs and office space should improve efficiency.

The move also will allow the center to offer more services, says **Mary Ruth Hunt, MD**, *Medical Director, Occupational Health Services*.

"After-hours drug and alcohol testing along with after-hours worker's comp services have been the missing components to our program," Hunt says. "With the new clinic, our companies will have both the convenience of extended hours and the follow-up and case

management we already provide

during business hours. We also will continue to provide all medications and supplies our injured patients need. This significantly reduces lost

time from work for our injured workers and speeds their recovery."

Moses Cone Health System Urgent Care Center represents a \$1.1 million investment by the System.

CareLink Fills Need for Physicians and Patients

CareLink celebrates its 10th year of providing a valuable service to physicians who have critically ill or injured patients needing to be transported for advanced cardiac, neurosurgical, pulmonary or other critical care. Since it started, the 24-hour service has transported more than 36,000 patients. Today, it manages acutely ill patients more efficiently than ever.

Thomas Wall, MD, Medical Director, CareLink, and Division Chief, Cardiology, LeBauer HealthCare, brought the idea for critical care transportation to Greensboro. Wall was previously on staff at Duke Hospital in Durham, which had a similar service. Seeing Moses Cone Health System rapidly growing into a major regional health center, Wall saw a need to transport critical patients from smaller hospitals within a 150-mile radius to System hospitals. He took the idea to **Dennis Barry, President and Chief Executive Officer, Moses Cone Health System,** who approved, and CareLink was launched in 1994.

"The service has grown tremendously over the years, and now has 45 full-time employees," Wall says. "Most impressive of all are the people on staff. The service they provide is prompt, professional and compassionate. They're a hard-working team that has really enhanced patient care in the Piedmont area."

In its first month of operation, CareLink had one critical care ambulance and transported 21 patients. Today, it owns six that log almost 215,000 miles a year and transport 590 patients on average a month. Advancements in cardiac and other life-support equipment

also have come with the years.

"I think of us as a moving intensive care unit," says **Kristen Yntema, Director, CareLink.** "We have all the drugs and equipment found in a hospital intensive care unit in the back of an ambulance."

Among the state-of-art tools not available 10 years ago is a cardiac monitor that allows the CareLink team to obtain a 12-lead electrocardiogram and to monitor the cardiac patient using at least three leads simultaneously. New ventilators also allow staff to provide various levels of oxygen as well as CPAP, BiPAP and pressure support ventilation.

"In the past, patients could go backwards in their care because we didn't have the equipment," says **Tim Brande, Emergency Medical Technician (EMT) Driver,** who has made about 5,200 transports for CareLink.

With one call to the CareLink Resource Line, a doctor who needs an acutely ill patient moved can expeditiously initiate the transfer. A CareLink communications specialist, like **Thomas Tucker,** coordinates the patient referral from start to finish.

"When we receive a call from a referring physician, we get the specialist

on the line who's going to treat the patient," says Tucker, an EMT. "We stay on the line with the two physicians talking to each other, and if it's determined that the patient needs to be transported, we arrange for a hospital bed and immediately dispatch a critical care unit."

Each CareLink team has two critical care nurses and an EMT driver, all trained in the latest critical care standards. "We're the only department in the System that requires nurses and drivers to have several certifications," says **Anneita Minor, RN,** who has been with CareLink since it started.

From bases in Greensboro, Reidsville and Asheboro, the ICU on wheels transports patients to and from at least eight North Carolina counties as well as Martinsville and Danville, VA. It has picked up patients from as far away as Wilmington and Charleston and Myrtle Beach, SC.

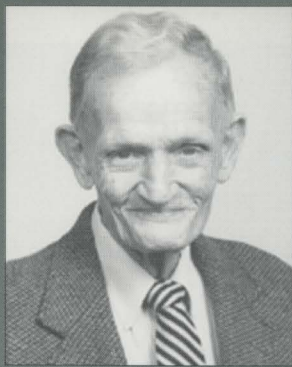
Yntema says over time, CareLink has adapted its protocols to more effectively manage patients' diverse needs. The most recent physicians' survey gave the service a 95-percent satisfaction rating, she says, while patient satisfaction scores reached 98 percent.



Thomas Tucker, Anneita Minor and Tim Brande, three original CareLink employees, stand with the department's newest ambulance.



Members of the original CareLink staff pose with first ambulance in 1994.



Robert Phillips, MD

Phillips Leaves Lasting Legacy with Collection

Moses Cone Health System and the Greensboro medical community lost not only a retired neurosurgeon but also a keeper of their history when **Robert Phillips, MD**, died Jan. 13 from injuries related to a September car accident. He was 78.

Phillips began his neurosurgery practice here in 1959 and was a long-time chief of neurosurgery before retiring after 28 years. Throughout his career and retirement, he also chronicled the county's medical history, penning 21 books and donating and collecting enough memorabilia to start the Greensboro Medical Historical Library at The Moses H. Cone Memorial Hospital. The collection now includes hundreds of books, documents, notes and instruments from the past century.

"I felt strongly that, in time, the historical library would make a social, cultural and medical statement," Phillips wrote in a brief history of his life. "It would allow a visitor to perceive historical realities and understand attitudes and emotions of a bygone era."

Phillips' enthusiasm for the project spread quickly to others, and an advisory committee was formed for the collection.



A vintage nurse's uniform and wheelchair (above) are part of the collection at the Greensboro Medical Historical Library.

The collection includes such items as antique thermometers, stethoscopes and mortar and pestles.



"The advisory board must now face the challenge of maintaining that infectious enthusiasm for the practice of medicine and its history that was the essence of Dr. Robert Phillips," says **Don Smith, MD, Vice President, Medical Education**.

"His energy and enthusiasm for a multitude of projects will be sorely missed," adds **Leslie Mackler, Director, Medical Library, Moses Cone Hospital**.

Ned Bryan, MD, a retired internist and cardiologist, is the chairman of the advisory committee. "We're dedicated to preserving this extraordinary resource and hopefully expanding on it," Bryan says. "We recognize that we will not be able to replace Dr. Phillips in terms of his dedication or knowledge of the collection, but we hope to delve into it and learn more about it. We would welcome discussion with others who might have something that may be of interest, whether that's books or historical medical artifacts."

Phillips also donated "an amazing accumulation" of information on the evolution of local medicine to the Greater Greensboro Society of Medicine, where it now fills two or three filing cabinets, according to **Wilma Bailess**, executive director of the Society. This includes records, family histories or personal statements about almost every physician who has ever practiced in Greensboro.

"It wasn't a job to him; it was a heartfelt task," Bailess says. "He was very humble, and he didn't like attention to be brought upon himself. But whether he likes it or not, this is very much about him. It's about appreciating this man who was willing to spend these hours, days and years accumulating this valuable information. There is no one else who can just pick it up and continue to do it. No one can be Dr. Phillips."





Laura Calderon, MD, greets a patient at Moses Cone Hospital.

Photo courtesy of News & Record

Internal Medicine Resident Overcomes Hurdles to Career as Doctor

Moses Cone Health System typically attracts Family Medicine and Internal Medicine residents from a wide variety of ethnic backgrounds and geographic areas.

But few have a story as unusual as **Laura Calderon, MD, Resident, Internal Medicine**, who began her residency last fall. Calderon, 29, was born in a small Mexican village and started life as a migrant farm worker, picking fruit crops and traveling with her parents through Texas, Utah, California and Mexico. She fit school in sporadically, missing large spans of her formal education between the ages of 11 and 14 and again for another year when she was 15.

"But I always liked reading and always had access to books," she says, citing *The Count of Monte Cristo* and *Don Quixote* as her favorites. Her love of reading – along with hard work, the support of her parents and the guidance of some key mentors – helped her get to college and then to medical school and beyond.

It's an achievement that impresses those who work with her, says **Samuel Cykert, MD, Chief and Program Director, Internal Medicine Residency Program**.

"It takes tremendous heart and dedication, and it's almost a miracle that she could overcome those odds," Cykert says. "It's wonderful to have her in the program. She's a tremendous optimist, and there's no work that's too tough for her. She just wants to be a good doctor, and she charges forward and looks at it as a positive challenge."

As a teen, Calderon initially had hoped to enter the military after high school, but one migrant educator saw strong academic promise in her and encouraged her to apply to universities. "She said, 'If you don't want to go later, that's OK. But just apply.'"

Calderon did. She ended up at California State University at Sacramento. While math was a struggle for her, she loved biology and worked hard to keep her grades high. Her success helped her qualify for financial aid and tutoring, which were both available through programs for migrant education.

Calderon majored in economic and cultural anthropology, and over time, she "started seeing there was really a need for doctors in the Hispanic community."

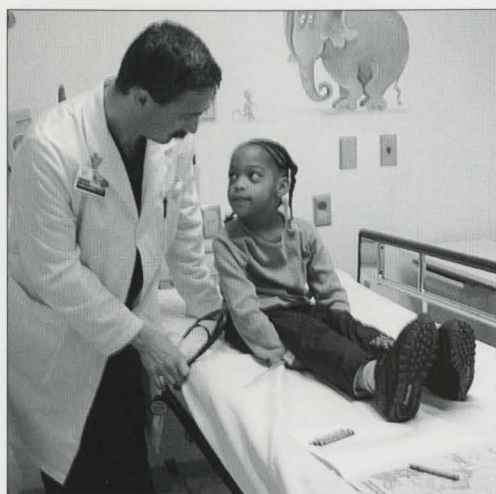
"No matter how many physicians you have in a community, if people can't identify with a doctor, they are not going to go to that doctor," she says.

So Calderon took another leap of faith and applied to medical school. She worked her way through the University of Southern California for that degree.

"There are plenty of resources if you look for them," she says now. "Unfortunately, they're not always visible."

Now, Calderon hopes to practice rural medicine – and care for other migrant families – when she completes her residency. She is driven by a strong connection to her roots, her family and now her infant son.

"He's my pride and joy," she says with a smile. "He's a new motivation. I want to make the world better for a new generation."



Sam Jacobowitz, MD, examines patient Nyasia Christian in the pediatric area of the Emergency Department at Moses Cone Hospital.

Pediatric Area in Emergency Department Cuts Wait Time

Pediatric patients who come to the Emergency Department at The Moses H. Cone Memorial Hospital are now treated in a child-friendly setting without having to wait long hours to be seen.

A new pediatric services section opened Jan. 11. Daily, 12 to 25 youngsters, up to age 16, are treated in the area, where children's cartoon characters adorn the walls and children's art covers the ceiling.

Reducing lengthy patient waits is a high priority for Emergency Services, and the pediatrics addition has helped meet that objective, says **Marion Martin, RN, Director, Emergency Department, Moses Cone Hospital.** "In the main emergency room, these children had to wait up to four hours to be seen by a healthcare provider," she explains. "Wait time here is never over two hours."

Also, the emergency room experience is now less frightening to young children, says **Ernest Schiller, MD, Chief, Pediatrics Service, Moses Cone Health System.** "Children are now protected from adult maladies that come through the ED, such as car accidents, gunshot wounds or alcoholism," Schiller says. "The care they get is pediatrically focused, and the staff is superb."

Schiller notes that Emergency Services set up the child-friendly area "in the middle of influenza season when they were inundated with pediatrics patients, which says a lot for their devotion to kids."

System Applies to Open Long-term, Acute-care 'Hospital within Hospital'

Moses Cone Health System and a national hospital developer have submitted a certificate-of-need application to open a 30-bed, long-term, acute-care hospital on the sixth floor of The Moses H. Cone Memorial Hospital.

The "hospital within a hospital" would provide specialized treatment for long-stay, critically ill, medically complex patients, according to **Judy Schanel, Vice President, Operations.** It would offer patients, especially those on ventilators, an alternative to an extended stay in the Intensive Care or Step-down Units and eliminate the need to move these patients to other facilities. Physicians could choose whether to continue caring for their patients in this facility, where the average length of stay would be about 25 days.

"Based on an analysis of our own long-stay patients, there is a significant demand for this service," Schanel says.

Moses Cone Hospital has filed the application jointly with Select Medical Corp. of Pennsylvania for the facility, to be called Select Specialty Hospital – Greensboro. Select Specialty Hospital will lease beds and space in the 6700 department from the hospital and will bear the cost of necessary renovations.

Physicians could choose whether to be part of Select's medical staff. A medical director and several program directors would be hired by Select, preferably from within the Medical and Dental Staff of Moses Cone Health System.

The System cannot provide the service on its own because of complex Medicare regulations and federal rules that require long-term and acute-care hospitals to be licensed and operated separately. Select is the largest operator of long-term acute care "hospitals within hospitals" and owns 74 similar facilities throughout the United States, including one at Durham Regional Hospital in Durham.

The state Division of Facility Services is expected to make a decision on the certificate-of-need request by June. If approved, the department could open in early 2005.

New Heart and Vascular Center to Increase Efficiencies, Level of Care

By Charles Wilson, MD,
Medical Director, Moses Cone Health System
Heart and Vascular Center

The planned expansion of the Moses Cone Health System Heart and Vascular Center will offer the best of both worlds by providing all the efficiencies of an independent, specialty-care center while remaining connected to a full-service hospital.

The center expansion, which recently received certificate-of-need approval from the state, will cost approximately \$20 million. This long overdue project will add approximately 60,000 square feet of new construction to The Moses H. Cone Memorial Hospital and renovate 28,500 square feet in the existing building. Construction is scheduled to begin in April, with the Center expected to open in early 2006.

The new addition will be, literally and figuratively, an extension of existing services. The addition will extend in front of the hospital, using some of the space vacated by Radiation Oncology when it moved to the Regional Cancer Center.

This location is ideal for patient

convenience and accessibility. A drop-off along the existing circular driveway, just before the South Wing entrance, will allow direct access into the new Heart and Vascular Center. Patients and visitors also can use a parking garage below ground level and take an elevator to the main entrance hall and reception area.

When entering the new facility from the Atrium side, visitors and patients will step into a vaulted area with abundant natural lighting, similar to the Atrium. This area will house a large, modern conference room and a community education and research library.

The non-invasive cardiovascular area, which now spreads throughout several areas mostly on the third floor of Moses Cone Hospital, will be in one location on the first floor of the new center. All the current equipment and staff will perform non-invasive peripheral vascular diagnostic tests, echocardiograms, EKGs and many other diagnostic procedures there. Inpatients also will have ready access to this lab.

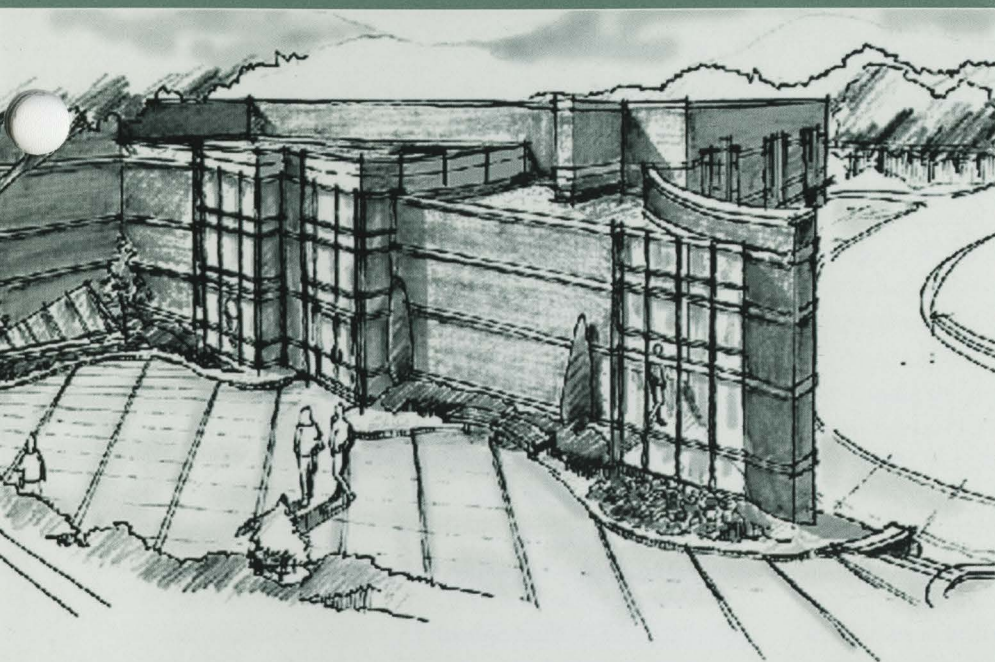
The remaining portions of the first floor will house an outpatient diagnostic cardiac cath lab to be operated as a physician/hospital joint venture as well as additional space for a future cardiac MRI or CT.

A new 28-bed Coronary Intensive and Transitional Care Unit will occupy most of the second floor. This state-of-the-art CITCU will treat intensive cardiovascular problems in an area next to the current Cath Lab. The space occupied by the former CITCU will be used for a preparatory and recovery area for the catheterization, electrophysiology and peripheral vascular labs. There will be some renovations in the current cath lab suite as well. When completed, this new second floor complex will mesh seamlessly with the existing cath labs, operating rooms and other hospital services such as the blood bank and pharmacy. It will look and function as one cohesive, efficient cardiovascular area.

On the third floor, the space once occupied by the non-invasive lab will be



South elevation (view from Northwood Avenue).



An architect's rendering of the future Heart and Vascular Center.

available for conversion to a chest pain and post-angioplasty unit.

Throughout the past 10 to 15 years, stand-alone specialty heart hospitals have proven nationwide to provide relatively efficient care for patients with cardiovascular illness. The drawback to these separate facilities, however, has been the lack of ancillary support. When patients in these "boutique hospitals" require treatment beyond the ordinary, uncomplicated problems associated with their primary cardiovascular diagnosis, they often must be transferred to a full-service facility that may or may not have a cardiovascular program. That will not be the case here, as the planned expansion will provide all the benefits of a stand-alone facility with the added convenience of proximity to a full-service hospital.

The System has retained architects and consultants with national and international experience in building heart and vascular hospitals to ensure that this project fulfills its intended

purposes. Site visits to major existing facilities, both within North Carolina and nationwide, have given planners a clear vision of how to create the best possible Heart and Vascular Center for our area.

Coordination and cooperation among doctors, nurses, hospital administrators, consultants and architects have ensured a laser-like focus on this project.

Moses Cone Health System and Greensboro have long been noted for superlative cardiovascular care. With more than 10,000 procedures performed annually, the System has one of the largest programs in the state and the largest in the Triad. Its doctors have received international recognition for outstanding and innovative work in cardiovascular disease and produce some of the best results possible as gauged by national benchmarks. This new facility will certainly provide the exclamation point for one of the most outstanding cardiovascular programs in the nation.

Hand Hygiene Program Rolls Out This Month

Physicians, nurses and other healthcare providers will be reminded to follow hand hygiene practices through a Moses Cone Health System patient safety program being launched this month.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has designated reducing nosocomial infections as a 2004 patient safety goal, observing the Centers for Disease Control and Prevention's hand hygiene guidelines, which advise the use of alcohol hand rubs to keep patients safe.

The CDC estimates that nearly 2 million U.S. patients contract infections each year while hospitalized. JCAHO'S 2004 safety goal supports the CDC's position that clean hands are the single most important factor in preventing the spread of harmful germs and antibiotic resistance.

Starting this month, the Systemwide hand antisepsis program will encourage all who have direct contact with patients to:

- Use alcohol gel before and after each patient contact.
- Use the traditional soap and water wash if hands are visibly soiled.
- Adhere to a "no artificial nails or extenders" policy.

"We want to empower healthcare providers to sanitize their hands with alcohol gel before and after each patient contact and in clear view of the patient," says **Debbie Houston**, *Director, Infection Control*. "The idea is to keep our patients safe by reducing infections through proper hand hygiene."



Margaret South

Medical Executive Committee Recognizes Long-Time Director

The Medical Executive Committee formally recognized and thanked **Margaret South**, *Director, Medical Staff/Quality Management*, before her January retirement.

The Committee cited her efforts, commitment and outstanding service to the Chiefs of Service and the Medical and Dental Staff for 19 years. "She is universally admired and appreciated by the physicians, and particularly the physician leaders, of Greensboro," said **Glenn Visbeen**, *Vice President, Medical Staff Services*.

South and her staff provide data collection and support to all Medical Staff peer review committees, support Chiefs of Service and assist with granting and renewing credentialing and privileges. She says she enjoyed working with physicians and having a chance to observe and evaluate how patients are cared for during their hospital stays.

"It's very stimulating," she says. "I learned something all the time. It's been a privilege to have done this."

William Bowman, *MD, Chairman, Medical Executive Committee*, says South will be missed.

"She's been a very faithful, helpful and flexible person in the peer-review and quality-improvement process for a long, long time," Bowman says. "She has been a pleasure to work with for her whole career. Anybody who ever worked with her as a committee chair, I feel certain, would share my view."

Practice Opens as Partnership to Treat Hepatitis C

This spring, a new medical practice will open in Greensboro to care for patients with chronic hepatitis C.

Called Medical Specialty Services, the practice is a partnership between Moses Cone Health System and the University of North Carolina School of Medicine's Section of Hepatology. The practice, located in the Northwood Building across from The Moses H. Cone Memorial Hospital, will provide outpatient diagnostic and treatment services for patients with chronic viral hepatitis. The practice will be staffed by physicians and nurse practitioners from UNC's Section of Hepatology. **Michael W. Fried, MD**, *Professor of Medicine at UNC*, will be medical director.

UNC physicians and allied health staff will provide on-site outpatient care for three full days per week and will offer consultation call coverage 24 hours a day, seven days a week. UNC physicians will not admit patients to the hospital in Greensboro. The UNC healthcare providers will work together with local primary-care physicians and specialists in gastroenterology, infectious diseases and others to care for individuals with chronic hepatitis C.

In addition to Fried, providers include **Roshan Shrestha, MD**, *Professor of Medicine*; **Mark Russo, MD**, *Assistant Professor of Medicine*; **Dickens Theodore, MD**, *Assistant Professor of Medicine*; **Steven Zacks, MD**, *Assistant Professor of Medicine*; **Karen Dougherty**, *Nurse Practitioner*, and **Suzanne Lowe**, *Nurse Practitioner*.

Patients in the greater Greensboro area with a diagnosis of hepatitis C can be referred to the practice by calling 832-4372. All patients will be required to have a primary-care provider.

Initial funding was provided by the Moses Cone-Wesley Long Community Health Foundation. Patients will be charged a professional fee. Insurance will be billed.

OPTIFAST A New Option for Obese Patients

Local physicians now have another option to offer their overweight and obese patients. It's called Optifast, and not only will this therapy help patients shed excess pounds, but it also has clinically validated results to reduce health risks such as elevated serum cholesterol, glucose and blood pressure.

Optifast is a medically supervised fasting program for individuals who need to lose 50 pounds or more. The program is indicated for patients whose body mass index (BMI) is more than 30, or 130 percent above ideal body weight. Program participants drink five liquid supplements daily until reaching their goal weight. They lose an average of three to five pounds per week.

"Optifast therapy can help obese patients who are medically at risk to lose excess weight and reduce weight-related health risks," says **Linda Fullam**, *Director, Nutrition and Diabetes Management Center*. "Physicians and other healthcare professionals supervise a variety of treatment protocols using Optifast products and services at medical weight management centers like ours across the country."

Fullam says medical monitoring during Optifast treatment includes detailed guidelines for screening and assessment as well as specific treatment protocols, patient-informed consent, blood chemistry and EKG. Lifestyle modification and exercise counseling are included, as is a nutrition protocol that is monitored by registered dietitians.

Health-risk improvements that have been clinically validated include a 12 percent mean decrease in serum cholesterol; a 12 percent mean decrease in serum glucose and a 10 percent mean decrease in blood pressure. Program participants also have an average 51.9-pound weight loss.

Optifast, a product of Novartis Nutrition Corp., has an extensive history. Since 1974, the therapy has been used in the treatment of more than 1 million patients, and research with Optifast is described in more than 80 peer-reviewed publications.

Physicians may refer patients for treatment by calling the Nutrition and Diabetes Management Center at 271-4936.

Dietitians Change Diabetic Diets

In keeping with the American Diabetes Association's recommendations for healthcare institutions, the clinical dietitians of Moses Cone Health System will adopt a "carbohydrate-modified philosophy" of diabetes diet management for inpatients in March.

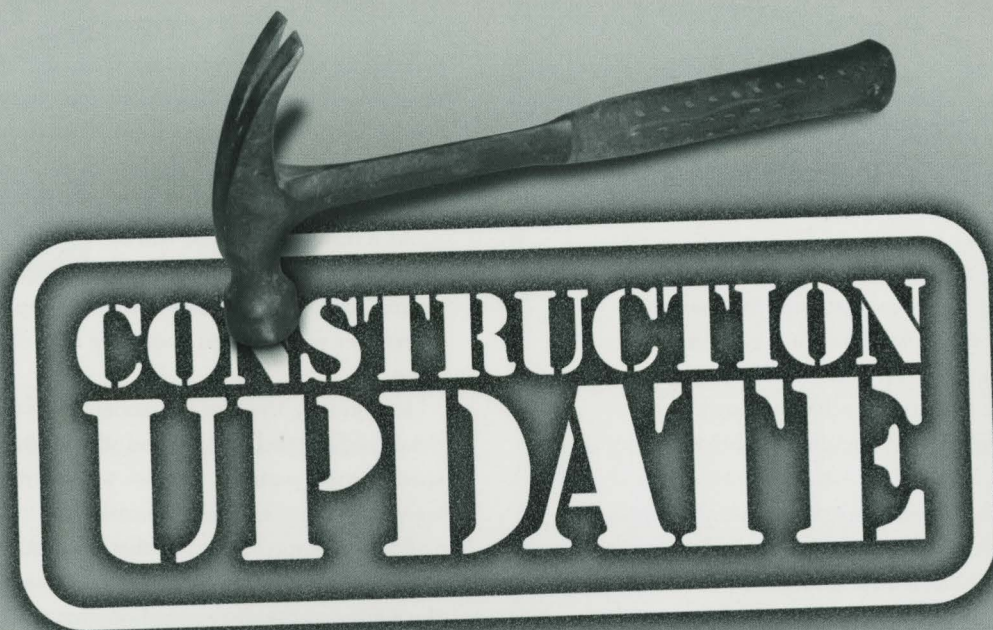
As a result, physicians will be asked to order diabetic diets using the new format instead of the old terminology. Nurses, nurse techs and department secretaries were trained about the new diet philosophy in February.

Historically, the diet for diabetes was rigid, with detailed diet prescriptions and standardized calorie-specific meal patterns. Sucrose was restricted, and meals were scheduled around medications.

Literature now indicates that total carbohydrate consumption is more important in glycemic control than the source of the dietary carbohydrates. Using the carbohydrate-modified philosophy, dietitians hope to have fewer malnourished persons with diabetes, to achieve better glycemic control, to maintain patients' desire to eat and to better educate staff about diabetes diet management.

As a result, diabetic diets should now be ordered as follows:

- **CARBOHYDRATE-MODIFIED (CM) LOW-CALORIE DIET:** Provides 1,200-1,500 calories, three carbohydrate choices per meal, one carbohydrate choice at bedtime or 8 p.m. snack.
- **CARBOHYDRATE-MODIFIED (CM) MEDIUM-CALORIE DIET:** Provides 1,600-2,000 calories, four carbohydrate choices per meal, two carbohydrate choices at bedtime or 8 p.m. snack.
- **CARBOHYDRATE-MODIFIED (CM) HIGH-CALORIE DIET:** Provides more than 2,000 calories, five carbohydrate choices per meal, three carbohydrate choices at bedtime or 8 p.m. snack.
- **CARBOHYDRATE-MODIFIED (CM) PEDIATRIC DIET:** Provides 1,600-2,000 calories, four carbohydrate choices per meal, two carbohydrate choices per snack three times a day. May be adjusted by dietitian based on nutritional assessment.
- **CARBOHYDRATE-MODIFIED (CM) GESTATIONAL DIET:** Provides 2,200 calories, three carbohydrate choices per meal and two carbohydrate choices per snack three times a day.
- **CLEAR LIQUID DIET:** The house diet provides less than 1,000 calories, four carbohydrate choices per meal.
- **FULL LIQUID DIET:** The house diet provides approximately 1,400 calories, four carbohydrate choices per meal.

A black and white photograph of a hammer with a wooden handle and a metal head, resting on a rectangular sign. The sign has a thick white border and contains the words "CONSTRUCTION" and "UPDATE" in large, bold, white, sans-serif capital letters. The background of the sign is dark. The hammer is positioned diagonally across the top of the sign, with its head pointing towards the left.

CONSTRUCTION UPDATE

The following projects continue throughout Moses Cone Health System, according to **Rick Dunning**, *Director, Construction Management*.

At **The Moses H. Cone Memorial Hospital**, work continues on an employee parking deck, which should be complete by early April.

Construction has begun on the Urgent Care Center on the east side of the hospital, across the driveway from the Family Practice Center on Church Street. (See article, page 3.)

Groundbreaking for a new Heart and Vascular Center is planned for April. (See article, page 8.)

Departments and corridors have been renovated according to the interior master plan.

A temporary visitor parking lot has been opened at the Short Stay Center and will remain in use until the employee parking deck opens in April. Another parking lot has been created behind the loading dock on the east side of the hospital. This lot will be gated later this spring and will be accessible only by contractors, visitors to Contract Administration and staff with short-term disabilities.

At **Wesley Long Community Hospital**, work continues on the first phase of a two-year renovation project, with renovations to the East Tower scheduled to be complete by early May. This includes work to the Education Center, the Endoscopy area and the new elevators. The new dental lab was expected to be completed by late February.

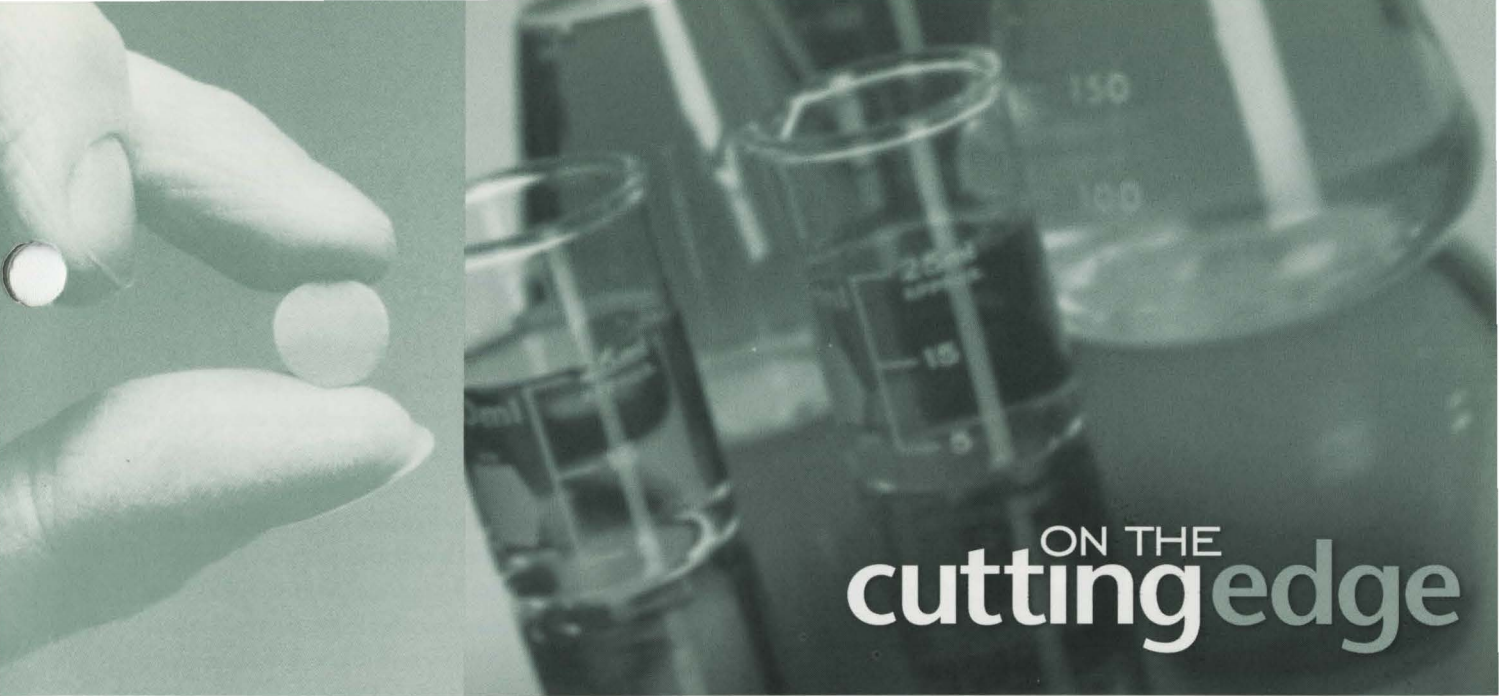
Transition planning has begun for the project's second phase, the West Tower renovation.

Renovations to the parking lots, which provide additional patient spaces closer to the hospital, are complete. Patient lots are now gated and are managed by a guard and gatehouse. The physician lot, in the back of the hospital, is now gated and managed by card access.

The Urology Center, PA, has moved to the second floor of the North Elam Medical Plaza. On the first floor, three more operating rooms and a minor procedure room should be completed in March.

Renovations to **The Women's Hospital of Greensboro** are complete. The renovations include a new main entrance, Admitting area and gift shop. The outpatient clinics, which include services for high-risk OB/GYN and developmental pediatric patients, have relocated to The Women's Hospital from Moses Cone Hospital. A new four-bed Adult ICU is being built on the third floor and should be finished by early April. The hospital also is evaluating ways to reconfigure the pre- and post-operative areas.

Work on the 92-bed nursing care facility at **Annie Penn Hospital** should be finished in April. The hospital also is working on a design to add a new MRI machine and to renovate a portion of Radiology. Master facility planning is under way and includes expansion of the Emergency Department.



ON THE
cutting edge

LeBauer Research Associates Test New GI Drugs

The next breakthrough drug to treat or cure Crohn's disease or irritable bowel syndrome just might be in its test run at LeBauer Research Associates, P.A. That's where such well-known medicines as Nexium, Prevacid and Prilosec got their start in clinical trials.

LeBauer Research Associates, an independent clinical research affiliate of Moses Cone Health System, conducts trials for pharmaceutical companies on new drugs for treating gastrointestinal disorders. The GI research center, now in its 15th year, has grown steadily over the last five years. It now performs an average of 15 clinical trials a year, compared with three a year in its earliest days, says **Robert Kaplan, MD, Director, LeBauer Research Associates.**

"We've been on the cutting edge of clinical studies on many new drugs that have become leading treatments for gastrointestinal diseases," Kaplan says.

"Our studies include medications in very early stages of research, when the drugs are identified by a number, up to medications that are already on the market. We've done many studies on the proton pump inhibitors (Prilosec, Prevacid, etc.) used to treat gastroesophageal reflux disease (GERD). Prilosec was the first drug of that class that we studied."

The center is contracted by pharmaceutical companies such as Wyeth, AstraZeneca, Novartis and others bringing gastrointestinal medications to market. Some gastrointestinal medications already on the market are being re-studied for new indications, Kaplan says.

LeBauer Research shares facilities with LeBauer HealthCare on Elam Avenue. These facilities include a free-standing ambulatory endoscopy center. "This is ideal for studying diseases that require endoscopic and colonoscopic evaluation in an outpatient setting," says Kaplan.

"Our research efforts are also supported by on-site abdominal ultrasonography, 24-hour intraesophageal pH monitoring, and lactose and breath hydrogen tests, as well as a rather sophisticated laboratory."

Some research participants are referred by LeBauer HealthCare. Other area physicians also make patient referrals, which Kaplan says his facility welcomes. These patients stay with the GI research center for the length of a study and then may return to their referring physicians.

Patients must meet certain qualifications for each clinical trial, depending on its protocol, says **Nancy Campbell, LPN, Clinical Research Coordinator.** Studies vary in duration from four weeks to a year.

Physicians who wish to make patient referrals may contact LeBauer Research Associates at 547-1739.

Know a physician who has been published in a medical journal, received an award, is pioneering a new technique or is otherwise "on the cutting edge"?
Contact **MDjournal** at 832-6516 or e-mail newsletter@mosesccone.com.

New Orders Available

Specific standing orders are now available for the Glucommander/IV insulin drip. The Glucommander/IV insulin orders will be available for use primarily with post-operative or medical patients whose blood glucose levels are difficult to control.

Because of the increased use of the Glucommander for many types of patients, physicians have requested orders specifically for the Glucommander. The Glucommander is a computerized system that uses a proven algorithm to resolve hyperglycemia and maintain normoglycemia in the hospital setting. It is used in combination with, but independently of, an IV insulin infusion and a blood glucose monitor. There is no charge to the patient for the Glucommander.

The Glucommander is effective in the management of IV insulin drip in the following patient conditions:

- Resolution of diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemic state (HHS).
- Blood glucose control before, during or after surgery.
- Labor and delivery.
- Medical patients with hyperglycemia, regardless of their current diabetes treatment.
- Insulin resistance or glucose toxicity.

The existing standing orders, which include Glucommander/IV insulin setup, will continue to be available for physicians' convenience. They are:

- Initial orders for adults with diabetic ketoacidosis (initiated only in the Emergency Departments).
- Diabetes Glucommander/perioperative standing orders (includes orders for pre- and intra-operative).
- Diabetic pregnant patient orders.

For additional information or a demonstration of the Glucommander, contact **Elaine Button, RN, Director, Diabetes Treatment Center**, at 832-1132 or at elaine.button@mosescone.com.

Medical Executive Committee notes

OPEN FORUM

William Bowman, MD, President, Medical and Dental Staff, plans to schedule an open forum for members of the Medical and Dental Staff. The date and time will be announced. Topics for discussion will include:

- An update on Quality Performance Improvement.
- Unassigned call.
- Laboratory issues.
- Peak census/room availability issues.
- Turnaround of all transcribed reports.

E-MAIL DISTRIBUTION LIST

More than 477 physicians have provided their e-mail addresses to be included on a Medical and Dental Staff distribution list that will allow them to receive a limited number of e-mail messages on Medical and Dental Staff matters. Efforts will be made to protect the confidentiality of each e-mail address. Physicians who want to be added to the distribution list can contact **Dianne Rabon, Medical Staff Coordinator**, at 832-3916 or e-mail her at dianne.rabon@mosescone.com.

SEARCH COMMITTEE

APPOINTED

Dennis Barry, President and Chief Executive Officer, has announced his retirement at the end of 2004. The Board of Trustees has appointed a diversified search committee, including representatives of the Board of Trustees, the Medical and Dental Staff, nurses, community leaders and others. The schedule calls for the committee's work to be complete by summer.

Massage Therapy Services Available to Outpatients

The Outpatient Rehabilitation Center of Moses Cone Health System has added medically based massage therapy services for individuals with fibromyalgia, myofascial pain, chronic neck and back pain, headaches, stress reduction and general relaxation.

These services are provided by a North Carolina licensed massage therapist. While no prescription is required for massage therapy services, the massage therapist will work closely with patients to ensure appropriate medical clearance for services.

For more information about these massage therapy services, call 271-4840.

Outpatient Rehabilitation Center Opens New Site

Moses Cone Health System plans to open an Outpatient Rehabilitation Center at 603 Dolley Madison Road, Suite 202, this month. This center will join the other Outpatient Rehabilitation Center sites, which are located on Church Street, on High Point Road and on Decatur Street in Madison.

The center will offer a full range of physical therapy services as well as medically oriented exercise programs and rehabilitation-related health screenings.

For more information about this center or services, contact **Anne Macner**, *Director, Outpatient Rehabilitation Center*, or **Kim Harnett**, *Physical Therapist, Outpatient Rehabilitation Center*, at 271-4840.

New Physician Coverage Provided at The Center for Pain and Rehabilitative Medicine

The Center for Pain and Rehabilitative Medicine of Moses Cone Health System will have new physician coverage in April, when board-certified physiatrists **Dan Collins, MD**, **Andrew Kirsteins, MD**, and **Zach Swartz, MD**, move and expand their practice there.

The physicians will continue to provide inpatient rehabilitation services as well as inpatient consultation services for The Moses H. Cone Memorial Hospital and Wesley Long Community Hospital.

The Center will provide lumbar, thoracic and cervical spinal injections; evaluation for intrathecal pumps and spinal cord stimulators; and a comprehensive multidisciplinary pain-management program. In addition, it will provide outpatient services, including follow-up with former inpatients; outpatient rehabilitation evaluations for admissions; spasticity management, including Botulinum toxin injections; electromyography/nerve conduction studies; non-operative spine care; pain management; medical acupuncture; an amputee clinic; independent medical examinations and disability evaluations.

The center is located at 510 N. Elam Avenue, Suite 302. For a consult or to schedule an outpatient visit, call 297-2271.

Phone Numbers Change at Annie Penn Hospital

The main phone number for Annie Penn Hospital has changed to 951-4000. Those dialing the old number will receive a recorded message directing them to the new number.

"This change is necessary because of continued growth of Annie Penn Hospital and the need to add additional numbers to our telephone system," says Susan Fitzgibbon, President, Annie Penn Hospital.

Patient rooms may be reached from outside the hospital by dialing 951-5 plus the three-digit room number. For example, Room 228 can be reached by dialing 951-5228. To dial a patient room from within the hospital, simply dial 5 plus the three-digit room number.

Administrative numbers for the hospital can be reached by dialing 951-4 plus the three-digit extension. To reach these numbers from within the hospital, simply dial 4 plus the three-digit extension.

New Abbreviations Added to "Do Not Use" List

Moses Cone Health System has standardized its use of abbreviations, acronyms and symbols — as well as created a list of those not to use — to comply with one of the 2003 Patient Safety Goals of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

In addition to the already approved list, the System has added the following to the "Do Not Use" list:

Morphine Sulfate	MS and MSO4
Magnesium Sulfate	MgSO4
International Unit	IU
Daily	Q.D.
Every Other Day	Q.O.D

An educational campaign began in December. Each physician received a list of the "Do Not Use" abbreviations, acronyms and symbols. Each nursing department has revised posters containing the new list. The revised list also is posted on the System Intranet homepage.

When pharmacists receive an order with a "Do Not Use" abbreviation, they now send a letter to the physician's office with a copy of the order and a copy of the "Do Not Use" list as a reminder.

LeBauer HeartCare Moves to Church Street Building

LeBauer HeartCare, the Cardiology division of LeBauer HealthCare, has moved from its North Elam Avenue location to a new building on Church Street.

The 24,000-square-foot office is directly across from The Moses H. Cone Memorial Hospital and will provide easy access to the Heart and Vascular Center.

"The new building for LeBauer HeartCare is an attractive, well-designed facility that will help us enhance the clinical services and efficiency of our practice," said **Tom Wall, MD**, *Division Chief, Cardiology, LeBauer HealthCare*.

The move also will free additional space at the North Elam Avenue location, which may allow LeBauer HealthCare to reconfigure its remaining divisions there and potentially add other services in the future.

The new address for the facility will be 1126 N. Church Street, Suite 300, Greensboro, NC 27401. The phone number remains the same, 547-1752.

Inpatient Satisfaction Score Chart

Overall inpatient satisfaction percentages reported for January 2004*

THE MOSES H. CONE
MEMORIAL HOSPITAL
Monthly Goal '04 85.2
January 2004 Actual 82.4
First-Quarter Score 84.7
Percentile Ranking Q1 79

WESLEY LONG
COMMUNITY HOSPITAL
Monthly Goal '04 87.2
January 2004 Actual 82.5
First-Quarter Score 84.9
Percentile Ranking Q1 54

THE WOMEN'S HOSPITAL
OF GREENSBORO
Monthly Goal '04 88.3
January 2004 Actual 88.0
First-Quarter Score 89.2
Percentile Ranking Q1 96

ANNIE PENN HOSPITAL
Monthly Goal '04 86.8
January 2004 Actual 78.4
First-Quarter Score 81.8
Percentile Ranking Q1 15

** The scores in this chart are compiled from inpatient surveys and reflect a raw score out of 99 possible points. Percentile rankings compare System facilities to hospitals of similar size across the nation. They are released quarterly.*

Efforts to Improve Patient Satisfaction Under Way

Moses Cone Health System is providing all employees with mandatory, additional training in Service Excellence in an effort to improve patient satisfaction scores that have dipped in recent months.

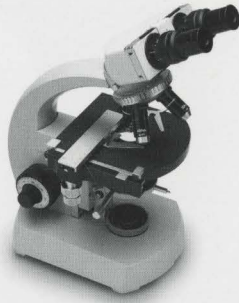
"We pride ourselves on doing well with patient satisfaction, and we're very concerned that we're not handling the high patient census as well as we should be," says **George Karl**, *Director, Service Excellence*.

The 30-minute class for employees focuses on how to improve service to patients and incorporates specific comments that some patients have made on recent surveys, Karl said. A class

also will be offered for Medical and Dental Staff who wish to attend. Physicians who are interested can contact Karl at 832-7090.

"Patient satisfaction depends on how our staff and Medical Staff treat patients and their families," Karl said. "Sometimes, during periods of high census, patients tell us they don't perceive their caregivers as being as nice as usual. We want to bring to everyone's attention, clearly, what patients are saying. This way staff members can readdress the way they act."

After staff who work in inpatient areas are trained, Karl will begin training outpatient staff as well.



New Physicians Join Staff

*Moses Cone Health System
Medical and Dental Staff*

Christopher B. Aiken, MD (Provisional Active status) completed his residency at Duke University Medical Center and is eligible for board certification in psychiatry. He is in solo practice and provides call coverage for Moses Cone Behavioral Health Center.

Bindubal Balan, MD (Provisional Consulting status) completed her residency in internal medicine at St. Vincent's Medical Center and a fellowship in endocrinology at Rhode Island Hospital/Brown University. She is board certified in internal medicine and eligible for board certification in endocrinology and metabolism. She practices endocrinology with Eagle Physicians @ Lake Jeanette.

George A. Gehrken Jr., MD (Visiting status) completed his residency at the University of Kentucky Medical Center and is board certified in urology. He practices with Piedmont Urology Associates in Martinsville, VA.



Yvonne R. Lowne, DO (Provisional Courtesy status) completed her residency at Northshore University Hospital at Glen Cove, NY. She is board certified in family practice. She practices with LeBauer HealthCare.

Stephen A. Mills, MD (Provisional Active status) completed his residency at Duke University Medical Center. He is board certified in surgery and thoracic surgery. He practices with Cardiovascular & Thoracic Surgeons of High Point, PA.

José A. Paz, MD (Provisional Active status) completed his residency in internal medicine at the University of Texas Medical Branch at Galveston. He is board certified in internal medicine. He practices with LeBauer HealthCare at Guilford-Jamestown.

Scott R. Schulman, MD (Provisional Active status) completed his residency at the University of California at Los Angeles Center for Health Sciences. He is board certified in pediatrics, pediatric critical care medicine and anesthesiology. He practices with Moses Cone Health System Pediatric Critical Care Services.

ANNIE PENN HOSPITAL

Jeffrey M. Hardin, MD (Provisional Active status) completed his residency in internal medicine at Naval Hospital in Oakland, CA, and a fellowship in cardiovascular disease at the National Naval Medical Center/Walter Reed Army Medical Center. He is board certified in internal medicine and cardiovascular disease. He practices with LeBauer HealthCare.

Administrative News

Dana Bryant, RN, is the new *Director, Operative Services, The Women's Hospital of Greensboro*. She was formerly a health educator for Moses Cone Health System Heart and Vascular Center.

Joan M. Curtin is the new *Gastroenterology Administrative Director, LeBauer HealthCare*. She comes to the System from Continuum Health Partners, Beth Israel Medical Center in New York, NY, where she was the practice administrator for general medical associates and medicine specialties.

Paul Jeffrey is the new *Vice President, Behavioral Health Center*. He comes to the System from Miami, where he managed a 104-bed psychiatric service at Cedars Medical Center and organized and opened a 40-bed, free-standing medical/surgical acute care facility. He has extensive experience in behavioral health, particularly in the areas of operations management, marketing and managed care.

Joan LoPresti is the new *Director, 2900 A and B, The Moses H. Cone Memorial Hospital*. She comes to the System from the Erie County Medical Center in Buffalo, NY, where she worked as a critical-care nurse, charge nurse and unit manager.

Donna Martin is the new *Director, Medical Records, Annie Penn Hospital*. She comes to the System from Heritage Hospital in Tarboro, where she was the Director of Medical Records and the HIPAA Privacy Officer.

Marion Martin, RN, is the new *Director, Emergency Department, Moses Cone Hospital*. Previously, she was a staff nurse for Department 3700 at Moses Cone Hospital. She also has been Director of Emergency Services at St. Vincent's Hospital in Little Rock, AR, and at hospitals at Kessler and Clark Air Force Bases.

ORGANIZATIONAL ACTIVITY

	DECEMBER 2003	NOVEMBER 2003	OCTOBER 2003	SEPTEMBER 2003	AUGUST 2003	JULY 2003
MOSES CONE HOSPITAL						
Beds in Service	506	506	506	506	506	506
Occupancy (percentage)	79.37	72.33	77.88	73.41	70.16	72.81
Average Daily Census	401.61	366	394.13	371.43	355.00	368.42
Average Length of Stay (days)	5.58	5.35	5.49	5.34	5.33	5.46
Surgical Procedures	1,086	976	1,198	1,085	1,116	1,157
Emergency Dept. Total Patients	6,490	5,856	5,773	6,008	5,829	5,865
WESLEY LONG COMMUNITY HOSPITAL						
Beds in Service	122	122	122	122	122	122
Occupancy (percentage)	98.0	82.0	85.0	85.18	79.85	83.43
Average Daily Census	119.6	100.37	104.06	103.93	97.42	101.97
Average Length of Stay (days)	5.62	5.23	5.06	5.26	5.14	5.19
Surgical Procedures	476	483	517	502	504	563
Emergency Dept. Total Patients	4,158	3,759	3,651	3,773	3,704	3,692
THE WOMEN'S HOSPITAL						
Beds in Service	134	134	134	134	134	134
Occupancy (percentage)	59.0	59.0	59.0	65.97	66.55	63.07
Average Daily Census	80.19	79.5	79.77	88.40	89.19	84.52
Average Length of Stay (days)	3.99	3.82	3.79	4.01	4.1	4.13
Births	446	461	475	500	477	459
Surgical Procedures	407	398	475	458	437	412
ANNIE PENN HOSPITAL						
Beds in Service	87	87	87	87	87	87
Occupancy (percentage)	63.70	51.53	55.73	52.79	50.57	51.43
Average Daily Census	55.42	46.69	48.48	45.93	44	44.74
Average Length of Stay (days)	4.79	4.50	4.50	4.72	4.34	4.15
Surgical Procedures	133	169	175	162	171	177
Emergency Dept. Total Patients	2,035	1,899	1,770	1,829	1,886	1,782
BEHAVIORAL HEALTH CENTER						
Beds in Service	80	80	80	80	80	80
Occupancy (percentage)	47	58	64	61	58	53
Average Daily Census	39.97	46.13	51.16	48.53	46.77	42.77
EXTENDED CARE CENTER						
Beds in Service	144	144	144	144	144	144
Occupancy (percentage)	90	91	90	93	91	89
Average Daily Census	130.45	131.07	129.61	135.23	132.13	129.32
WESLEY LONG NURSING CENTER						
Beds in Service	140	140	140	140	140	140
Occupancy (percentage)	98	94	97	97	97	97
Average Daily Census	137.35	132.27	136.94	135.93	136.71	136.16
DAY SURGERY CENTER						
Total Patients	635	608	649	660	616	678
CARELINK						
Number of Transports	530	591	642	613	579	672
Resource Line Physician Consults	45	44	42	61	48	46
Resource Line Patient Referrals	46	43	50	58	66	55

MDjournal

MDjournal is published quarterly for Moses Cone Health System Medical and Dental Staff. Comments, story ideas and signed letters to the editor are welcome. Contact:

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