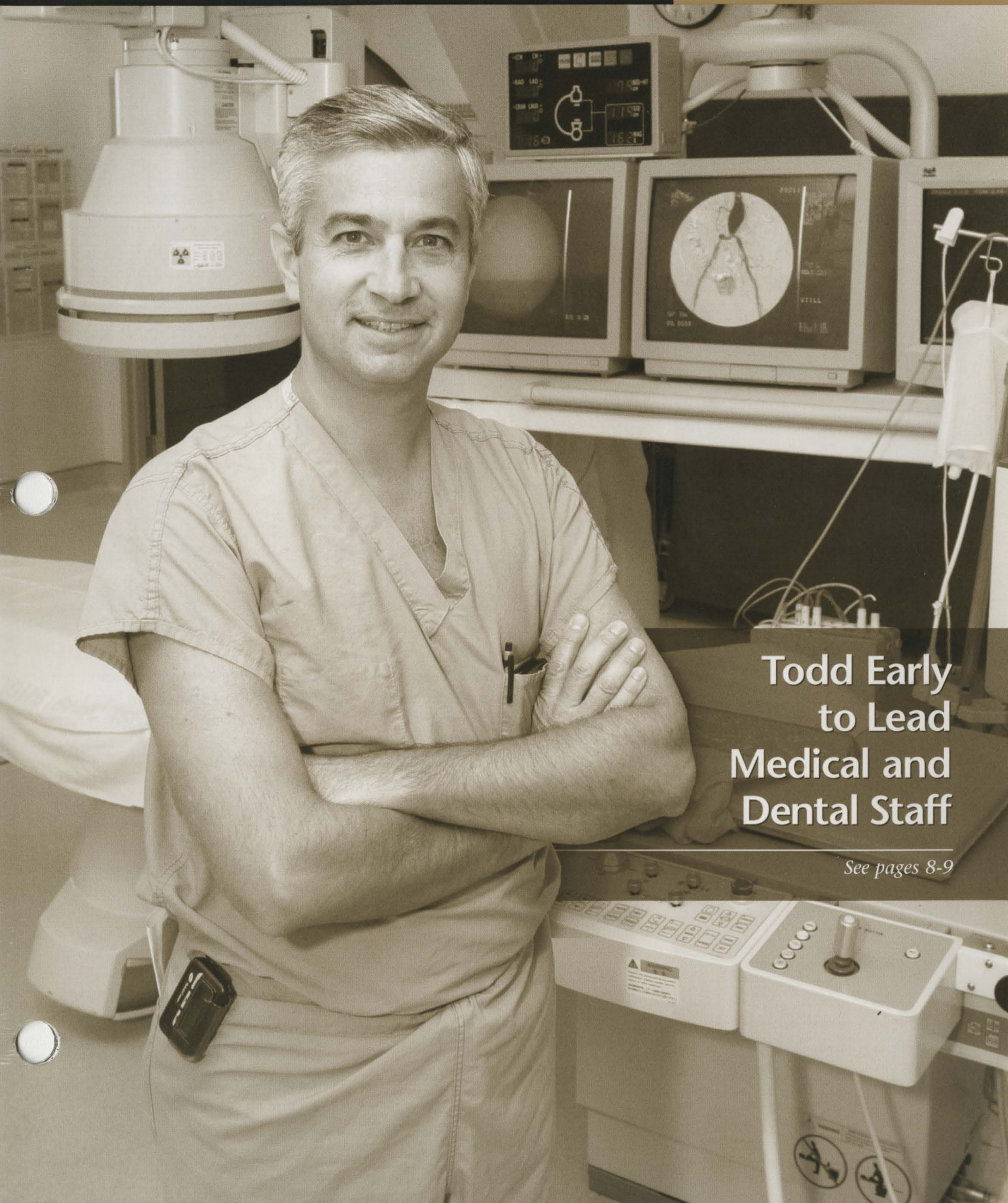


MD *journal*

VOLUME 2 NUMBER 3 SEPTEMBER 2004
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



Todd Early to Lead Medical and Dental Staff

See pages 8-9



MEDICAL EXECUTIVE COMMITTEE

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TODD F. EARLY, MD
President-Elect

JOHN F. CAMPBELL, MD
Past President

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Chief, Medical Service

JAMES TOMBLIN, MD
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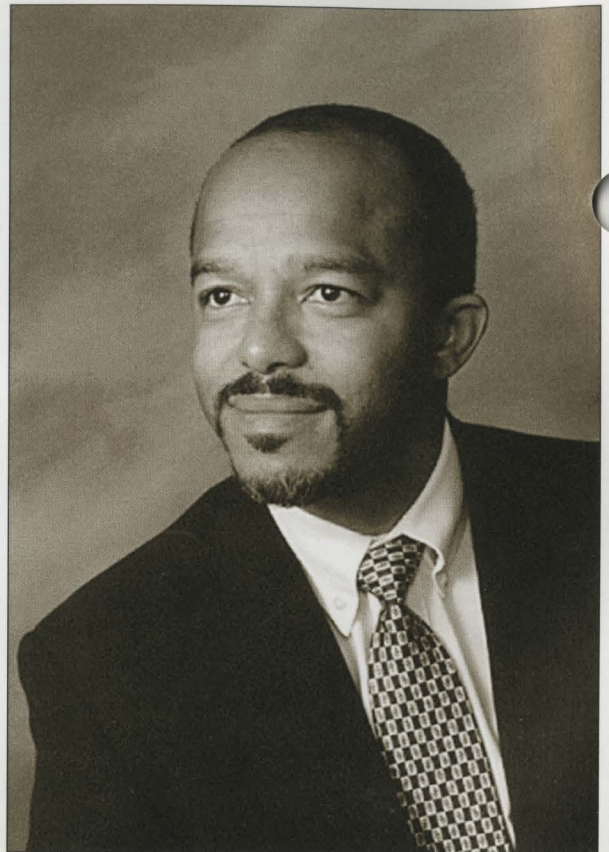
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Chief, Psychiatric Service

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Alvin C. Powell, MD

President-elect, Others Selected to Serve on MEC

Alvin C. Powell, MD, was chosen president-elect at the Sept. 2 annual meeting of the Moses Cone Health System Medical and Dental Staff.

Powell, a nephrologist with Carolina Kidney Associates, begins his term Oct. 1, and will become president of the Medical and Dental Staff on Oct. 1, 2005.

He replaces **Todd F. Early, MD**, who begins his term as president of the Medical and Dental Staff on Oct. 1. (See article on pages 8-9).

The following elections also are complete and these physicians begin three-year terms on Oct. 1:

- **Mary John Baxley, MD**, Chief of the Medical Service.
- **Bruce Burchette, MD**, Chief of the Family Practice Service. (Note: His term began in July when **Dale Dreiling, MD**, the former Chief, Family Practice Service, moved out of state.)
- **Annmarie Mazzocchi, MD**, Family Practice Service representative to the Medical Executive Committee.
- **Rondall Young, MD**, Pediatric Service representative to the MEC.
- **Frank Aluisio, MD**, Surgical Service representative to the MEC.
- **James Hochrein, MD**, Cardiovascular Section representative to the MEC.



WILLIAM E. BOWMAN, MD

To Members of the Medical and Dental Staff:

As my year as President of the Medical and Dental Staff ends, I pause for brief reflection and assessment.

All things considered, I believe we have a better Health System in which to care for our patients. Here are some highlights:

- This has been a year of consolidation after the changes and gains provided by the merger of the Moses Cone Health System and Annie Penn Hospital Medical and Dental staffs.
- Great strides have been made in implementing the hospitalist program. As a result, we have seen a decompression in the contentious issue of coverage for unassigned patients.
- Our nursing shortage is less acute than it was a year ago.
- The administration and Medical and Dental Staff have taken on the issue of patient safety and quality improvement with vigor.

My year has been very gratifying, a pleasure rather than a burden. I have many people to thank for this. The members of the Medical Executive Committee amazed me with their wisdom in consideration of complex and important matters. My partners at Central Carolina Surgery have been most cooperative in allowing me to take the time to do the job. **Glenn Visbeen**, *Vice President*, and his staff in the Medical Staff Services office could not have been more helpful. Most of all, I appreciate the professionalism, commitment and good humor of the entire Medical and Dental Staff.

There have been gains, but as a profession and Medical Staff, we still face serious challenges – financial issues, demands on our time and a looming malpractice crisis. We have the responsibility of improving access to care for many of our citizens. The issue of care for unassigned patients has improved, but it is not solved.

If our profession is to remain rewarding and honorable, our vigilance, dedication and cooperation will be required – and tested. I look forward to facing the challenge with you.

Sincerely,

A handwritten signature in black ink that reads "W. E. Bowman". The signature is written in a cursive style with a long horizontal line extending to the right.



Tim Rice Discusses New Role as CEO

On July 27, **Tim Rice** was named *President and Chief Executive Officer, Moses Cone Health System*. He took over the role for the retiring Dennis Barry on Aug. 16. Here, he talks about his new job, his family, his plans for change and his reaction to the support he's received.

Q: What reaction have you received since the announcement?

A: It's been so humbling. Every day, I open cards and letters from physicians, employees, volunteers, board members, former board members, people in the community. I've probably received 300 to 400 e-mails from employees. I've got two big folders full of these notes, and I am keeping every one of them to review from time to time when I need encouragement.

I think people like the fact that someone they know has been selected for this position – it's like a big team win. It's just been a really incredible experience.

Q: What's on tap for your first 100 days?

A: I will be finishing work on the budget, and then the organizational structure will be a top priority. I also plan to begin meeting with key internal and external groups, including other hospital executives, physician leaders, board members and others for their

input. I want to do everything we can to involve physicians in our decision-making process.

My other top priorities include working with the Board of Trustees, Medical Staff leadership and System leadership, updating our strategic plan and continuing the focus on quality and patient safety. For example, as CEO, I will be attending a national meeting of the Institute for Healthcare Improvement in September as we continue to join national efforts related to this.

Q: You have mentioned in news coverage that you want to change the System's culture, empowering employees but also holding them accountable for their performance. Can you elaborate on this?

A: We all talk about wanting to be empowered, but what does that mean? We want the authority to act, but are we always ready to take the accountability that goes along with the authority? That is what I'm looking for – people who take both. For instance: We have to make tough budget decisions, and yet at times I see managers not wanting to make those calls but instead kicking it up to someone else, rather than owning a decision. I think this empowerment and accountability should reach to all levels of the organization.

Q: Will your efforts to change the culture of the System also include efforts to increase diversity in the organization and in top management?

A: We are working on some early stages of diversity development. We certainly do not reflect our changing community. We need to learn a lot more about how to meet the cultural needs of our populations. Certainly we need management to better reflect the diversity of our population and workforce. We have made some initial steps in our recruitment, training and mentoring of emerging leaders.

Q: What has been your greatest achievement professionally? Personally?

A: Obviously, this role has been my greatest professional achievement. I feel a real sense that this is what I'm supposed to do. But I also take professional pride in the patient-focused, patient-friendly, customer-driven organization that we have developed.

On the personal front, my achievements have been raising two great kids, keeping a great relationship with my wife Carolynn for 27 years and running marathons that have pushed my limits physically and mentally.

Q: Tell us about your family.

A: My wife Carolynn is an executive with Advanced Home Care. She is a registered nurse and has a master's degree in business administration. Our daughter, Kelly, 23, is a nurse in Seattle and is getting married this fall. Our son, Brian, 14, will be a freshman at Bishop McGuinness High School in Kernersville this fall.

Q: What is your communication style?

A: I like to be out of the office, rounding through departments. I prefer to communicate face to face, rather than by e-mail or phone, when possible. My office will be in the Administrative Services Building, but I will try to be out in the hospitals and other facilities as much as possible. I have a real concern about relocating my office and losing some visibility.

Q: What about healthcare keeps you awake at night?

A: There are many concerns: The lack of a clear national direction or policy. Society's desire for more service than it can afford. Payment levels and the continuing squeeze on physician practices, which impacts current physicians as well as those who are considering entering the field.

Q: We talk a lot about being the healthcare employer of choice. What strategies will you put in place to help do that?

A: I want the System to continue trying to meet employees' lifestyle needs. That includes offering flexible schedules, flexible benefits, childcare services, competitive salary levels and more. We should always be looking at new ways to meet those lifestyle needs.

Q: Being a CEO has to be stressful – how do you deal with the stress?

A: My family is my safety valve. Inside those walls I'm a dad, a husband and not a CEO (and boy, do they remind me of that!). Also, good friends keep me on track and grounded.

What Physicians are Saying

Todd Early, MD

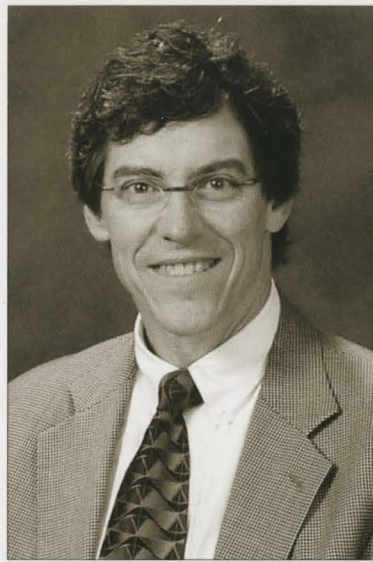
President-Elect, Medical and Dental Staff

"I look forward to working with Tim Rice as he makes the transition to his new role as President and Chief Executive Officer of the Health System. In his former position, Tim had a great deal of positive interaction with the Medical Staff, and I know this relationship will continue."

Bill Bowman, MD

President, Medical and Dental Staff

"I have had the opportunity to work closely with Tim Rice in various ways for most of his tenure with the Health System. During his time as a pharmacist and in every role since then, he has always had a remarkable grasp of our needs as physicians. He knows how to provide a great working environment for us to get the job done for our patients. He has always been thoughtful, fair, wise and generous with his time and the financial commitment of the Health System. He has been instrumental in the establishment and progress of our trauma and hospitalist programs. I am excited about the prospect of working with him to provide state-of-the-art medical care for the region."



Glenn Jennings, MD

Jennings is New Medical Director for Children, Adolescents at Behavioral Health Center

Glenn Jennings, MD, the new *Medical Director, Inpatient Child/Adolescent Services, Moses Cone Health System Behavioral Health Center*, comes to Greensboro from Appleton, WI, where he was the medical director of the child and adolescent treatment program at Saint Elizabeth Hospital and a member of a private group psychiatry practice.

Jennings, who started in August, says he was drawn to the Behavioral Health Center in part because it is a standalone hospital specifically intended for mental-health treatment. "It offers much more initiative for comprehensive mental health and specialized services to meet the needs in the community," he says.

He plans to focus his work on the best interests of the children he serves, challenging them to meet their problems and deal with them openly. He also wants to work closely with the children's families. While breakthrough medications and treatments are being developed all the time, Jennings says he relies equally on the knowledge and resources that have been employed over the last 50 years.

Paul Jeffrey, *Vice President, Behavioral Health Center*, says Jennings brings more than 12 years of leadership experience in child and adolescent psychiatry to the center.

"We are looking to him to develop close working relationships with pediatricians and mental health professionals," Jeffrey says. "He also will work cohesively with our team of mental health professionals to meet the needs of our youth patients and to provide necessary communication and education to their parents."

A graduate of the University of Tennessee at Knoxville, Jennings earned his medical degree from the University of Tennessee at Memphis and then completed a family-practice residency at the University of Tennessee Memorial and Research Hospital in Knoxville. He completed his psychiatry residency and a child and adolescent psychiatry fellowship at the Mayo Graduate School of Medicine, Mayo Clinic.

He is board certified in family practice, psychiatry and child and adolescent psychiatry.

New Hospitalists Staff System Hospitals

Moses Cone Health System has contracted with IN Compass Health to provide additional hospitalist coverage.

The contract comes after the Medical Executive Committee surveyed primary-care physicians and found they were interested in more hospitalist services for their private patients and for unassigned call coverage. Many staff physicians were involved in selecting the company and interviewing the doctors to staff the service.

The program, which began in July, will help to provide more around-the-clock daily coverage at The Moses H. Cone Memorial Hospital, Wesley Long Community Hospital and Annie Penn Hospital. Five physicians – **Anthony Manzon, MD, Medical Director**; **Eric Samson, DO**; **Denise Fisher, MD**; **Yehia Elsafy, MD**; and **Fran**

DeChurch, MD – are providing that coverage for IN Compass initially, although the staff is expected to grow to 11 physicians eventually.

“Long term, we anticipate that the hospitalists will assist in improving key indicators such as patient satisfaction, physician satisfaction and average length of stay,” says **Brian Fillipo, MD, Vice President, Quality**.

IN Compass physicians will assume hospital admissions for patients of private primary-care physicians who request that coverage, alongside services already provided by Eagle Hospitalists. IN Compass also can admit patients for specialists who want admission by a general internist.

Eagle will continue to provide all the unassigned call coverage at Wesley Long Community Hospital and will share that coverage with IN Compass at Moses Cone Hospital. DeChurch’s

group will manage the hospitalist service at Annie Penn.

“Our goal is to develop a synergy with the Health System’s existing services to ensure quality, continuity and process improvement,” Manzon says. “We hope this will increase patient, physician and nursing satisfaction.”

IN Compass physicians are board-certified or eligible in internal medicine and are credentialed through the Medical Staff Services office and the Medical Executive Committee.

“We want to make this program work for the patient, the community physician and IN Compass,” Fillipo says. For more information, contact Fillipo at 832-8243 or **Kim Holder, Program Coordinator**, at 832-4380. To reach the on-call physician, page 319-3407.

Do You Need Patient Information After Hours?

Physicians, Staff Can Access E-Chart from Home

Physicians and their office staff can access clinical information and documentation from their home computers, office computers or laptops thanks to a remote-access program of Moses Cone Health System.

The program allows users to read patient records, transcribed reports, demographic data, and lab and radiology reports online.

It’s a service that’s available free for all physicians and their staff members who have computers and internet connections. The System provides the necessary training and passwords to log onto E-Chart remotely.

About 600 people, including 300 physicians, currently use the service.

For more information, contact **Barbara Key, Systems Analyst, Clinical Information Systems**, at 832-8209.



Early Begins Term as President, Medical and Dental Staff, in October

Todd Early, MD, a vascular surgeon with Cardiovascular & Thoracic Surgeons of Greensboro, takes over as president of the Medical and Dental Staff and chairman of the Medical Executive Committee of Moses Cone Health System on Oct. 1.

Early, who served as president-elect of the Medical and Dental Staff this year, replaces **William Bowman, MD**, as president.

During his term, Early says he would like to work on developing more of a collegial spirit among physicians. "The Medical Staff and the Health System spend a lot of time ensuring quality healthcare, and that's done quite well," he says. "The medical care in this community is as good as or better than any peer hospital around. My main concern is the increased isolation that we've had in the medical community."

Fifteen years ago, he says, physicians practiced at multiple hospitals in Greensboro and got to know one another well. Now, with the increased level of specialty services provided by each hospital in the System, doctors from different specialties have few opportunities to associate with one another.

"And with the development of the hospitalist program, a lot of primary-care doctors don't come to the hospitals at all," he says. "I think care improves when doctors know one another on a personal

basis and not just from talking on the phone."

The hospital has been described as "the empty clubhouse," Early adds. "In the past it was a place for personal interaction among the Medical Staff. With the increased time constraints and isolation of medical practices, this type of affiliation is no longer occurring."

Early is hoping to increase networking opportunities for physicians. Options include having fewer service-specific meetings and more multidisciplinary programs for the entire Medical Staff. Currently, there is just one meeting of the Medical Staff annually.

"I would like to see opportunities where we can get together," he says. "It's a tall order to fill, but I'm going to try."

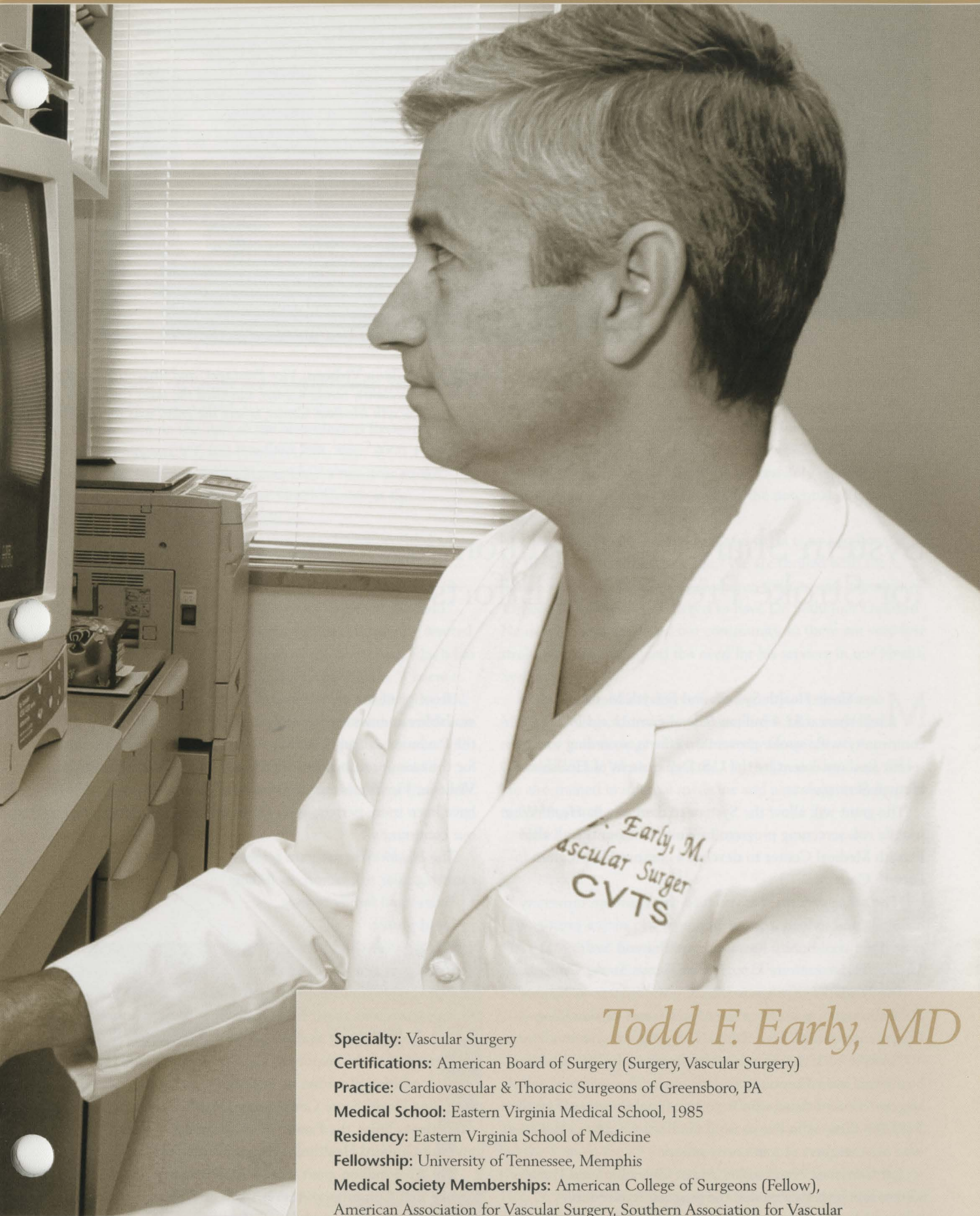
Early's other goals include continuing the quality-improvement initiative throughout the System and building on efforts to improve communication among the Medical Staff, including via e-mail.

Also, the physician satisfaction survey results will be available soon, Early says. "The Medical Executive Committee looks forward to reviewing this to determine other ways to make the System an even better place for physicians to work," he says.

"Overall, I think the Health System and the Medical Staff are in very good shape. My job is to continue that and make improvements where possible."

Todd Early, MD, reads an arteriogram at The Moses H. Cone Memorial Hospital.





Todd F. Early, MD

Specialty: Vascular Surgery

Certifications: American Board of Surgery (Surgery, Vascular Surgery)

Practice: Cardiovascular & Thoracic Surgeons of Greensboro, PA

Medical School: Eastern Virginia Medical School, 1985

Residency: Eastern Virginia School of Medicine

Fellowship: University of Tennessee, Memphis

Medical Society Memberships: American College of Surgeons (Fellow), American Association for Vascular Surgery, Southern Association for Vascular Surgery, Peripheral Vascular Surgery Society, Carolina Vascular Surgery Society, Greater Greensboro Society of Medicine, NC Medical Society



Pramod Sethi, MD; Glenn Visbeen, Vice President, and Sharon Biby, RN, Clinical Nurse Specialist, Stroke Center, attended the press conference at Forsyth Medical Center, where the grant was announced.

System Shares \$2.4 Million for Stroke Prevention Efforts

Moses Cone Health System and Forsyth Medical Center will share a \$2.4 million federal grant to aid in community-wide stroke prevention efforts, according to a recent announcement by the U.S. Department of Health and Human Services.

The grant will allow the System to continue its *HealthWise* mobile risk-screening program in Guilford County and allow Forsyth Medical Center to develop a comparable program in Forsyth County.

"The other systems that received this grant are university hospitals, and indeed it is our honor to win such a prestigious grant for a community hospital," says **Pramod Sethi, MD**, Medical Director, Moses Cone Health System Stroke Center.

The *HealthWise* program began in the System in January 2004 through a grant from the Moses Cone-Wesley Long Community Health Foundation. The program screens about 400 people each month at area locations, including churches, businesses and community organizations. The screenings are targeted toward those who have an annual income of less than \$35,000, those who live in rural Guilford County or those who are members of a minority group.

Jeff Garrison, Vice President, Moses Cone Heart and Vascular Center, says he is thrilled that the program received this substantial grant. "This program has already demonstrated a tremendous impact on the Guilford County residents who are at most risk," he says. "We anticipate a very successful joint effort."

"Receipt of the grant – one of only three such grants made available nationwide – to address a significant health issue in the Piedmont is truly exciting and quite an accomplishment for the team of folks who worked on the project," adds **Glenn Visbeen**, Vice President. "The timing of the grant also could not have been more perfect, with Dr. Sethi just recently joining our community."

The *HealthWise* program screens for stroke and cardiovascular risk factors, including:

- Patient and family history.
- Lipid profile.
- Blood glucose and triglycerides.
- Blood pressure and heart rate.

Participants are counseled about their risk factors and given recommendations about lifestyle changes to help improve their overall cardiovascular health.

Participants who require medical intervention are referred to their existing physician or to primary-care resources, including HealthServe Community Health Clinics, System outpatient clinics, the Family Practice Center, HealthConnect and the Guilford Healthcare Sharing Initiative.

The \$2.4 million grant will be allocated over four years. A Stroke Belt Community Action Team, including representatives from each hospital and community volunteers, will be developed to coordinate the two-county program.

Sethi Starts as Medical Director, Stroke Center

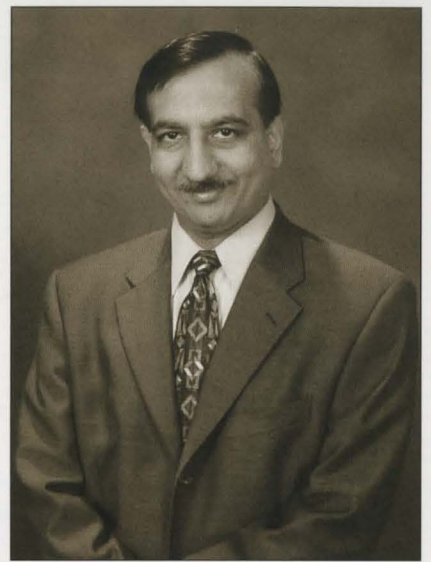
Pramod P. Sethi, MD, is the new *Medical Director, Moses Cone Health System Stroke Center*.

He has been on the staff of the Neurological Research Center Inc. in Bennington, VT, and Pittsfield, MA, since 2000. Prior to that, he was an instructor and completed a two-year stroke fellowship at the Comprehensive Stroke Center at the University of Alabama at Birmingham.

"I am very pleased to be here," he says. "I have received a lot of support from the Health System, and I hope to fulfill the trust they have placed in me by helping the Stroke Center to make great strides and become a national leader in the field."

Sethi says he was attracted to the System because he wanted to practice in the Stroke Belt region of the Southeast, which has the highest incidence of stroke in the United States. "I knew I would be busy and get a chance to use all my training," he said.

Sethi plans to divide his time equally between his practice at Guilford Neurologic Associates and the hospital, where he will see patients with **Sharon Biby, RN, Clinical Nurse Specialist, Stroke Center**. He also will direct research and clinical trials and review administrative protocols.



Pramod P. Sethi, MD

"We offer the latest cutting-edge technology and treatment options for stroke," Sethi says. "One of my main goals is to get the Stroke Center accredited through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a primary stroke center. I believe we are certainly equipped to be a primary stroke center, and we have the potential to be a comprehensive stroke center."

Glenn Visbeen, Vice President, says Sethi is an excellent fit for the medical director position. "We are thrilled with Dr. Sethi's arrival due to his overall unique training and experience," Visbeen says. "We are privileged to have Dr. Sethi join Guilford Neurologic Associates and our community, as there are very few stroke sub-specialists, and the need for his services in our Health System is great."

Sethi has a medical degree from Byramjee Jeejeebhoy Medical College, University of Pune, India, and completed a residency in neurology at the University Hospitals of Cleveland/Case Western Reserve University in Cleveland, OH. He also trained in internal medicine and neurology in India prior to coming to the United States.

He is board certified in neurology.



The Medical and Dental Staff of Moses Cone Health System has donated \$40,850 to HealthServe Community Health Clinics in honor of retiring President and Chief Executive Officer **Dennis R. Barry**. Shown here with the check at the annual meeting of the Medical and Dental Staff are: (from left) **Brian Ellerby, Executive Director, Guilford Child Health**, accepting on behalf of HealthServe: **Dennis Barry, William Bowman, MD, President, Medical and Dental Staff**; and **Todd Early, MD, President-Elect, Medical and Dental Staff**. Barry led the System for 25 years before retiring in August. A reception and dinner will be held in his honor from 6 to 9 p.m. Oct. 26 at the Koury Convention Center. All proceeds from this event will benefit HealthServe. For more information about attending this event, contact Tina Oliver at 271-5999 ext. 350.

Smart IV System to Increase Patient Safety

Moses Cone Health System has signed a multi-year partnership for a state-of-the-art intravenous system designed to cut one of the biggest areas of medical errors — giving patients too much or too little medication.

“This is a huge win for patients in our community,” says **Brian Romig, Director, Pharmacy, Moses Cone Health System.** The IV system is called the Medley Medication Safety System with Guardrails Safety Software from

ALARIS Medical Systems Inc.

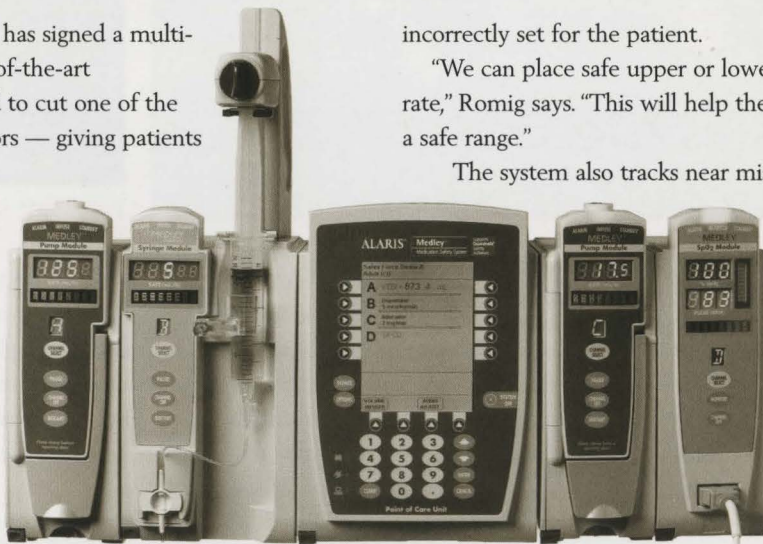
A study has found that 61 percent of the most serious and life-threatening medication errors come from IV pumps that are improperly set up. Simply adding an extra “0” or missing a decimal point can have severe consequences. This system automatically alerts the nurse if the medication rate is

incorrectly set for the patient.

“We can place safe upper or lower limits on the medication rate,” Romig says. “This will help the nurses keep our patients in a safe range.”

The system also tracks near misses. “The new high tech or ‘smart’ systems

incorporate continuous quality improvement data to help clinicians track and avoid serious errors before they reach the patient,” says **Brian Fillipo, MD, Vice President, Quality.** “These pumps will be very important as we continue to ensure safety and the highest quality for all patients in our community.”



New IV system alerts nurses if medication rates are set incorrectly and provides continuous quality improvement data.

The computerized IV systems and related equipment will be in all five Moses Cone Health System hospitals and affiliated cancer treatment facilities this fall.

System Reports Data to Public in National Quality Initiative

Moses Cone Health System is sharing its quality performance data with the public as part of a national project called The Quality Initiative.

The reporting effort highlights hospitals’ performance for three medical conditions — heart attacks, congestive heart failure and pneumonia. The data will be made available to the public through a variety of Web sites later this year. The first public posting of similar data occurred in July on the Web site of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

“As a System, we are proud to be a part of this national effort,” says **Brian Fillipo, MD, Vice President, Quality.**

“We joined this voluntary collaborative shortly after it was rolled out to hospitals last year because of our commitment to quality and our commitment to sharing our results and record with the community.”

Here is how the System data was reported by JCAHO:

The System received check marks for meeting each of the JCAHO National Patient Safety Goals. Check marks indicate that performance is “similar to most accredited organizations.”

In the area of heart failure data, the System also was rated similar to most accredited organizations in its overall quality of care for heart-failure patients

and in prescribing ACE inhibitor drugs for heart-failure patients. It was rated above most accredited organizations in providing specific discharge instructions to heart-failure patients. And it was rated below most accredited organizations in providing patients with advice about stopping smoking and evaluating left ventricular function during their hospital stays.

The System already has put efforts in place to improve performance on these indicators. A multidisciplinary team focused on heart failure designed an educational packet for heart-failure patients. This packet provides extensive, easy-to-read information about the

continued on page 13

causes of heart failure; the importance of smoking cessation, diet, exercise and daily weight checks; medication regimens; signs and symptoms of worsening heart failure; and tips about when to call the doctor.

Other integral pieces such as the heart failure education checklist, clinical pathway and physician core measure reminder form are included in the packet to enhance the documentation processes.

This packet was piloted on designated units within the System and is now in use Systemwide.

The System also has a department for heart-failure patients, with specially trained staff and a clinical nurse specialist who sees each patient.

Data on treatment of heart attacks and pneumonia was not released for Moses Cone Health System on the JCAHO Web site because the System did not have 12 months' worth of information compiled. That information, as well as the latest heart-failure data, will be posted next quarter.

Indicators for acute MI currently being reported to JCAHO include: aspirin on arrival, aspirin prescribed at discharge, ACEI for LVSD, beta-blocker prescribed at discharge, beta blocker at arrival, time to thrombolysis, time to PTCA and smoking cessation advice and counseling.

Community-acquired pneumonia indicators being reported include: oxygen assessment, pneumococcal screening and/or vaccination, blood cultures, smoking cessation advice and counseling and antibiotic timing.

As the program grows, other quality measures will be added. Many of these will be more consumer-focused, including data about patients' opinions about their care and discharge instructions.

The national Quality Initiative is backed by a wide range of groups that include the American Hospital Association, the Association of American Medical Colleges and the Federation of American Hospitals, with the support of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Agency for Healthcare Research and Quality, JCAHO, National Quality Forum, AARP, AFL-CIO, Disclosure Project, American Medical Association and National Association of Children's Hospitals and Related Institutions.

Surgery Schedule is Focus at The Women's Hospital

A new Six Sigma quality-improvement project is under way to ensure that surgeries start on time and stay on schedule at The Women's Hospital of Greensboro.

Currently about half the surgeries start late, according to **Kendall Johnson, RN, Quality Improvement Black Belt**, who is leading a team to work on the project. The project's two goals are:

- 1) To begin surgical cases scheduled for 7:30 a.m. and 1 p.m. within five minutes of the scheduled time, at least 90 percent of the time.
- 2) To schedule the length of cases according to each surgeon's average time for that procedure.

"This initiative should improve patient safety and System efficiencies by increasing operating room availability, reducing physician down time spent waiting for room turnover and reducing patient wait times in holding areas," says **Brian Fillipo, MD, Vice President, Quality**.

The project is part of the quality-improvement effort that Moses Cone Health System began last fall. The projects use the Six Sigma quality-improvement method, which relies on thorough data analysis to pinpoint the best ways to improve a process. The other major Six Sigma project now under way is an effort to reduce IV medication waste at The Moses H. Cone Memorial Hospital.

Six Sigma projects were recently completed to reduce patients' wait times in the Emergency Department at The Moses H. Cone Memorial Hospital and to improve turnaround time for stat lab tests at Wesley Long Community Hospital.

The teams are following the five-step process required by Six Sigma: define, measure, analyze, improve and control.

"We started collecting data in January as part of the 'define' phase," Johnson says of the project at The Women's Hospital. "We're figuring out what causes cases to be late and why. We will then analyze what we find and create possible solutions."

Johnson, a former nurse at Moses Cone Hospital and an engineer outside the System, recently joined the Quality department as a Black Belt.

J. Franklin Hatchett Jr., MD, Chief, Anesthesiology, said he was eager to serve on the project committee because he was impressed with the success of the Six Sigma projects at the other two hospitals.

"Six Sigma has proven itself twice within the Health System," he said. "I have a lot of confidence that once this project is done there will be some substantial and tangible changes made."

He is also optimistic that the improvements at The Women's Hospital will translate well to the other operating rooms throughout the System. "Even though we operate different hospitals and day surgery centers, the processes are essentially the same," he says.

In addition to Hatchett and Johnson, the team at the Women's Hospital includes: **Dana Bryant, RN, Director, Operative Services**; **Janet Colborne, RN, Pre-Op**; **Ginger Fountain, RN, Operating Room**; **Peggy Hicks, RN, Same Day Surgery**; **Esther Loflin, CRNA, Anesthesiology**; **Kendalle McCoy, Scheduler, Operating Room**; **Mary Ellen St. Claire, RN, PACU**; and **James Tomblin, MD, Chief, Obstetrics and Gynecology**.

Tom Gettinger, Vice President, The Women's Hospital, is serving as the project champion.

HDR Radiation Therapy Advances Patient Care

Advanced technology to deliver high doses of radiation to cancer patients at the Moses Cone Health System Regional Cancer Center will shorten treatment time and eliminate the need for those patients to be hospitalized, as well as offer safety benefits over traditional forms of treatment. A new HDR or "high dose rate" radiation machine arrived at the Regional Cancer Center in August, thanks to a \$100,000 gift from local developer Stanley Tanger and his wife Doris.

The portable radiation unit gives local physicians a leading-edge brachytherapy option to treat patients with breast, gynecologic, prostate, biliary and endobronchial cancers, says **Matthew Manning, MD, Radiation Oncologist, Regional Cancer Center**. Initially, HDR radiation therapy will be used to treat early-stage breast cancers, Manning says. He anticipates that all stages of gynecologic cancers, such as of the cervix and endometrium, will be treated with HDR within the next six months and prostate cancers within the year.

With HDR brachytherapy, accelerated doses of radiation are injected directly into the tumor cavity through a catheter implanted in the body following a lumpectomy.

This treatment from the inside out has more limited side effects than traditional

external beam radiotherapy, which sends radiation from the outside in.

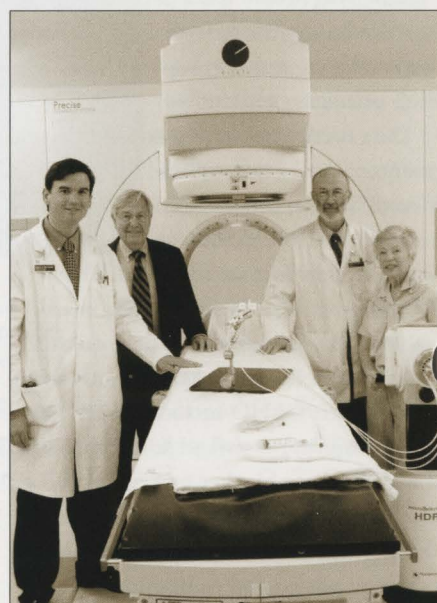
"With conventional external beam radiotherapy, we direct radiation to the entire breast, including a tiny portion of the lung beneath the breast and the surrounding skin, which produces radiation side effects," says Manning, a local authority on breast brachytherapy. "There is less radiation to both the lung and the skin with HDR."

He describes HDR technology as "a new form of breast conservation" now offered by Moses Cone Health System and estimates that the therapy will be used to treat three to 10 patients a week. More than 400 breast cancer cases are diagnosed in Guilford County each year.

"We expect to use HDR to treat up to 30 percent of our breast cancer patients, primarily with Stage I cancers," Manning says. "This is a safe technology that presents no increased risk over conventional radiation sources."

HDR reduces treatment time from six weeks to one week and allows the radiation to be given in higher daily doses on an outpatient basis. After removing a breast tumor, the surgeon places a balloon catheter in the patient's breast for administering HDR radiation.

"We treat the patient twice a day for five days, 15 minutes at a time," Manning



(From left) **Matthew Manning, MD; Stanley Tanger, Elroy Friesen and Doris Tanger** are shown here with the new HDR radiation machine, which was purchased with a donation by the Tangers.

says. "Following a lumpectomy, this treatment should help women keep their breast."

The donation from the Tangers comes in honor of Doris Tanger, who was successfully treated for breast cancer in 1970 and is a long-term survivor. Their company, Tanger Factory Outlet Stores, has been a major contributor to breast cancer research, earning multiple Excalibur Awards from the American Cancer Society for its efforts.

"Mr. Tanger is once again extremely generous through his purchase of equipment for patients at the Regional

continued on page 15

Wesley Long Community Hospital to Offer PET/CT

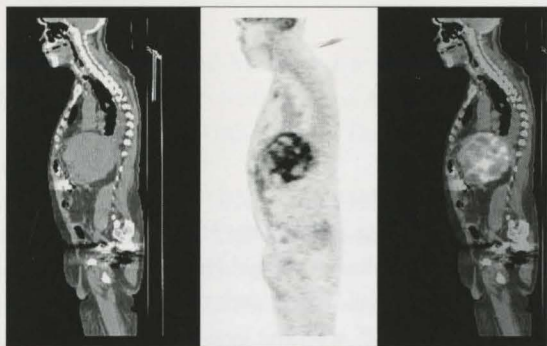
A PET/CT scanner that will give doctors and patients faster, more accurate results on cancerous tumors will come on line by October in the Wesley Long Community Hospital Nuclear Medicine department. This new piece of equipment is two units in one, combining positron emission tomography (PET) with computerized tomography (CT). It performs both types of body scans, then fuses or merges the two images to show a more complete picture of a tumor's growth than either scan would alone.

"The PET/CT scanner has established itself as an integral part of cancer imaging and will be of great benefit to our Regional Cancer Center and its patients," says **Mark Gallerani, MD**, a radiologist with Greensboro Radiology, PA, and the Medical Director for cancer imaging and nuclear medicine.

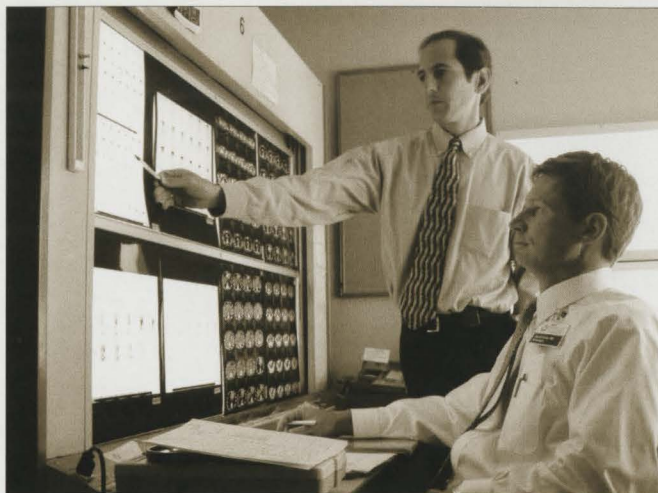
"PET/CT images will be used to more accurately guide Radiation Therapy planning and treatment by helping to eliminate overestimation and underestimation of disease, which can occur with CT alone," Gallerani says. "The PET images can also be fused with MRI images to help correlate anatomic abnormalities with active disease."

Chuck Clark, MD, *Chief of Radiology*, said he is pleased that PET/CT scans can now be offered to Greensboro patients. "The General Electric PET/CT was chosen as the best quality system available on the market, and it offers incredible image quality along with fast and convenient scan times," he says.

The PET/CT scanner is engineered to cut overall imaging time to 25 minutes from the 2½ hours that it now takes with



Images from the new PET/CT scanner provide more accurate picture of tumor growth and location.



Mark Gallerani, MD, and Chuck Clark, MD, review a PET scan.

the hospital's current PET scanner, says **James Sapp, Nuclear Medicine Technologist**. Unlike the present model, the new scanner's doughnut-shaped PET camera is mounted around an enclosed CT unit.

"The fused image that we get from the PET/CT scanner allows us to make a much better prediction of tumor location, tumor size and tissue involvement," Sapp says. "It also gives us a better picture of whether cancer has spread from its initial site in the body or whether it's responding to treatment."

Sapp explains that PET/CT imaging can pinpoint the extent of cancer practically anywhere in the body and help guide doctors to the best course of treatment, leading to better medical decisions for patients. He describes the CT scan as an anatomical scan, which looks at organ structure and any changes within an organ that might indicate disease. The PET scan, on the other hand, is a physiological scan that shows changes in tiny groups of cells, revealing the earliest signs of disease.

The test is intended for use primarily with oncology patients to determine the extent of their disease and their response to treatment, as well as to re-evaluate a patient's care in the event cancer recurs, Sapp says. Research also has shown progress in the scanner's use to detect neurologic disorders, including Alzheimer's disease.

Medicare-approved PET/CT studies include lung cancer, colorectal cancer, head and neck cancer, lymphoma, melanoma, esophageal cancer, breast cancer and thyroid cancer. Physicians should call the Nuclear Medicine Department at 832-1871 for more specific information regarding coverage and for scheduling.

ON THE cuttingedge *continued*

Cancer Center," says **Jim Whiting, Vice President, Regional Cancer Center**. "This additional technology will give cancer patients a shorter, and hopefully, very effective treatment option."

Going forward, the Regional Cancer Center expects to use HDR to place temporary implants in prostate cancer patients, replacing many of the permanent seed implants that are now the standard

treatment. The HDR implants would be removed after three days, Manning says.

Manning and **Elroy Friesen, Senior Medical Physicist, Regional Cancer Center**, worked closely to bring HDR brachytherapy online at Moses Cone Health System. Friesen, who oversaw planning and delivery of the machine, said numerous safety and quality-control tests will be performed before the machine

comes online.

"We're dealing with very high doses of radiation, and safety measures are crucial," Friesen says.

Use of HDR treatment on patients is expected to begin as early as late September. Referring physicians should contact the Regional Cancer Center for radiation oncology consultation at 832-1100.



Internal Medicine, Family Practice Residents Graduate, Start Careers

Seventeen internal medicine and family practice residents completed their three-year rotation at Moses Cone Health System this summer. The class also included three preliminary-year graduates who needed to complete a year of internal medicine before entering specialty residencies.

The graduates and their career plans are:

FAMILY PRACTICE GRADUATES

Elizabeth Dewey, MD, will practice at PrimeCare, Winston-Salem.

Melissa Franklin, MD, will work in the White House Clinic, Berea, KY.

Kerri Hecox, MD, will pursue a master's of public health degree at the University of North Carolina at Greensboro and work part-time at Urgent Medical & Family Care, Greensboro.

Cressent Hudson, MD, will practice at Maplewood Family Practice, Winston-Salem.

Phillip McGowen, MD, will practice at Triad Medicine and Pediatrics, Reidsville.

Sherry Ryter-Brown, MD, will practice at Kernersville Family Practice.

Alison Snider, MD will practice at Kernersville Primary Care.

Cynthia Young, MD plans to move to Raleigh and practice in Cary.

INTERNAL MEDICINE GRADUATES

Toby Bates, MD, will begin a fellowship in rheumatology at the University of North Carolina at Chapel Hill.

Elizabeth Butcher, MD, will remain with the System as chief resident for the 2004-2005 academic year.

Farida Millwala, MD, will join Virginia Commonwealth University Health System, Richmond, VA, as a hospitalist.

Teresa Tullo, MD, will be a hospitalist at Alamance Regional Hospital, Burlington.

Gretchen Velazquez, MD, will practice at Cornerstone Internal Medicine Practice, High Point.

Farhath Kareem, MD, (who graduated in December 2003), is practicing with Dorothea Dix Hospital, Raleigh.

PRELIMINARY-YEAR INTERNAL MEDICINE GRADUATES

Kelly Barham, MD, will train in dermatology at Wake Forest University School of Medicine.

Charles McLaughlin, MD, will train in radiology at Wake Forest University School of Medicine.

Brent Townsend, MD, will train in radiology at Brigham and Women's Hospital, Boston.

New Interns Start in Family Medicine and Internal Medicine

The Family Medicine and Internal Medicine programs of Moses Cone Health System have each recruited eight new first-year residents. The residents started in July.

"We recruited an excellent class of eight interns after interviewing 85," says Karl "Bert" Fields, MD, Director, Family Medicine Residency Program. In addition to the residents' professional resumes, Fields says he is also "struck by their wide variety of interests, from contra dancing to typical sports to women's ice hockey to cooking to administering personality tests. This is always a fascinating time of year."

The Family Medicine residents include:

Amy Bedsole, MD, University of North Carolina at Chapel Hill School of Medicine.

Maria Cabrera, MD, University of the Philippines.

Tommy Day, MD, University of Louisville School of Medicine.

Anita Duncan, MD, Eastern Virginia Medical School.

Stacie Johns, MD, UNC-Chapel Hill School of Medicine.

Jenny Stone, MD, East Tennessee State University College of Medicine.

Jennifer Turnbull, MD, East Carolina University School of Medicine.

Tim Von Fange, MD, Indiana University School of Medicine.

Internal Medicine also recruited eight doctors to the program.

"This year's intern class is strong and has the potential to be outstanding," said Samuel Cykert, MD, Program Director, Internal Medicine. "We have outstanding graduates, many of whom were successful in other careers but felt that their true fulfillment was in internal medicine."

The residents in Internal Medicine are:

Olga Brooks, MD, Tver State Medical Academy.

Jessica Edwards, MD, University of Texas HSC at San Antonio.

JoAnna Hannah, MD, UNC-Chapel Hill School of Medicine.

Katie Kirk, MD, ETSU College of Medicine.

Jay Patel, MD, Moi University.

Helen Pierce, MD, Wake Forest University School of Medicine.

Anne Sexton, MD, Medical University of South Carolina.

Chris Whitlow, MD, WFU School of Medicine.

System Hospitals to Change Emergency Codes

On Sept. 1, the emergency codes in use at Moses Cone Health System changed. For the first time, all System hospitals use emergency codes based on the standard code system used in hospitals across the country.

"The decision to change our codes is part of a plan to improve the System's emergency response to disasters within our hospitals and communities," says Holli Singleton, Safety Manager, Risk Management. "It's important to understand that while our announced emergency codes changed, how employees respond doesn't change."

For example, a fire will be announced as a Code Red, but employees still respond by following "RACE." RACE stands for

Rescue anyone in danger, Activate the alarm, Close the doors and windows and Extinguish if possible.

"Employees have been provided with new safety cards and other helpful materials to remind them about the new codes," Singleton added.

THE NEW EMERGENCY CODES ARE:

RED: Fire **ORANGE:** Chemical Spill **YELLOW:** Bomb Threat

PINK: Infant Abduction **TRIAGE:** Disaster

BLUE: Medical Emergency **APGAR:** Neonatal Emergency



Plasma Glucose Levels: Another Vital Sign

by Robert E. Sevier, MD, Endocrinologist, Medical Director Outpatient Program, Diabetes Treatment Program

During the past decade, evidence has rapidly accumulated to underscore the importance of monitoring and controlling plasma glucose levels in hospitalized patients, including those not previously recognized as diabetics but who are hyperglycemic under the stress of illness and hospitalization. This can improve a patient's length of stay and reduce hospital complications and both in-hospital and long-term morbidity and mortality.

It has even been suggested that plasma glucose levels in hospitalized patients be considered yet another vital sign, equally worthy of intervention when significantly out of range.

Early data demonstrated the importance of post-operative glucose control in surgical patients, which led to fewer wound and systemic infections, including fewer deep sternal infections in open-heart patients. Subsequent evidence has emerged to indicate that early and aggressive control of plasma glucose levels in acute myocardial infarction and stroke patients vastly improves short- and long-term outcomes and mortality. One large study showed that intensive control of plasma glucose (to the 80-110 mg/dl range) in surgical ICU patients on ventilators reduced mortality, sepsis, acute renal failure, need for transfusion and the incidence of polyneuropathy.

Available data and expert opinion now suggest that plasma glucose values should be held at or below 150 mg/dl throughout hospitalization when that can be accomplished safely. The use of IV insulin drips, the Glucommander and carefully-developed protocols can help make this level of glucose control safe and feasible in Moses Cone Health System.

It is time that all physicians consider the plasma glucose level an important vital sign and begin to work toward interventions that will produce better outcomes for patients.



Light streams in at this nursing station on a renovated patient floor at Wesley Long Community Hospital.

At Wesley Long Community Hospital, the first phase of a two-year renovation project is continuing and was expected to be ready for occupancy by early fall. Departments will move in to the new space in stages. The project features renovations to the East Tower including an education center, a day hospital and renovated patient rooms. Phase-two construction to the West Tower will start after the East Tower is occupied.

Installation of a new CT/PET scanner is under way in the Radiology Department. The scanner should be in use by October.

Plans are being made at The Women's Hospital of Greensboro to reconfigure the OR/PACU area. Construction should begin on the project in early 2005.

At Annie Penn Hospital, plans are being finalized to renovate the Emergency Department, Radiology and other areas. The renovation will likely start in early 2005. The installation of a new MRI should be complete by the end of this year. A new medical office building to be located near Annie Penn Hospital is in the design phase. A large home across from Annie Penn Hospital is being renovated to house behavioral health offices and will be complete by October.

Designs are being developed to upgrade and modernize the LeBauer HealthCare at Elam building. Renovations should begin in early 2005.

The following projects are continuing throughout Moses Cone Health System, according to Rick Dunning, Director, Construction Management, who was interviewed in August:

CONSTRUCTION UPDATE

At The Moses H. Cone Memorial Hospital, construction is nearly complete on the Urgent Care Center. The Center, which also will house Occupational Health Services, will open Oct. 4.

Site work, utility work and excavation have started on the Moses Cone Health System Heart and Vascular Center project, which will add approximately 60,000 square feet of new construction to the hospital. The new construction phase of the project will take approximately 18 months, followed by six months of interior renovations.

The new Electrophysiology Lab in the Cardiac Cath Lab suite on the second floor was expected to be occupied by late August. Construction on the sixth-floor Cath Lab was expected to begin in early September.

The renovation of Department 5500 is expected to be complete by mid- to late September.

The old MRI machine in the Radiology Department is being replaced. The machine will be removed in late September, at which time a mobile MRI will replace it temporarily. The new MRI should be in use by early January.

The staff parking lot on Tankersley Drive has been resurfaced. The physician parking lot next to the parking deck was expected to be completed by early September. The Outpatient Rehabilitation Center parking lot on Church Street will be resurfaced next.

The Minor Side renovation in the Emergency Department has been completed.



The renovation project features a Day Hospital that will centralize a variety of outpatient departments, including outpatient surgery and other procedures, at Wesley Long Community Hospital. The Education Center lobby (background photo) leads to classrooms at the hospital.

Procedure Changes for Ordering Home Glucose Meters

Physicians must now complete and sign a pre-printed prescription in order for inpatients to purchase a home blood-glucose meter at their pharmacy. The meters are no longer routinely provided by Moses Cone Health System.

The *RX for Home Blood Glucose Meter* form is available in all inpatient departments. All areas of the form must be completed and placed in the patient's chart or given to the patient before discharge.

The monitors are no longer routinely provided for several reasons, says **Elaine Button, RN, Director, Inpatient Services, Diabetes Treatment Program**. For example:

- Giving a meter to a patient in the hospital does not mean they will receive improved care. When the strips are gone, the monitoring often ceases.
- Reimbursement for blood glucose monitoring has decreased.
- Nursing time to teach patients to use the meter and keep skills updated is limited.

The new policy allows patients to select meters of their choice and price range. Meters on the market range in cost from \$18 to \$100. The strips range from 50 cents to \$1.50 each.

The Nutrition and Diabetes Management Center can help patients select an appropriate meter. To request this assistance for a patient, physicians should write, "Outpatient Diabetes Education, Meter Instruction" in the inpatient chart.

A limited number of meters remain available for patients who have limited resources. Referrals also can be made to the HealthServe Community Health Clinics.

For more information, page Button at 319-2589.

Library Announces Online Journal Offerings

The Moses Cone Health System Medical Library offers access to the full text of a number of books and journals. Some are available only from computers on System campuses, but many others can be accessed from any computer.

Here is a partial listing, available from the Medical Library Web site at www.gahec.org/library. For more detailed information about accessing these offerings, contact Library staff.

"A – Z" List of Full-text Journals Online The "A – Z" List links to hundreds of full-text journal titles.

OVIDWEB Journals Online The Evidence Based Medicine databases in OVIDWEB include the Cochrane Database of Systematic Reviews, the ACP Journal Club and the Database of Abstracts of Reviews of Effectiveness. Clinical Evidence is a full-text, continuously updated, evidence-based medicine book.

OVIDWeb Books Online Titles include primary care medicine, alternative and complementary therapies, laboratory and diagnostic tests, drugs and nursing.

ACP PIER (American College of Physicians: Physicians' Information and Education Resource) PIER is an evidence-based guidance tool designed to improve clinical care. It includes a collection of disease modules that address such topics as prevention, diagnosis, drug and non-drug therapy, patient education and hospitalization.

PubMed – MEDLINE Start from the Medical Library Web site using a computer in a System hospital. This allows you to see which journals are in the Library's print collection and will sometimes allow you to link to the full text of the article.

MDCConsult MDCConsult offers nearly 50 journals and 40 basic medical textbooks online as well as full-text drug information. System employees and Medical and Dental Staff may access MDCConsult anytime, anywhere.

Stat!Ref Textbooks – AHEC Digital Library Stat!Ref contains books in various fields of medicine, nursing, pharmacology, psychiatry, laboratory and diagnostic tests and alternative and complementary therapies.

UpToDate UpToDate offers drug and clinical information and recommendations on patient care and treatment for internal medicine and subspecialties, obstetrics and gynecology, family medicine, pediatrics and critical care.

For more information about accessing these sources or for help registering, contact the Medical Library at The Moses H. Cone Memorial Hospital at 832-7484; Wesley Long Community Hospital at 832-1299; or The Women's Hospital of Greensboro at 832-6878. Or e-mail the Medical Library at medical.libraryMC@mosescone.com or via the library Web site at www.gahec.org/library.

Recognitions

Charles Hansen, *Research Supervisor, Internal Medicine Residency Program*, has been recognized by the Association of Clinical Research Professionals for having maintained certification as a clinical research coordinator for 10 years. Hansen was honored during the association's 28th annual North American Conference and Exhibition held May 15-19 in San Diego.

Sixteen physicians on the Medical and Dental Staff of Moses Cone Health System have been named to Business NC's list of "The State's Best Doctors."

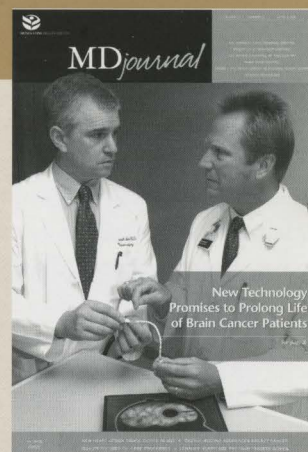
The list includes:

W. Harrison Turner II, MD, Dermatology
Timothy W. Lane, MD, Infectious Disease
Scott W. Younkin, MD, Infectious Disease
James L. Deterding, MD, Nephrology
Cynthia Byrd Dunham, MD, Nephrology
Richard F. Fox, MD, Nephrology
James M. Love, MD, Neurology
Daniel L. Clarke-Pearson, MD, Obstetrics and Gynecology
Arnold S. Grandis, MD, Obstetrics and Gynecology
Charles W. Lomax, MD, Obstetrics and Gynecology
L. Frank Cashwell, MD, Ophthalmology
Daniel F. Murphy, MD, Orthopedic Surgery
Robert V. Sypher Jr., MD, Orthopedic Surgery
Eric M. Kraus, MD, Otolaryngology
Thomas Joseph Schvehla, MD, Psychiatry
Robert Murray, MD, Radiation Oncology

MDjournal, a quarterly magazine for the Medical and Dental Staff of Moses Cone Health System, has won two awards in national publication competitions.

The publication won a Gold Magnum Opus Award in the category of Most Improved Design from *Publications Management*, a national trade magazine covering communications and publications. It also won an APEX 2004 Award in the category of Best Redesigns from Communications Concepts, a national consulting firm for publications and communications programs.

MDjournal, produced by the Marketing Department of Moses Cone Health System and designed by **Inner Light Studios Inc.**, underwent a comprehensive redesign in September 2003. The publication was formerly called *Medical Staff Update*.



InBrief

Hospital within Hospital Plans on Hold

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 has been approved by the state of North Carolina. However, proposed changes to Medicare regulations may prevent the "hospital within a hospital" planned by Moses Cone Health System and national hospital developer Select Medical Corp.

The project is on hold pending a final decision by Medicare on the proposed regulatory changes, says **Glenn Waters**, *Executive Vice President, Moses Cone Hospital*. No decision is expected until at least Oct. 1.

CareLink Aces State Inspection

CareLink Mobile Critical Care recently passed an inspection by the North Carolina Office of Emergency Medical Systems with flying colors, according to **Kristen Yntema**, *Director, CareLink*. All six CareLink transport vehicles underwent a rigorous check against specific criteria in an inspection that all emergency medical systems in the state must have every two years.

"We had 100-percent no deficiencies, meaning the inspectors will not have to return for any problems that need correcting," Yntema says. "They told us that we are one of very few emergency transport systems in Central North Carolina where inspectors will not have to return."

Name Badges are Available to Physicians

Photo identification badges are available to all members of the Medical and Dental Staff.

Physicians are asked to contact **Mike Coughlin**, *Coordinator, AHEC*, at 832-7401 if they want to have one made.

All physicians entering the Nursery at The Women's Hospital of Greensboro or the Pediatric Intensive Care Unit at The Moses H. Cone Memorial Hospital should have a photo ID that identifies them as a Baby Safe Carrier.

Inpatient Satisfaction Score Chart

Overall inpatient satisfaction percentages reported for July 2004*

THE MOSES H. CONE MEMORIAL HOSPITAL

Monthly Goal '04 85.2
July 2004 Actual 85.9
Third-Quarter Score 84.6
Percentile Ranking Q3 73

WESLEY LONG COMMUNITY HOSPITAL

Monthly Goal '04 87.2
July 2004 Actual 84.9
Third-Quarter Score 85.0
Percentile Ranking Q3 50

THE WOMEN'S HOSPITAL OF GREENSBORO

Monthly Goal '04 88.3
July 2004 Actual 89.1
Third-Quarter Score 89.5
Percentile Ranking Q3 98

MOSES CONE BEHAVIORAL HEALTH CENTER

Monthly Goal '04 81.8
July 2004 Actual 78.1 (Adult)
83.3 (Adolescent)
Third-Quarter Score 81.8 (Adult)
82.9 (Adolescent)
Percentile Ranking Q3 55.0 (Adult)
68.0 (Adolescent)

ANNIE PENN HOSPITAL

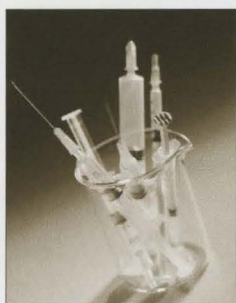
Monthly Goal '04 86.8
July 2004 Actual 85.5
Third-Quarter Score 85.9
Percentile Ranking Q3 60

** 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.*

Proper Sharps Disposal Vital for Safety

Needles and other sharps are being found in red biohazard cans not designed for sharps disposal. For the safety of all employees, needles, scalpels and other sharps must be placed in designated sharps containers.

In addition to the risk of injury, the EPA considers sharps regulated medical waste and specifies that throwing them away improperly is a violation of federal law. Any questions about proper sharps disposal should be directed to the Corporate Safety Office or Employee Health.



Open House Planned at Medical Specialty Services

Medical Specialty Services, a practice that treats patients with chronic hepatitis C, will hold an open house for members of the Medical and Dental Staff and other invited guests from 5 to 7 p.m. on Oct. 5.

The practice, located in the Northwood Building across from The Moses H. Cone Memorial Hospital, is a partnership between Moses Cone Health System and the University of North Carolina School of Medicine's Section of Hepatology.

The practice is staffed by physicians and nurse practitioners from UNC's Section of Hepatology. **Michael W. Fried, MD**, Professor of Medicine at UNC, is the medical director and will be available at the open house to meet with physicians.

Genomic Medicine Initiative Kicks Off with Hiring of Staff

A landmark genomic medicine program is under way with the first DNA samples to be collected next year. The Guilford Genomic Medicine Initiative is a partnership involving Moses Cone Health System, The University of North Carolina at Greensboro and Duke University.

The hiring of 21 new staff members is under way and, when completed, will put staffing at 40 positions (16 at Duke University, 16 at UNCG and eight at Moses Cone Health System). Starting next year, patients at select Guilford County medical practices who meet certain criteria will be asked to join the effort. If they agree, blood will be drawn and sent to the Duke Center for Human Genetics. Researchers will check the DNA for risk factors for cardiovascular disease, select cancers and genetic differences in the way the patient reacts to medicines (pharmacogenomics). Geneticists from The Institute for Health, Science and Society at UNCG will counsel patients about the results. Pilot medical programs will be started to allow patients and doctors to act on the information.

In the first three years, researchers plan to screen 2,600 people meeting the project's criteria. Those selected will match the ethnic make-up of Guilford County.

This is the second year Congress has approved \$3.4 million for the project. The money is an appropriation through the Department of Defense, which is responsible for healthcare for the military and veterans.

Contact **Pamela Lietz**, Administrator, Special Projects, at 832-8706 for more information.



New Physicians Join Staff

*Moses Cone Health System
Medical and Dental Staff*



Alan W. Cooper, MD (Provisional Active status) completed his residency at the University of North Carolina at Chapel Hill School of Medicine and is eligible for board certification in pediatrics. He practices with Northwest Pediatrics Inc.



Natalie D. Depcik-Smith, MD (Provisional Active status) completed her residency at the University of North Carolina at Chapel Hill School of Medicine and a fellowship at the University of Florida College of Medicine. She is board certified in anatomic and clinical pathology and is eligible for board certification in dermatopathology. She practices with Greensboro Pathology Associates, PA.

Ryan Draper, DO (Provisional Active status) completed his residency at Bristol Regional Medical Center and is eligible for board certification in family practice. He is completing his sports medicine fellowship at Moses Cone Health System Family Practice Center.

Charles E. Fields, MD (Provisional Active status) completed his residency at Virginia Commonwealth University, a fellowship at Medical College of Virginia Hospitals and other training at Royal Liverpool University Hospital. He is board certified in surgery and eligible for board certification in vascular surgery. He practices with Cardiovascular and Thoracic Surgeons of Greensboro, PA.

W. Edmond Fitzgerald, MD (Provisional Active status) completed his residency at Wake Forest University Baptist Medical Center. He is eligible for board certification in anesthesiology. He practices with Greensboro Anesthesia Physicians.

Donald D. Hegland, MD (Provisional Active status) completed his residency at Duke University Medical Center and is board certified in internal medicine. He is a Duke University Medical Center Cardiology Fellow who will be providing cardiology call coverage for LeBauer Cardiology.



Jon R. Knapp, MD (Provisional Active status) completed his residency in emergency medicine at Naval Medical Center and is board certified in emergency medicine. He practices with Guilford Emergency Physicians.



Sendil K. Krishnan, MD (Provisional Active status) completed his residency in internal medicine at Mercy Hospital of Pittsburgh and is eligible for board certification in internal medicine. He practices with Eagle Hospitalists.



Anthony Manzon, MD (Provisional Active status) completed his residency in internal medicine at Berkshire Medical Center and performed postdoctoral research at Royal Victoria Hospital, McGill University. He is board certified in internal medicine and practices with IN Compass Health, which provides hospitalist services for Moses Cone Health System.

Hiliary B. McCormick, MD (Consulting status) completed her residency at the University of California at San Francisco. She is board certified in pediatrics and practices with Guilford Child Health in High Point.



Matthew D. Olin, MD (Provisional Active status) completed his residency at the Duke University School of Medicine and a fellowship at New England Baptist Hospital Bone and Joint Institute. He is eligible for board certification in orthopaedic surgery. He practices with Greensboro Orthopaedic Center, PA.



Eric S. Samson, DO (Provisional Active status) completed his residency in internal medicine at Allegheny General Hospital and is eligible for board certification in internal medicine. He practices with IN Compass Health, which provides hospitalist services for Moses Cone Health System.

Trevor Shick, MD (Provisional Active status) completed his residency at Wake Forest University Baptist Medical Center and a fellowship at the University of Colorado Health Sciences Center. He is board certified in diagnostic radiology and practices with Greensboro Radiology, PA. He is eligible for certification in vascular and interventional radiology.

Corinna Sullivan, MD (Provisional Active Status) completed her residency in internal medicine at the Eastern Virginia Graduate School of Medicine. She is board certified in internal medicine and practices with Eagle Hospitalists.

Jennifer Wrenn, MD (Provisional Active status) completed her residency in obstetrics and gynecology at Riverside Methodist Hospital and is eligible for board certification in obstetrics and gynecology. She practices with Wendover OB/GYN & Infertility Inc.

*Annie Penn Hospital
Medical and Dental Staff*

Stanley E. Harrison, MD (Provisional Active status) completed his residency in orthopaedic surgery at Boston University Hospital and is board certified in orthopaedic surgery. He practices with Rockingham Orthopaedic Associates.

Michael R. Joyce, DPM (Provisional Consulting status) completed his education at the William Scholl College of Podiatry. He practices with Piedmont Foot Center.



Philip H. McGowen, MD (Provisional Active status) completed his residency in family practice at Moses Cone Health System and is eligible for board certification in family practice. He practices with Triad Medicine and Pediatric Associates.

Administrative News

Sherri Barnhill, RN, is the new *Director, Regulatory and Compliance/Infection Control and Patient Safety Officer*. Barnhill will help oversee efforts to improve patient safety and reduce medical errors. She also will make sure Moses Cone Health System meets or exceeds standards set by the Joint Commission on Accreditation of Healthcare Organizations. Barnhill has been with the System for 16 years and previously worked on the quality improvement team.

Rialda Grobler, RN, is the new *Director, Birthing Center, Annie Penn Hospital*. Grobler joins Moses Cone Health System from Three Rivers Healthcare in Poplar Bluff, MO, where she was director of the Women's Health Center and Pediatrics. She previously was director of the Birthing Center at Morehead Memorial Hospital in Eden.

Henry Scott Jobe is the new *Physician Practice Administrator* for most System physician practices in Rockingham County. He was the director of practice management for Crisp Regional Hospital in Cordele, GA, where he was responsible for 13 practices and four rural healthcare clinics.

Sylvia Pegg, RN, is the new *Infection Control Manager, Moses Cone Health System*. She has been with the System in the Infection Control department since 1998 and has more than 25 years of experience in this area.

Michael Roberts is the new *Director, Facilities, Wesley Long Community Hospital, The Women's Hospital of Greensboro, Moses Cone Health System Behavioral Health Center and Moses Cone Health System Regional Cancer Center*. Roberts joins the System from Pitt County Memorial Hospital in Greenville, where he was the administrator of plant operations.

Pat Settle is the new *Director, 3A, Annie Penn Hospital*. She is a long-time employee of Annie Penn Hospital and served most recently as nursing director of the Nursing Care Facility.

Skip Vaughn is the new *Director, Security, Moses Cone Health System*. He has been an account manager with Guardsmark, the security firm for the System, for 13 years and most recently worked for the company in the Dallas area.

ORGANIZATIONAL ACTIVITY

	JUNE 2004	MAY 2004	APRIL 2004	MARCH 2004	FEBRUARY 2004	JANUARY 2004
MOSES CONE HOSPITAL						
Beds in Service	506	506	506	506	506	506
Occupancy (percentage)	71.92	73.00	75.34	79.17	80.11	80.76
Average Daily Census	363.90	369.39	381.23	400.61	405.38	408.65
Average Length of Stay (days)	5.44	5.53	5.90	5.43	5.63	6.28
Surgical Procedures	1,090	1,103	1,133	1,262	1,072	1,102
Emergency Dept. Total Patients	5,719	6,145	5,765	5,826	5,429	5,559
WESLEY LONG COMMUNITY HOSPITAL						
Beds in Service	122	122	122	122	122	122
Occupancy (percentage)	80.6	86.35	82.84	91.0	81.0	96.0
Average Daily Census	98.37	105.35	101.07	111.03	99.38	118.03
Average Length of Stay (days)	4.81	4.96	5.37	5.34	4.92	5.59
Surgical Procedures	529	515	500	547	471	521
Emergency Dept. Total Patients	3,630	3,676	3,607	3,534	3,291	3,287
THE WOMEN'S HOSPITAL						
Beds in Service	134	134	134	134	134	134
Occupancy (percentage)	64.94	59.14	59.77	63.0	62.0	60.0
Average Daily Census	87.03	79.26	80.1	85.55	83.86	81.03
Average Length of Stay (days)	4.14	4.0	3.98	4.15	4.2	3.87
Births	462	431	476	484	423	474
Surgical Procedures	450	428	422	459	427	444
ANNIE PENN HOSPITAL						
Beds in Service	87	87	87	87	87	87
Occupancy (percentage)	46.65	56.77	53.38	55.8	52.52	56.39
Average Daily Census	40.07	49.39	46.77	48.52	45.69	49.06
Average Length of Stay (days)	4.07	4.45	4.68	4.40	4.14	4.72
Surgical Procedures	175	181	189	203	146	190
Emergency Dept. Total Patients	1,800	1,867	1,719	1,700	1,532	1,619
BEHAVIORAL HEALTH CENTER						
Beds in Service	80	80	80	80	80	80
Occupancy (percentage)	58.0	56.0	69.0	55.0	55.0	55.0
Average Daily Census	46.47	44.97	54.83	58.9	57.44	43.7
EXTENDED CARE CENTER						
Beds in Service	144	144	144	144	144	144
Occupancy (percentage)	93.0	93.0	93.0	94.0	94.0	93.0
Average Daily Census	133.2	133.55	133.9	135.03	135.0	133.81
WESLEY LONG NURSING CENTER						
Beds in Service	140	140	140	140	140	140
Occupancy (percentage)	96.0	97.0	98.0	98.0	97.0	97.0
Average Daily Census	133.7	136.11	137.33	136.55	135.48	136.45
DAY SURGERY CENTER						
Total Patients	671	604	601	656	577	583
CARELINK						
Number of Transports	635	616	566	633	599	543
Resource Line Physician Consults	29	45	37	46	33	78
Resource Line Patient Referrals	73	86	67	92	46	47

MDjournal

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