MOSES CONE HEALTH SYSTEM

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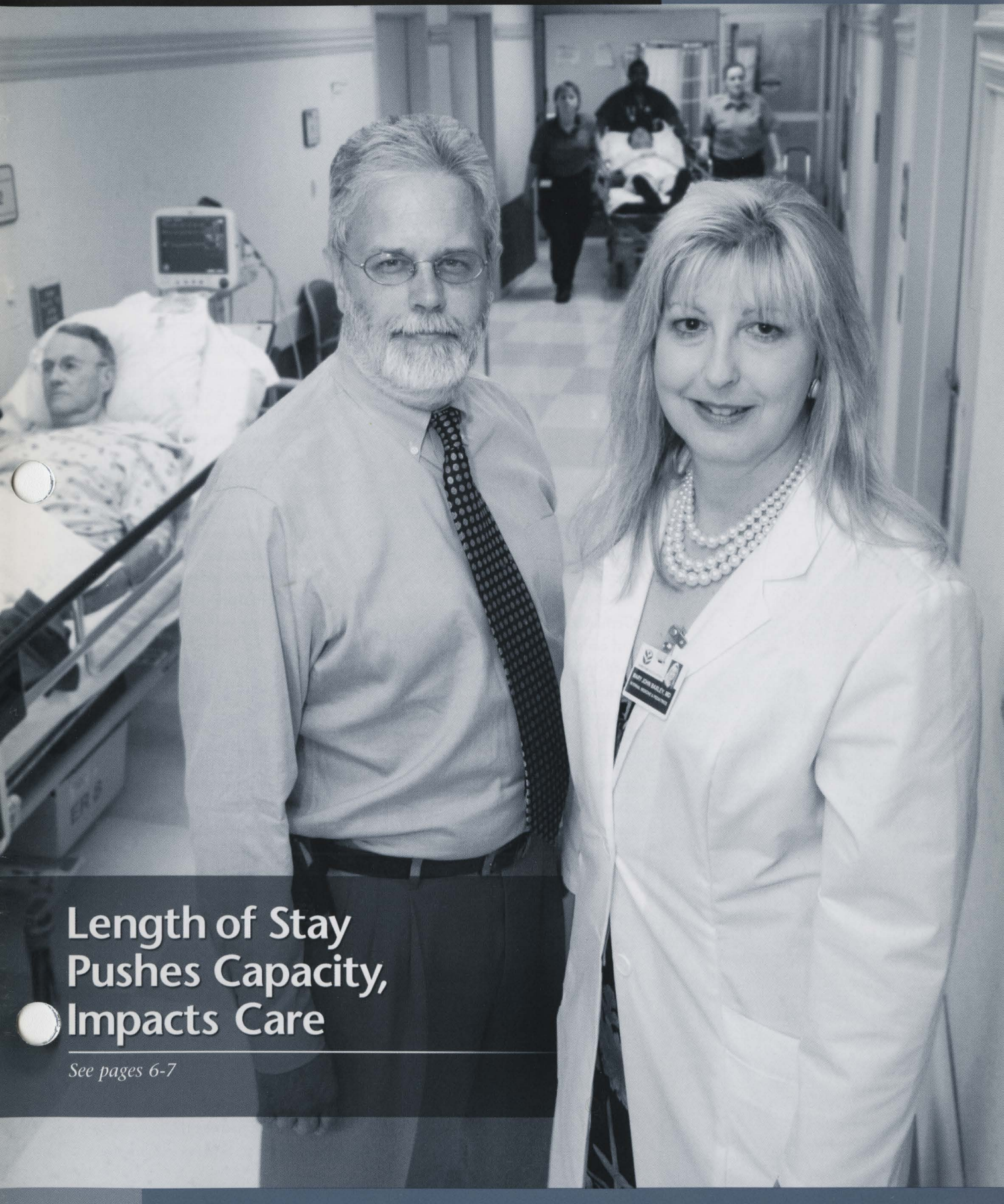
MD journal

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



Length of Stay Pushes Capacity, Impacts Care

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MOSES CONE HEALTH SYSTEM

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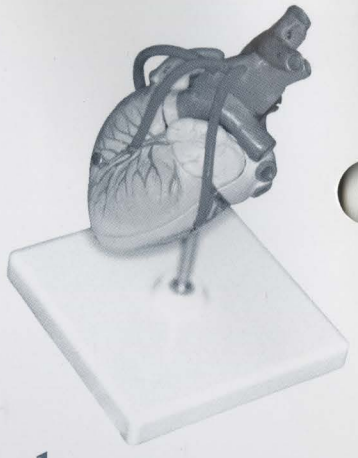
CORRECTION

The occupancy percentages for the Moses Cone Health System Behavioral Health Center for November and December 2004 were incorrect in March's issue of MDjournal. The occupancy percentages are listed correctly in the chart on the back page of this issue.

ON THE COVER

Robert Beaton, *MD, (left) and* **Mary John Baxley**, *MD, often find themselves in a crowded Emergency Department at Moses Cone Hospital. As inpatient length of stay increases, it becomes difficult to find beds for patients being admitted as well as for those in the Emergency Department.*



NIH Heart Care Study Compares Stents, Bypass Surgery among Diabetics

The Moses H. Cone Memorial Hospital will be one of more than 120 sites nationwide to participate in a National Institutes of Health study to help determine whether drug-eluting stents or bypass surgery is most effective in treating coronary artery disease in patients who have diabetes.

The study, dubbed FREEDOM, for **F**uture **RE**vascularization **E**valuation in Patients with **D**iabetes Mellitus: **O**ptimal Management of **M**ultivessel Disease, will use a team approach.

Lead researchers are **Edward Gerhardt**, *MD*, chief of cardiac surgery, and cardiologist **Tom Stuckey**, *MD*. Also participating are neurologist **William Hickling**, *MD*, and endocrinologist and internal medicine specialist **Stephen South**, *MD*.

"The core issue is that prior studies suggest that diabetics, as compared to non-diabetics, do better with bypass surgery," Stuckey says. "With diabetes, the chances for re-narrowing in coronary arteries is fairly high."

The principal investigator of the FREEDOM study is Valentin Fuster, MD, at the Mount Sinai School of Medicine in New York.

The use of stents is a fairly recent development in heart care. Research into their effective use is ongoing.

Stents are put into arteries during angioplasty procedures. A balloon is threaded into the artery and inflated to clear the blockage. The stent – similar to a small spring – is left in place to hold the artery open. Originally, the stents were bare-metal, but new stents, coated with drugs that inhibit cell growth, were approved several years ago.

The new stents are more effective in preventing re-narrowing of the coronary arteries, which required additional angioplasties or bypass surgeries. The question that the FREEDOM study seeks to answer is how effective the new drug-coated stents are in diabetic patients.

Stuckey points out that coronary arteries close again in 20 percent to 30 percent of cases when bare-metal stents are used. In diabetic patients, the failure rate is as high as 40 percent. The alternative treatment, which involves surgery to use the patient's own veins to bypass the blockage, often doesn't last in diabetic patients.

During the five-year study, an endocrinologist will be consulted to provide expertise on management of diabetes. A neurologist will be consulted as well, because both angioplasty and bypass surgery carry an increased risk of stroke. The study will measure all causes of mortality, non-fatal heart attacks and strokes among patients who have had heart bypass surgery and those who have had stents.

"It is important for all of us to work together to try to solve all of this," Stuckey said.

That's particularly true because a quarter of all angioplasty is done in patients who have diabetes – a rate that is projected to rise rapidly in the future because of an aging population and obesity.

Vernon Stringer, *MD, makes a point during a recent Medical Staff meeting with state legislators.*

Todd Early, *MD, listens as state Sen. Phil Berger and Rep. Laura Wiley address a question.*

Legislators Discuss Tort Reform, Medicaid Issues

More than 250 physicians heard from state legislators about medical liability reform, Medicaid reimbursement levels, the cigarette tax and a bill that would let pharmacists decline to distribute contraception and other medications if they found it morally objectionable.

Sen. Phil Berger, R-Guilford/Rockingham, and Rep. Laura Wiley, R-Guilford, participated in a panel discussion at a May 16 meeting of the Medical and Dental Staff at The Moses H. Cone Memorial Hospital.

"They gave us our marching orders to contact our representatives to explain the importance of tort reform and Medicaid issues to patients in North Carolina," said **Todd Early**, *MD, President, Medical and Dental Staff*. Early moderated the discussion, asking questions that physicians had submitted earlier.

With its spiraling liability insurance costs and no caps on non-economic damages in trials, healthcare in North Carolina has reached a crisis point, Wiley said. The state ties with Nevada as the highest jury-awarding state, she said. "This is hurting our physician recruitment," she added.

It is also causing long-time physicians to consider leaving their practices. "We no longer have any neurosurgeons in High Point," she said. "We're reaching a point at which our quality of care is being affected."

"I think a cap is key," Berger added.

Physicians also were concerned about declining Medicaid reimbursement levels. Wiley called the program in North Carolina a "Cadillac policy," and said it was "too large and too expensive." Berger said legislators are trying to reduce costs by looking at computer programs that can help detect fraud; considering whether recipients should pay a larger portion of their healthcare costs; and finding ways to divert people from Emergency Departments to less costly places for basic healthcare.

The legislators also commented on two other bills – one that would increase the per-pack cigarette tax to 40 cents and one that would allow pharmacists to decline to fill prescriptions they found morally objectionable.

Early said he was pleased with the high turnout from the Medical Staff and appreciated the support from Wiley and Berger. "I was disappointed that the representatives and senators who were not in favor of tort reform opted not to attend the meeting," he said. "It would have been interesting for us to share our views with them as well. We must continue to contact legislators with our opinions so that patients continue to have access to healthcare and so that North Carolina can continue to recruit quality physicians."

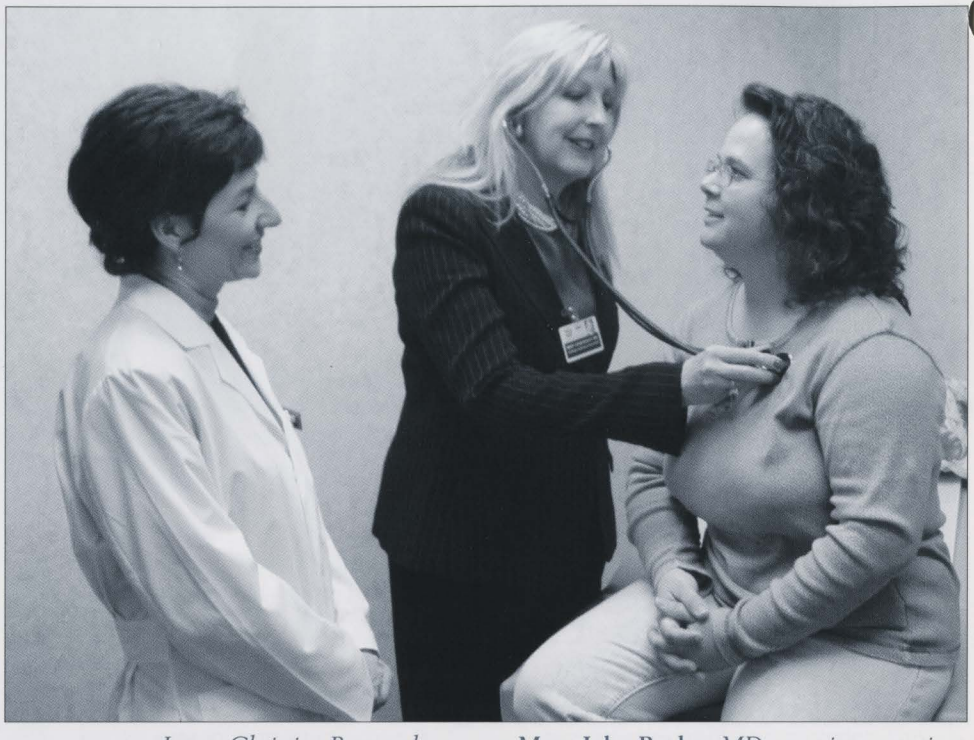
Medical Staff Annual Meeting Set for August

The annual Medical and Dental Staff Meeting will be held on Wednesday, Aug. 31, at the Greensboro Marriott Downtown.

Registration will begin at 6 p.m., and the business meeting will start at 6:30 p.m.

A photographer will be available beginning at 5:30 p.m. for those physicians who would like to have their pictures taken for the 2006 edition of the Physician Directory.

Marian Earls, *MD, asks the legislators a question related to pediatrics.*



Intern Christine Rogers observes as **Mary John Baxley**, *MD, examines a patient.*

Area Professionals Shadow Physicians During Mini-Internship Program

Nine professionals from a variety of career fields recently spent time shadowing local physicians as part of the Greater Greensboro Society of Medicine's 2005 Mini-Internship program.

"It's given me a better appreciation of what doctors are up against," says Christine Rogers, a producer and reporter for UNC-TV who was an intern in the program. She expects the experience to enhance her health coverage for the statewide public television station as well as to provide her with specific ideas for future stories.

Rogers spent the first day of the two-day program with **Mary John Baxley**, *MD*, an internal medicine physician in private practice, and her second day with **Gregg Taylor**, *MD*, a cardiologist.

The interns wore white medical jackets and name tags while they shadowed physicians in office visits with patients, observed procedures, made hospital rounds and watched physicians interact with case managers, social workers and home health agencies.

"The program gives folks a glimpse into what it's like to be a physician on a daily basis," says Baxley, who is Chief of the Medical Service. "This is truly two full days of extraordinary, unforgettable experiences."

The two-day internship concludes with a dinner at which interns and physicians share some of their experiences and what they have learned. Many interns shared similar reactions, commenting on the teamwork in the Operating Room, the amount of work in private practice and the strong patient/physician relationships, says Wilma Bailess, Executive Director, Greater Greensboro Society of Medicine.

"It was very worthwhile," said **Todd Early**, *MD, President, Medical and Dental Staff.* **David Howard**, a member of the Health System Board of Trustees, spent one day with Early during the program.

"I think it gave him an opportunity to see the provider and delivery side of healthcare in addition to his work on the Board of Trustees," Early said. "It's also nice for us to work with community leaders – it gives us a renewed appreciation for our role, especially when we see it through the eyes of someone who's not doing it every day."

In addition to Howard, interns this year included broadcast and print journalists, bankers, attorneys, financial advisers and Thomas E. Cone, another member of the Health System Board of Trustees.

In addition to Baxley and Taylor, participating physicians this year included: **William E. Bowman,** *MD;* **Todd F. Early,** *MD;* **Shuaib M. Farooqui,** *MD;* **John Franklin Hatchett,** *MD;* **F. Randolph Jackson,** *MD;* **Norman M. Mayer,** *MD;* **Annmarie Mazzocchi,** *MD;* **Rodney A. Mortenson,** *MD;* **Eric S. Neijstrom,** *MD;* **Michael Elliott Norins,** *MD;* **Mark W. Roy,** *MD;* **Jefry H. Rosen,** *MD;* **Ernest L. Schiller,** *MD;* **William W. Truslow,** *MD;* **Robert A. Wainer,** *MD;* **and Rondall A. Young,** *MD.*

Health System Impacts Local Economy by Nearly $1.5 Billion Each Year

Moses Cone Health System impacts the local economy by $1.48 billion a year, according to a new study.

That tops the annual impact of the International Home Furnishings Market in High Point as well as large-scale, one-time events such as the 2004 Super Bowl in Houston.

The study was compiled by Andrew Brod of the Bryan School of Business and Economics at The University of North Carolina at Greensboro. It was recently distributed to local media outlets as well as business and government officials.

"Moses Cone Health System has realized an increasingly important role in our local economy," says **Tim Rice**, *President and CEO*. "At a time when many industries in the region are struggling and downsizing, Dr. Brod's work emphasizes how important healthcare has become as an economic driver."

Approximately 7,500 people work directly for Moses Cone Health System.

The study shows that 16,322 area jobs are also tied to Moses Cone Health System. It used 2003 data in determining the System's impact on Guilford, Rockingham and Randolph counties and portions of Alamance and Forsyth counties.

The analysis looked at the economic impact of Moses Cone Health System operations, the operations of medical practices that work closely with Moses Cone Health System, spending by out-of-region visitors and the value of uncompensated care.

The complete study can be found online at *http://www.mosescone.com/economicimpact*.

System Launches Telephone Interpreting Service

A telephone interpreting service that was piloted successfully at The Women's Hospital of Greensboro is being rolled out across Moses Cone Health System.

Pacific Interpreters is a nationwide provider, specializing in providing qualified interpreters to healthcare and social service organizations. The service employs about 1,000 interpreters and provides services in 185 languages.

The average connect time, when called, is 25 seconds.

Staff members are being trained in how to use the service.

Local Cardiologists Lead Symposium

Tom Stuckey, *MD*, and **Bruce Brodie**, *MD*, are serving as co-chairmen of the North Carolina/South Carolina American College of Cardiology Annual Symposium, which will be held Sept. 23-25 at the Grandover Resort.

Cardiologists, physician assistants and nurse practitioners are invited to attend the event, which features speakers as well as golf, tennis and family activities in the afternoons and evenings.

Brochures will be distributed.

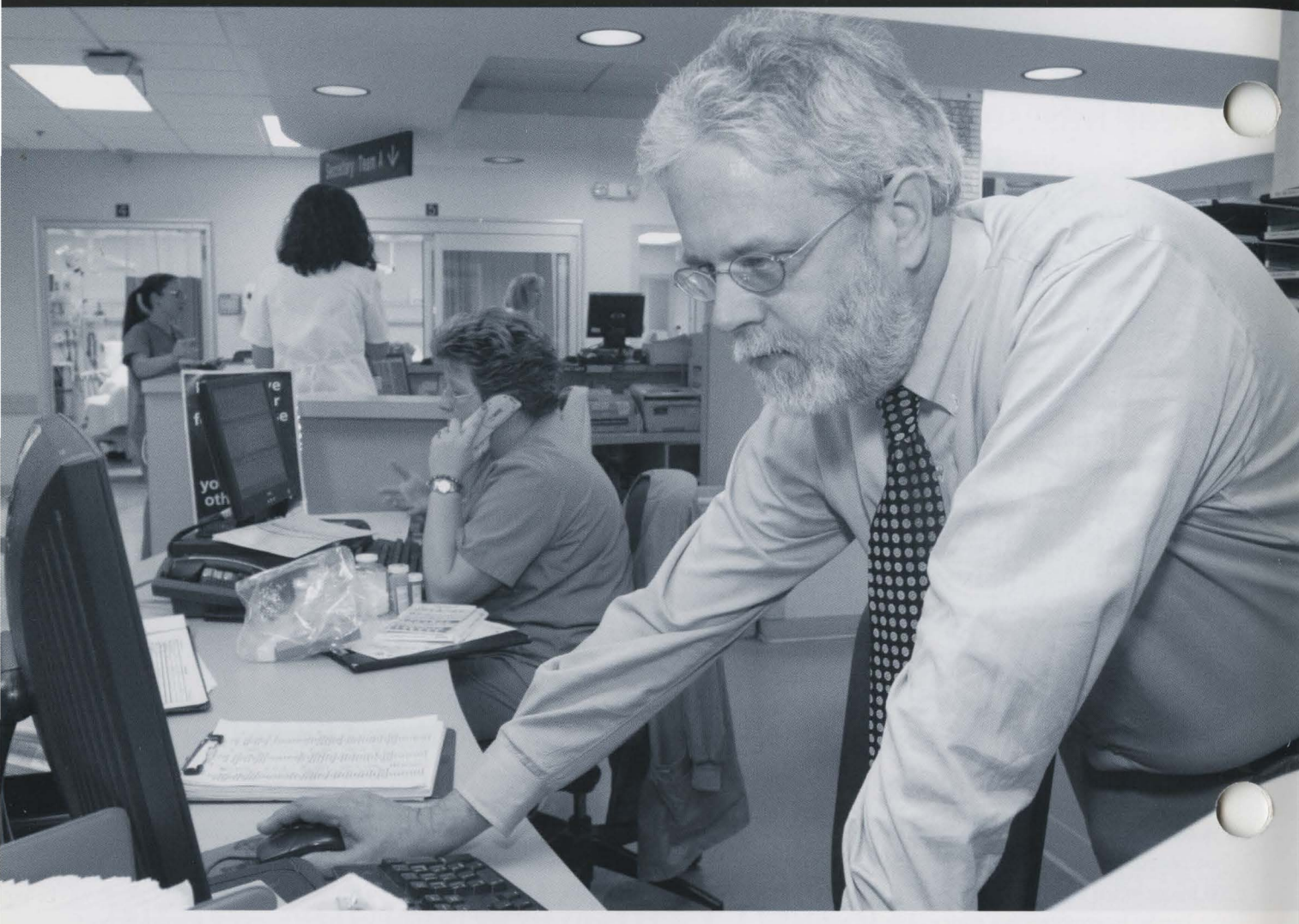
System Provides $58 Million in Uncompensated Care

Moses Cone Health System provided more than $58.3 million in uncompensated care in Fiscal Year 2004. That compares with $36.7 million in uncompensated care given in Fiscal Year 2003. These figures come from the annual Report to the Community, which was released recently by Moses Cone Health System. It is also available at www.mosescone.com.

"The trustees of Moses Cone Health System are proud of the record reflected in the 2005 Report to the Community," says **Winburne King**, *Chairman, Moses Cone Health System Board of Trustees*. "We believe next year's record will be equally exemplary – driven by our mission to deliver top quality healthcare to all in our community."

The report also outlines donations givens to charitable organizations, money used to train doctors, nurses and other healthcare professionals as well as classes and seminars for the public.

Pages from the 2005 Report to the Community.



Robert Beaton, *MD, checks his patient's status on a computer in the Emergency Department.*

Length of Stay Pushes Capacity, Impacts Care

Patients line the halls in the Emergency Department. Surgeries are delayed. Intensive Care Units are full. And physicians can't get their patients admitted because there are no available beds.

What's the solution?

Many physicians and administrators point to reducing patients' length of stay in the hospital. They say this would help streamline efficiencies throughout all hospitals, ensure quality care, and improve patient and physician satisfaction.

On average, patients are staying about one-third of a day longer than the System's 5.5-day target. That might not sound like a lot. But it makes a big difference – it means patients occupy an additional 25 beds each day at The Moses H. Cone Memorial Hospital, four beds at Wesley Long Community Hospital and four beds at The Women's Hospital of Greensboro.

These patients require an additional 45 nurses each week Systemwide. Annie Penn Hospital has not had to employ additional personnel or use additional beds because it has managed its length of stay well.

Management is considering several changes Systemwide to help alleviate the problem, including:

- Evaluating staffing levels, particularly on the weekends, in departments that provide therapy, imaging and other services. Additional physical therapists already are being recruited.
- Evaluating the Care Management structure, including its staffing levels in Emergency Departments.
- Working to strengthen the hospitalist program.

Also, management will distribute individual physician reports identifying their patients' average length of stay by diagnosis code, compared with that of their peers. Physicians are asked to help by:

- Assisting in identifying a targeted date of discharge for each patient.
- Communicating this date to the patient's family as early in the patient's hospital stay as possible.
- Making efforts to discharge patients by 11 a.m. when possible.
- Reviewing and considering conditional discharge orders.

Here's what some physicians say about how length of stay impacts them:

Mary John Baxley, *MD*

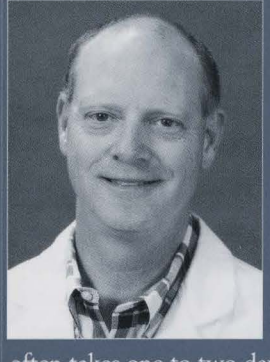
Chief, Medical Service

"Length of stay is a complex issue. Obviously, if there is a delay in transferring patients from the Emergency Department to other hospital units, there will likely be delays in getting their evaluation and treatment started.

"The fact that we are seeing many very sick patients being admitted contributes to the length of stay. Many illnesses that we once treated in the hospital are now treated in the outpatient setting, leaving much sicker patients with complications being admitted. If hospital reimbursement is based on a lump sum for a diagnosis code and not a daily rate per patient (for example, as with Medicare), it becomes increasingly difficult for hospitals to break even with increasing lengths of stay. Patients sometimes want to stay an extra day because they fear going home too early or because of family issues and transportation issues.

"We want to encourage physicians and patients to adhere to the 11 a.m. discharge time. We are asking physicians to remind patients of this early in the hospitalization, if possible. We also are asking physicians to begin to identify a possible (probable) discharge date early.

"Even staying just one day longer impacts the whole system tremendously. Certainly we want patients to have the necessary time for treatment and recovery in the hospital, but we need for this process to be as efficient as possible."



Patrick Wright, *MD*

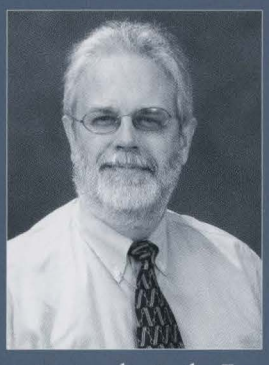
Critical-Care Physician

"In critical care we have an aggressive triage program, in which we try to triage patients out of the critical-care units. We round every day and look to see who's appropriate for transfer out. However, in the last several months, it's been increasingly difficult to do this. It often takes one to two days for a patient to find a room.

"It creates a domino effect. With patients' length of stay increasing, it becomes a real challenge to get people into and out of ICUs. If there are no step-down beds, telemetry beds or other appropriate beds, the patients stay in the ICU when they don't require ICU care. And critically ill patients can't get ICU beds. Very often, we'll have to manage critically ill patients in the Emergency Department, in the recovery room or on the floors.

"It needs to be a team effort, but I would ask physicians to try to recognize earlier when patients potentially can be discharged. We should involve the patient, Care Management and other disciplines – such as physical therapy and occupational therapy – earlier so we can begin planning early.

"Families should be made aware of when discharges can occur. They need to be psychologically prepared for impending discharge."



Robert Beaton, *MD*

Medical Director, Emergency Department

"Every action or non-action on the patient-care floors has a direct impact on the Emergency Department. We depend on turning those beds over in order to get our patients through. Here's an example.

"We see an average of 185 to 200 patients a day in the Emergency Department at Moses Cone Hospital. We admit 20 percent to 25 percent of those patients, so on any given day, we're admitting 30 to 50 new patients.

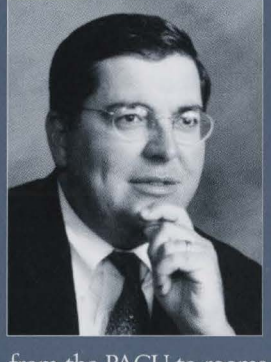
"In April, we admitted 1,119 patients at Moses Cone Hospital. They waited an average of 1 hour and 50 minutes from the time we requested a bed until the bed was ready. That means we had patients waiting 2,000 hours in the Emergency Department. We could have treated an additional 586 patients if the bed had been available as soon as we requested it.

"It's also a quality issue. When our volume begins to exceed 180 patients in a day, many more people leave before being seen by a clinician. People just give up and go home. That impacts quality of care, not to mention finances and patient satisfaction.

"It is absolutely critical for us to come up with solutions to these kinds of problems. We as a medical staff need to sit down with leaders of the medical staff and look at this.

"As we move forward, I think there's going to have to be better control over length of stay. Perhaps we'll have a 'bed czar' doctor who can look at length of stay and practice habits of individual physicians to make sure they're held accountable and that they're delivering the quality of care we expect here. At the same time, ED physicians will need to do a better job of recognizing who needs to be admitted and who doesn't. It's going to take a partnership between us.

"It's a brave new world, and building more beds is not the solution. We need to get better at handling what beds we have. Our systems and processes need to improve."



Robert Evans, *MD*

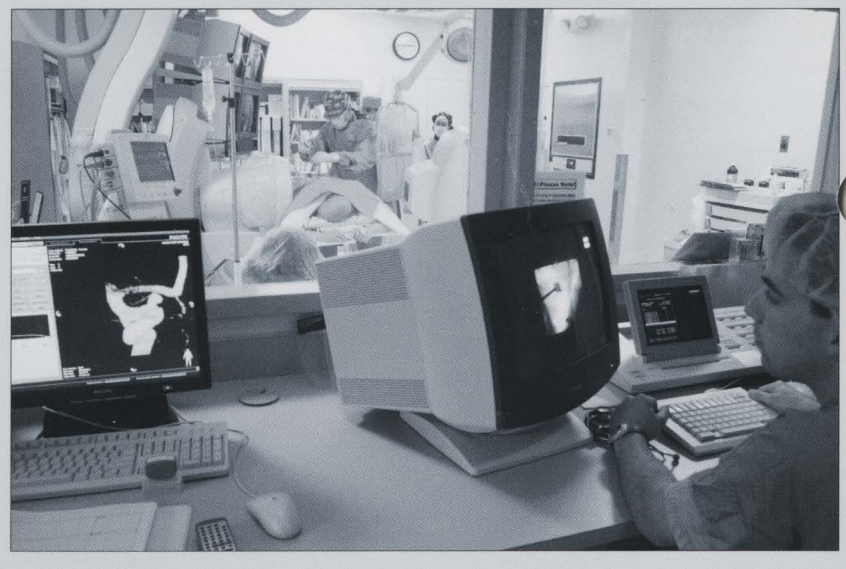
Chief, Surgical Service

"The bottom line is when length of stay is up, there are fewer beds available for our patients for post-op care. Ultimately, that ends up delaying surgeries in the Operating Room.

"If we can achieve a lower length of stay and have fewer inpatients, it will free up our ability to move patients from the PACU to rooms on the floor. And that will allow patients from the Operating Room to move to the PACU, which allows you to do your next case.

"Patients are constantly asking to stay another day because it's more convenient for their caregivers, but what they don't realize is that this actually inconveniences tremendous numbers of other people.

"We are simply asking all physicians to try to make their decisions about discharge in a timely fashion. And we ask them to tell their patients, especially on the surgical side, how long they'll be there almost right from the beginning so we set expectations right up front."



Paul Jernejcic, *Senior Interventional Technologist, monitors an image on the computer as* **Daniel Hassell**, *MD, performs a procedure on a patient.*

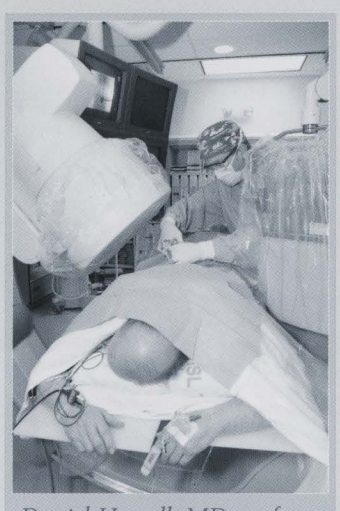
Interventional Radiology Upgrades, Expands Capacity

By ***D. Daniel Hassell,*** *MD*

One patient had just suffered an acute stroke, and there was precious little time to intervene and prevent permanent severe brain damage. The other was bleeding emergently from cancer which had spread to the lung – blocking the artery was the only hope to control the bleeding.

Fortunately, both patients could be treated emergently because of recent renovations in the Interventional Radiology suites at The Moses H. Cone Memorial Hospital. The hospital has completed replacement and upgrade of its Interventional Radiology procedure rooms and equipment to keep pace with the larger volume and increasing severity of patients being treated at all hours of the day.

In interventional radiology and the related field of neurointerventional radiology, subspecialists move guidewires, catheters and an assortment of miniaturized tools through the body under X-ray guidance to diagnose and treat diseases. Some of the procedures replace open operations, typically with a much shorter recovery time and much lower risk of complications. Others, such as the catheter-directed treatment of clots causing stroke or the catheter-directed blockage of bleeding arteries, may be the only treatments possible.



Daniel Hassell, MD, performs a kyphoplasty in one of the new interventional radiology rooms at The Moses H. Cone Memorial Hospital. Kyphoplasty is a minimally invasive procedure used for treating vertebral fractures.

At Moses Cone Hospital, the neuro-interventional room now has two X-ray tubes to allow continuous monitoring of difficult procedures and to provide magnified, precise visualization of the brain. A specialized 3-D computer can nearly instantaneously create a detailed, rotating map of the arteries of the brain or neck. In this suite, brain aneurysms are blocked with tiny coils and stents before they have a chance to bleed. Blockages are opened with tiny balloon-tipped catheters. Stents are used to open arteries. Patients are sent directly from the Emergency Department within hours of the onset of stroke symptoms to dissolve the blockage, reverse the symptoms and prevent permanent brain damage.

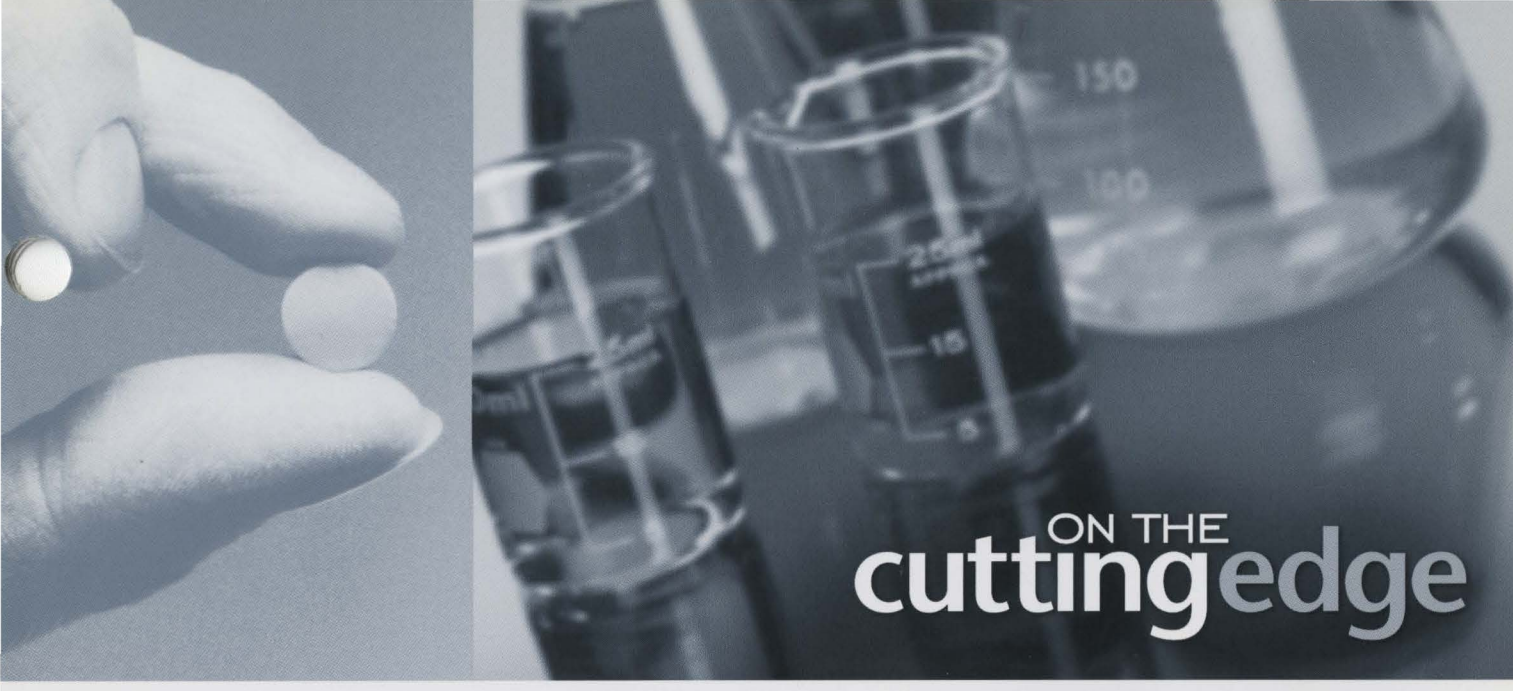
The other new interventional room is outfitted to provide the fastest and highest-quality radiologic technique available for interventional procedures, including angiography, catheter placement, balloon angioplasty, stent placement, embolization and thrombolysis. These techniques are applied not just in the arteries and veins but also in the digestive tract, liver, kidneys, chest, abdomen and pelvis to help diagnose and treat disease.

Both rooms are manufactured by Philips and are linked to a computer workstation that can digitally manipulate, annotate and optimize the images before sending them to the new Picture Archiving and Communication System (PACS). On PACS, the studies are immediately available for physician review at computer terminals throughout the Health System.

The rooms alone would have little value without the dedicated staffing resources. Interventional radiology nursing has been expanded with additional specially skilled nursing staff, who now support around-the-clock coverage of interventional radiology patients.

Six radiologic technologists with added interventional training are an integral part of the procedure team, scrubbing with and assisting the interventional and neurointerventional radiologists during the procedures.

The Radiology Department is justifiably proud of the recent improvements in its Interventional Radiology capabilities and staff. The health of the people we serve is enhanced by this highest level of neurointerventional and body interventional radiology services.



ON THE cutting edge

Scoliosis Surgery Allows Children to Be Treated Close to Home

A surgical procedure that is a fairly recent addition to Moses Cone Health System means that families who were once faced with having to travel long distances to university medical centers can now have treatment and improved continuity of care right at home.

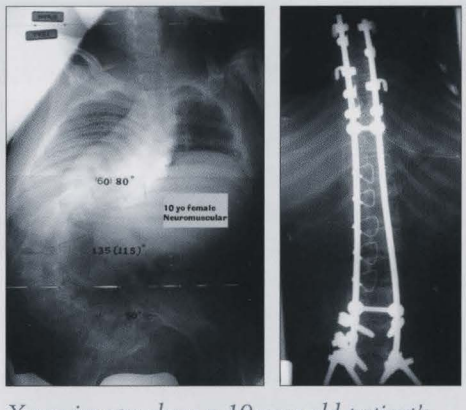
Max Cohen, *MD*, an orthopedic spine surgeon with Greensboro Orthopaedics, does complex surgery to correct curvature of the spine, or scoliosis.

Cohen says that the surgery, which is unusual in a community hospital, is a good fit because of the help available from the Pediatric Intensive Care Unit and the Health System's willingness to invest in needed equipment and staff.

"This is hugely gratifying and a tremendous service to have in our area," Cohen says. "In the past, it would have been left untreated or you would have to travel – and you didn't have the continuity of care that you should have."

Some scoliosis cases are caused by degenerative conditions, in which the discs collapse because of such conditions as osteoporosis; some involve patients who also have muscular dystrophy or cerebral palsy; and some have unknown causes. The latter tends to run in families and is most common in girls from the ages of 8 to 15.

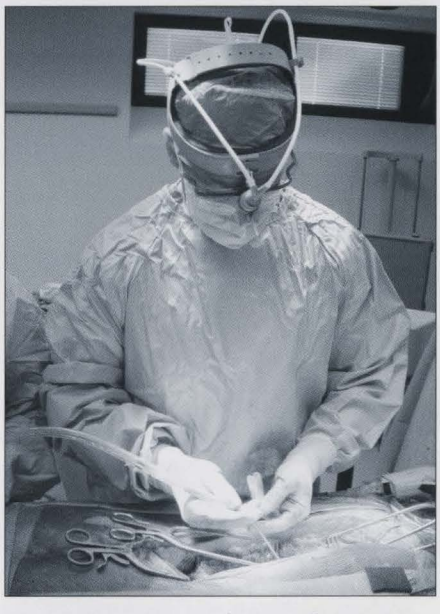
The surgeries take between five and 10 hours to complete. In both adults and children, the spine is exposed, then straightened. Stainless steel rods that are bent with metal-bending equipment in the operating room are then attached to the spine with hooks, screws and wires to hold them in place while the newly straightened spine heals.



X-ray images show a 10-year-old patient's spine before and after her scoliosis surgery.

In adults, the bones in the spine must be broken and then set back in place to knit together. In children, whose spines are still flexible, the rods themselves provide the correction, so the spine will fuse in a straightened alignment.

Michael Simmons, *MD, Medical Director, Pediatric Critical Care, The Moses H. Cone Memorial Hospital*, said that the average child who undergoes this surgery is in the PICU for two to three days. But he said that because of Cohen's credentials, which include a fellowship at the Cornell Hospital for Special Surgery in New York, he attracts cases that are even more complex than most.



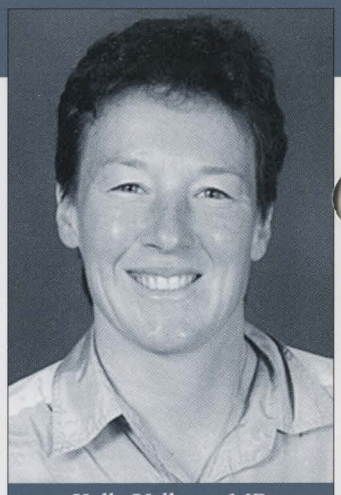
Max Cohen, *MD, performs scoliosis surgery.*

"He couldn't take up these surgeries if it were not for the PICU, but I frankly have never seen scoliosis surgery done the way he does it," Simmons says. "He just has magic hands…there are things that we can do and should be doing and having someone with Max Cohen's skills is a delight."

For Cohen's part, the end result is remarkable to see. A child's deformity is corrected, making her inches taller, improving her breathing and overall health, and renewing her appearance and self-esteem.

"That really makes it worth it," he says.

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 MD*journal at 832-6516 or e-mail newsletter@mosescone.com.*


Kelly Vollmer, *MD*

Doing Today's Work Today:

HealthServe Community Health Clinic Launches New Practice Management Program

By ***Kelly Vollmer,*** *MD*
Medical Director, HealthServe Community Health Clinic

HealthServe Community Health Clinic is implementing a practice management program designed to allow patients to be seen the day they call to make an appointment at either of the two clinics.

The program, called Advanced Access, will bring a number of benefits to HealthServe and its patients, including:

- More effective management of the medical practice.
- Better management of daily demand for patient care versus capacity.
- Better patient flow through the practice.
- Shorter waiting times for patients.
- Faster response to patients' needs for immediate care.
- More time for patients with their physician or nurse practitioner.
- A less stressful healthcare experience for both patients and staff.
- Higher levels of patient and staff satisfaction.

Advanced Access was developed by the Institute for Healthcare Improvement (IHI) more than 10 years ago. By moving from a standard practice management plan to Advanced Access, staff in organizations learn new ways to deliver patient care more effectively.

One of the most effective tools for testing a new process is PDSA – **P**lan, **D**o, **S**tudy, **A**ct. This process determines if a proposed change is both needed and beneficial and ensures that it relies on data derived from a real-life test. As a result of PDSA studies, HealthServe staff now has a morning "huddle" when front office staff, clinical staff and providers meet to review the day's schedule and to identify potential challenges. Also, appointment times have been changed to 15 minutes from 10 minutes. We also have reduced our practice no-show rate from 22 percent in November 2004 to 11 percent in March.

A cornerstone of HealthServe's mission is to increase access to timely and quality healthcare and to provide a high-quality healthcare experience. Advanced Access will enable us to more effectively fulfill our mission.

HealthServe has been chosen to present its Advanced Access program at the IHI's June session in Atlanta. It was one of three organizations selected from a group of 17 ranging in size from small clinics to large health systems.

Strategic Planning Process Nears Midpoint

A Steering Committee of physician leaders, Moses Cone Health System board members and senior management is about halfway through the process of updating the Strategic Plan for the Health System.

The committee is now focusing on refining a list of critical success factors for the future, which include the need to build strong relationships between the Health System and its Medical Staff.

The Committee is working with Health Care Futures, a national consulting firm, on this project. Interviews have been completed with more than 90 people – including physicians, members of the Board of Trustees, senior administrators and community members – about the future of the Health System. In late April, the Committee held a retreat to discuss the results of these interviews and other findings from the analysis so far and to further examine the organization's mission and vision.

"We're all working hard and taking this planning process very seriously to determine how we can best position ourselves as the mission of the hospital evolves over the next five to 10 years," said **Todd Early**, *MD, President, Medical and Dental Staff.*

"The main focus of the physicians on the committee is to ensure that the final strategic plan has the best interests of patients and physicians at heart. We want to ensure that physicians' needs and interactions with the hospital are understood."

Early said he has been pleased with the results so far. The Committee expects to present a recommended updated Strategic Plan at the Board of Trustees' Fall Leadership Retreat.

Work is continuing on a medical office building near Annie Penn Hospital.

CONSTRUCTION UPDATE

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

At **The Moses H. Cone Memorial Hospital**, work continues to be on schedule on the Moses Cone Health System Heart and Vascular Center. The project will add approximately 60,000 square feet of new construction to the hospital as well as renovate existing interior space. The structure should be fully enclosed in June. Interior renovations will follow. The entire project should be complete by early 2006.

Also, workers are replacing exterior limestone on the fifth floor. This is an extensive project, which will be done in three stages and likely be finished by mid-August. Some rooms are temporarily out of service because of the noise associated with the project.

At **Wesley Long Community Hospital**, BE&K of Raleigh, a new contractor, is on site and work is expected to begin on completing the East Tower renovation in July. At this time, workers will begin correcting the window installation and working on the roof. This and other remaining work from the project's first phase should be completed by late December. Phase 2 construction to the West Tower will start after the East Tower is occupied.

A physicians' consult room across from the Operating Room has been completed.

Hospital administrators are re-evaluating the location for a new lithotripsy pad at the hospital.

A new sign for the Regional Cancer Center will be installed on the canopy at the front entrance.

Designs are being developed to reconfigure the Post Anesthesia Care Unit at **The Women's Hospital of Greensboro**. Construction should begin on this project by the fall. Work is being done to address water leaks in windows on the third floor. Once these leaks are fixed, the third-floor rooms will be renovated.

At **Annie Penn Hospital**, workers are getting ready to start the last phase of a mold abatement and renovation project on the fourth floor. The roof replacement project is under way. Work will begin soon to complete a new exterior stucco finish on the surgical tower – this will eliminate future problems with water infiltration. A new physicians' lounge and public restroom just opened. A project to create a new physical therapy area is starting. Design work is being finalized on the Emergency Department expansion and renovation. Also, plans are being developed to add more parking for staff and visitors. Work is under way on a new medical office building near Annie Penn Hospital – this is expected to be complete by early September.

Plans are being developed to build a 33,000-square-foot medical office building in Kernersville. Construction could begin on this by the end of summer.

Emergency Department Improvements Include New 'Flow Manager'

Four new nurses have been hired to manage patient flow through the Emergency Department at The Moses H. Cone Memorial Hospital as part of a Six Sigma project to improve waiting times in the Emergency Department.

The flow managers will look for bottlenecks that can slow down patient care. For example, they will ensure treatment rooms stay filled, check on lab test delays and ensure timely patient discharges.

Other improvements include the establishment of a lounge where treated patients can wait to be discharged.

Also, a new zoning system helps staff evaluate such factors as the number of patients and the severity of their condition as well as the number of staff and other resources in the department. A color code is assigned, along with a list of possible steps to take – such as calling in more staff or asking physicians to stay later.

Finally, all ED beds will be opened to care for patients 24 hours a day by merging the Minor and Major sides. New cardiac monitors will be installed to provide 35 total beds with monitoring capability.

New Gait Training Therapy Offered

The Rehabilitation Department of Moses Cone Health System is offering a new therapy for walking training that may be especially helpful to patients who are weak or can't support their own weight.

The treatment, called partial weight-bearing gait training, is available in the inpatient rehabilitation department at The Moses H. Cone Memorial Hospital as well as at the Outpatient Rehabilitation Center on Church Street.

The training uses a treadmill equipped with a body support system to provide proper upright posture as well as balance and safety during walking. It is appropriate for any patient working on gait. Severely involved patients - those unable to support their own weight, inappropriate for assistive devices or too weak in upper body strength - may benefit from training aimed at developing coordination needed for walking.

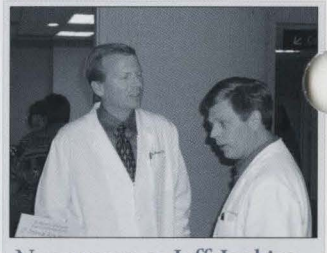
It can be used with patients who have spinal cord injuries, traumatic brain injuries, muscular dystrophy, Parkinson's disease, multiple sclerosis, cerebral palsy or lower extremity joint pain as well as stroke patients, amputees or anyone with balance, coordination, postural control, endurance and/or vestibular problems.

Trauma Conference Draws Crowd

More than 150 physicians, nurses and other clinicians came to The Moses H. Cone Memorial Hospital in April for the fourth annual "Key Issues in Trauma Management" conference.

The conference focused on:

- Damage control techniques in the management of orthopedic trauma.
- Pediatric trauma.
- Burns.
- Controversies in spinal cord injury diagnosis and management.
- Innovative management of severe closed head injury.
- Advanced topics in ventilator management.



Neurosurgeons **Jeff Jenkins**, *MD, (left), and* **James Hirsch**, *MD, discuss one of the sessions at the recent Trauma Management conference.*

James Wyatt, *MD, Medical Director, Trauma, Moses Cone Health System*, and **David Williams**, *MD, Attending Physician, Pediatric Critical Care, Moses Cone Health System*, were on the faculty for the conference.

Care Management to Launch New Documentation System

The Care Management department plans to implement the MIDAS Care Management documentation system, a nationally recognized leader in care management software applications.

The MIDAS system will allow the Care Management Department to track, manage and report the complete utilization and care management processes as well as avoidable/denied days in patient care. This information can be reported to physicians, other care providers and administration.

To date, Care Management documentation has been completed primarily in paper format with some information noted in the IDX system. The MIDAS system offers a centralized, standardized and paperless way to document and view utilization and care management information for all acut inpatients throughout Moses Cone Health System.

Because of the automated ability to document and track information consistently, the reporting capabilities will be diverse, easy to use and flexible enough to meet multiple analysis needs. Although the MIDAS system will be initially implemented only in Care Management, it also has the ability to provide future support in other areas of quality improvement.

New Interns Start in Family Medicine and Internal Medicine

The Family Medicine and Internal Medicine programs of Moses Cone Health System have recruited new first-year residents, who will be trained in June and start work on July 1.

The Family Medicine residents and their medical schools are:

Graham Shaw Duncan, *MD*
University of North Carolina at Chapel Hill School of Medicine
Valenica Rena Eggleston, *MD*
Brody School of Medicine at East Carolina University
Tamieka Howell, *MD*
New York Medical College
Fernanda Isabel Moreira, *MD*
Universidad Nacional de La Plata
Adlih Moreno-Coll, *MD*
Institut Superior de Ciencias Medicas Habana
Idaylis Morono-Ponce, *MD*
Institut Superior de Ciencias Medicas Habana
Warren Thomas Pickard II, *MD*
UNC-CH School of Medicine
Madeleine Bell Vanstory, *MD*
Brody School of Medicine at ECU

The Internal Medicine residents and their medical schools are:

Dana Albon, *MD*
Iuliu Hatieganu Univ of Medicine in Romania
Yuri Cabeza, *MD*
University of Chile
Sean Dobson, *MD*
Wake Forest University School of Medicine
Arun Krishnaraj, *MD*
UNC-CH School of Medicine
Brad Merritt, *MD*
UNC-CH School of Medicine
Sejal Patel, *MD*
University of Baroda in India
Daniel Thompson, *MD*
WFU School of Medicine
Wade Wilkerson, *MD*
WFU School of Medicine
Salaija Yerrabapu, *MD*
Kernool Medical College in India

Lymphedema Program Offered By Outpatient Rehabilitation

The Comprehensive Lymphedema Program at the Moses Cone Outpatient Rehabilitation Center at Guilford College manages patients with this chronic condition and educates patients and their families with self-management.

Lymphedema is the chronic progressive swelling of a body part, typically an extremity, as a result of an abnormal accumulation of protein-rich fluid. Lymphedema can either result from a congenital abnormality or from surgery, radiation, trauma or other damage to the lymphatic system.

Lymphedema affects 1 percent of the population in the United States and is often undiagnosed or misdiagnosed. Many people are affected by it following surgery and/or radiation for cancer treatment. While lymphedema is not preventable, there are possible ways to prolong the onset and successful ways to treat the symptoms. The treatment goal is to educate patients to become independent in managing their symptoms, as there is currently no cure.

The Comprehensive Lymphedema Program includes four components: manual lymph drainage (a gentle massage technique to redirect lymph fluid to healthy lymph nodes), compression bandaging, skin care and remedial exercise to promote lymphatic flow.

Two certified lymphedema therapists (both physical therapists) are available to treat patients with lymphedema. Contact them at 315-4760 with any questions or to refer a patient.

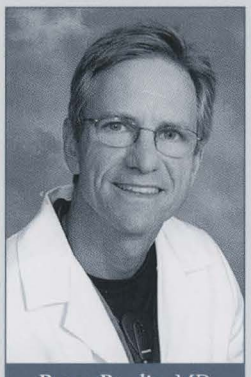
Six Sigma Projects Continue

Moses Cone Health System is continuing work on two Six Sigma quality-improvement projects – one aimed at reducing the number of flash sterilizations in the operating rooms and one to reconcile a patient's home medications with those prescribed in the hospital.

While regulatory agencies recognize that the shortened flash sterilization process has to be used occasionally, it is not the preferred method. The process leaves instruments sterilized but not wrapped, so it can be more difficult to maintain their sterility while transferring them.

The team's goal is to use flash sterilization only for emergencies and dropped instruments.

A Six Sigma process improvement team is also working on a medication reconciliation project to ensure that newly admitted patients' medications are reconciled with the medicines they were taking before entering the hospital. Later, the team may extend its work to reconciling medications when patients are transferred and discharged.



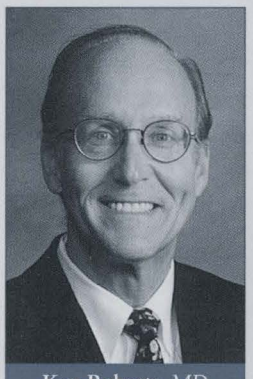
Bruce Brodie, *MD*

Bruce Brodie, *MD*, has been selected as an "Elite Reviewer" for the Journal of the American College of Cardiology (JACC). JACC is a leading research publication in the field of cardiology.

Brodie has been a peer reviewer of research papers published in the JACC for three years. Only about 3 percent of reviewers are selected as elite reviewers by the Journal of the American College of Cardiology.

Usually reviewers are anonymous. However, the JACC established the designation of Elite Reviewer to recognize those individuals whose contributions to the Journal have been of extraordinary magnitude and quality.

Brodie is on the medical staff of Moses Cone Health System. He is an interventional cardiologist with LeBauer HeartCare, a founder of the LeBauer Cardiovascular Research Foundation and served as Medical Director of the Cardiac Catheterization Lab of The Moses H. Cone Memorial Hospital from 1980 to 1991.



Ken Roberts, *MD*

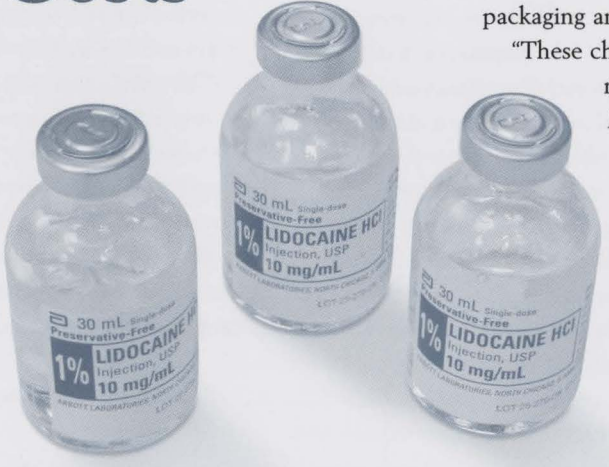
Ken Roberts, *MD, Director, Pediatric Teaching Program, Moses Cone Health System*, has received the Robert S. Holm Leadership Award from the Association of Pediatric Program Directors (APPD), the national group that oversees pediatric residency programs. The award honors a program director or associate program director who has made extraordinary contributions in leadership or as a mentor, adviser or role model to other directors. The award was presented in May during the national annual meeting of the APPD and the Medicine-Pediatrics Program Directors Association, which oversees combined residency programs in internal medicine and pediatrics. Roberts was president of the APPD from 1994 to 1996.

Cath Lab Saves Thousands on Supply Costs

The Cardiac Catheterization Lab at The Moses H. Cone Memorial Hospital has posted significant savings this year, including more than $200,000 by negotiating new prices on cardiac stents, changing ordering procedures and eliminating unnecessary packaging and custom-ordered products.

"These changes have been very easy to make," says **Tony Petrillo**, *Director, Invasive Cardiovascular Services*. "By getting the same, high quality products at a lower cost, we can help the Health System achieve our financial goals."

First, Petrillo and **Jeff Garrison**, *Vice President, Heart and Vascular Center*, negotiated better pricing on drug-eluting stents. They then negotiated additional savings of $180,000 over the next six months.



New pricing on stents, new patient drapes and less packaging of lidocaine vials have helped save money in the Cath Lab at Moses Cone Hospital.

Portrait of **Michael Simmons**, *MD*

A portrait of **Michael Simmons**, *MD, Director, Pediatric Critical Care Services, Moses Cone Health System*, has been unveiled at the University of North Carolina at Chapel Hill School of Medicine, where he was a former dean. Two of Simmons' contributions were highlighted: his reorganization and revitalization of the MD-Ph.D. Program and his work to establish the Minority Scholars Program, which recruits and supports outstanding minority faculty. In recognition of his efforts, the program has been renamed Simmons Scholars.

Robin Turner, *MD*

Robin Turner, *MD, Medical Director, Palliative Care, Moses Cone Health System*, was recently awarded Diplomate status by the American Board of Hospice and Palliative Medicine. Diplomate status is awarded only to experienced physicians who meet standards for the delivery of palliative medical care to patients with advanced, progressive illness. Nationwide, she is one of approximately 1,200 physicians certified in hospice and palliative care medicine. She joins two other Moses Cone Health System physicians certified in this field: **Rita Layson**, *MD*, and **Bill Hensel**, *MD*.

Another change – buying lidocaine vials in less extensive packaging – saved the System about $45,000. This change was identified by a consultant with VHA who is helping guide the System's supply cost reduction effort.

Finally, the Cath Lab was paying for custom-made drapes to cover patients during procedures. **Deanna Strader**, *Cardiac Cath Lab Inventory Manager*, and **Jim Hartung**, *Contract Administrator*, discovered that a non-specialty drape met the same criteria and cost less. This change is expected to save about $85,500 per year.

"The Cath Lab has really hit the ground running on the supply cost initiative," says **Ken Boggs**, *Vice President, Supply Chain*. "The staff has done a tremendous job saving the System money without sacrificing high-quality patient care."

Other projects under way in the supply cost reduction effort include:

- General surgeons and Operating Room clinical staff are evaluating different kinds of trocars – tubes used during laproscopic procedures – for acceptability and price.
- Orthopedics, Neurosurgery and Health System staff are beginning to assess opportunities to improve the hospital's pricing on implants.
- A general patient care group has begun to look at savings opportunities in the daily medical and surgical supplies used on the floors and in other clinical settings.

CareLink Now Produces Electronic Patient Documents

CareLink critical care transport trucks have been equipped with laptop computers to allow staff to produce electronic patient care reports.

Staff can now enter all patient information into the laptop computer and reports can be automatically faxed to the patient's unit in any of the System hospitals. The reports offer more detail and are clearer and easier to read than the former handwritten, paper documentation, says **Kristen Yntema**, *Director, CareLink.*

The system also offers the capability to analyze statistics for quality improvement and referral purposes.

The sturdy laptops, known as Toughbooks, are securely mounted in the patient-care area of the truck.

Update on Medical and Dental Staff Elections

Richard Kaplan, *MD*, has been elected as Chief, OB/GYN Service for an initial three-year term. He will serve in the position until Sept. 30, 2008.

William Bowman, *MD*, has been elected as Chief, Surgical Service for an initial three-year term. His term will begin on Oct. 1, and he will serve until Sept. 30, 2008.

Franklin Hatchett, *MD*, has been re-elected as Chief, Anesthesia Service for a second three-year term. **James Williford**, *MD*, has been re-elected as Chief, Psychiatry Service for a second three-year term.

System Receives Organ Donation Award

Moses Cone Health System has received the U.S. Department of Health and Human Services' Medal of Honor for achieving a 75 percent conversion rate among eligible organ donors.

A team was established to increase organ donations. Checklists and protocols were developed for the Emergency Department to remind staff to identify potential donors, take steps to preserve organs and call Carolina Donor Services to talk with families about organ donation.

"Carolina Donor Services also deserves to be recognized for its part in helping Moses Cone Health System achieve this award," says **Tom Gettinger**, *Executive Vice President, Moses Cone Hospital.* The award was presented during the annual Organ Donation Learning Conference in May in Pittsburgh, PA.

Inpatient Satisfaction Score Chart

Overall inpatient satisfaction percentages reported for April 2005*

THE MOSES H. CONE MEMORIAL HOSPITAL
Monthly Goal 86.2
April 2005 Actual 84.4
Second-Quarter Score 83.4
Percentile Ranking Q2 56

WESLEY LONG COMMUNITY HOSPITAL
Monthly Goal 87.1
April 2005 Actual 83.6
Second-Quarter Score 84.7
Percentile Ranking Q2 55

THE WOMEN'S HOSPITAL OF GREENSBORO
Monthly Goal 88.7
April 2005 Actual 90.2
Second-Quarter Score 87.6
Percentile Ranking Q2 90

MOSES CONE BEHAVIORAL HEALTH CENTER
Monthly Goal 83.7
April 2005 Actual 82.5 (Adult)
83.5 (Adolescent)
Second-Quarter Score 80.8 (Adult)
85.0 (Adolescent)
Percentile Ranking Q2 N/A

ANNIE PENN HOSPITAL
Monthly Goal 87.1
April 2005 Actual 85.8
Second-Quarter Score 85.5
Percentile Ranking Q2 54

** 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.*

Physicians, Residents Present at Meetings

Elizabeth Butcher, *MD*, and **Tim Lane**, *MD*, received the Best Clinical Research Poster Award for a presentation, "An evidence-based approach to the patient-centered use of BNP," at the North Carolina American College of Physicians annual meeting in February in Durham.

Physicians also presenting papers at that meeting included **Kamau Crawford**, *MD*; **Jaideep Debsikdar**, *MD*; **Jerry Joines**, *MD*; **Navin Gupta**, *MD*; **Bruce Brodie**, *MD*; **Tom Stuckey**, *MD*; **William Downey**, *MD*; **Katie Kirk**, *MD*; and **Sorin Laza**, *MD*.

In addition, **Nancy Phifer**, *MD*, and **Arun Krishnaraj**, *MD*, made presentations at the sixth annual Women's Health Research Day, held in March at the Center for Women's Health Research, School of Public Health, University of North Carolina - Chapel Hill.

Elizabeth Butcher, *MD*, and **Samuel Cykert**, *MD*, presented in February at the annual meeting of the Southern Society for General Internal Medicine.

Electronic Report Signing is Delayed

A program to implement an electronic signature option for dictated reports across Moses Cone Health System is being postponed until after July because of errors found during testing of the system.

The errors are related to the programming of the software, says **Liz Smith**, *Director, Medical Records, Moses Cone Health System*.

"We plan to begin implementation once the software is corrected," Smith says. "I will continue to keep the Medical Staff informed."

New Physicians Join Staff

Moses Cone Health System
Medical and Dental Staff

Samuel Ajizian, *MD* (Provisional Active status) completed his residency in pediatrics at Children's Hospital of Los Angeles and a fellowship in pediatric critical care medicine at LeBonheur Children's Medical Center at the University of Tennessee-Memphis. He is board certified in pediatrics and pediatric critical care medicine. He practices with Moses Cone Health System Pediatric Critical Care Services.

Jeffrey P. Caporossi, *MD* (Provisional Active status) completed his residency in emergency medicine at Naval Regional Medical Center. He is board certified in emergency medicine and practices with Guilford Emergency Physicians, PA.

Joseph H. Clark, *MD* (Provisional Active status) completed his residency in pediatrics at the University of Virginia Health System and a fellowship in pediatric gastroenterology at Indiana University-Riley Children's Hospital. He is board certified in pediatrics and pediatric gastroenterology. He specializes in pediatric gastroenterology at Pediatric Sub-Specialist of Greensboro.

Kalsoom K. Khan, *MD* (Provisional Active status) completed her residency in internal medicine/pediatrics at Albany Medical Center Hospital and a fellowship in medical oncology/hematology at Yale-New Haven Hospital. She is board certified in internal medicine and medical oncology. She specializes in oncology/hematology at Moses Cone Health System Regional Cancer Center.

Jason C. Reutter, *MD* (Provisional Active status) completed his residency in anatomic and clinical pathology at the University of North Carolina at Chapel Hill. He also completed a fellowship in anatomic pathology at UNC and a fellowship in dermatopathology at Duke University's Nephrology Department. He is board certified in anatomic and clinical pathology and practices with Greensboro Pathology Associates, PA.

Administrative News

Debbie Combs-Jones is the new *Executive Director, Long-Term Care*. She will oversee the three long-term care facilities. Previously, she was Director of the Extended Care Center.

Cynthia B. Farrand is the new *Vice President/Administrator of The Women's Hospital of Greensboro*. She has more than 15 years experience in healthcare. From 1997 until 2003, she was the administrator at Mary Immaculate Hospital in Newport News, VA, and Executive Vice President of the Bon Secours Hampton Roads Health System. She will receive a master's degree in business administration from the College of William and Mary in July. She also has a master's degree in public health/health policy and administration from the University of North Carolina, Chapel Hill and a bachelor's degree in radiologic technology from The Medical University of South Carolina.

Karin Henderson is the new *Director, IV Nursing, Moses Cone Health System*. She joins the System from High Point Regional Health System, where she was the Director of Medical Nursing.

ORGANIZATIONAL ACTIVITY

	April 2005	March 2005	Feb 2005	Jan 2005	Dec 2004	Nov 2004
MOSES CONE HOSPITAL						
Beds in Service	506	506	506	506	506	506
Occupancy (percentage)	78.09	83.67	82.60	85.18	77.52	77.06
Average Daily Census	407.07	423.35	417.96	431	392.26	371.63
Average Length of Stay (days)	5.82	5.93	5.89	6.07	5.90	5.44
Surgical Procedures	1,176	1,201	1,103	1,217	1,125	1,138
Emergency Dept. Total Patients	5,566	6,075	5,439	5,954	5,109	4,971
WESLEY LONG COMMUNITY HOSPITAL						
Beds in Service	119	119	119	119	119	119
Occupancy (percentage)	92.88	95.66	93.84	91.10	85.27	77.92
Average Daily Census	110.53	113.84	111.68	108.42	101.48	92.73
Average Length of Stay (days)	5.71	5.42	5.38	5.70	5.14	4.97
Surgical Procedures	531	502	449	515	519	463
Emergency Dept. Total Patients	3,847	4,123	3,587	3,905	3,592	3,489
THE WOMEN'S HOSPITAL						
Beds in Service	134	134	134	134	134	134
Occupancy (percentage)	55.22	64.65	58.26	62.37	63.11	65.39
Average Daily Census	74	82.61	78.07	83.58	84.58	87.63
Average Length of Stay (days)	3.57	3.84	4.15	3.95	4.03	4.19
Births	454	466	394	486	486	463
Surgical Procedures	461	441	383	424	443	402
ANNIE PENN HOSPITAL						
Beds in Service	87	87	87	87	87	87
Occupancy (percentage)	50.78	63.04	57.47	58.92	48.42	53.98
Average Daily Census	49.40	60.06	51.79	51.26	42.13	46.97
Average Length of Stay (days)	3.93	4.51	4.41	4.18	3.67	4.01
Surgical Procedures	194	199	161	202	146	202
Emergency Dept. Total Patients	1,811	2,048	1,767	1,797	1,673	1,760
BEHAVIORAL HEALTH CENTER						
Beds in Service	80	80	80	80	80	80
Occupancy (percentage)	69.75	63.42	61.74	57.53	54.4	52.46
Average Daily Census	55.8	50.74	49.39	46.03	43.52	41.97
EXTENDED CARE CENTER						
Beds in Service	144	144	144	144	144	144
Occupancy (percentage)	89.0	91.0	94.0	94.0	92.0	94.0
Average Daily Census	127.73	131.71	135.96	134.84	132.68	134.97
WESLEY LONG NURSING CENTER						
Beds in Service	140	140	140	140	140	140
Occupancy (percentage)	94.0	95.0	95.0	96.0	95.0	95.0
Average Daily Census	132.10	132.97	132.61	134.32	132.42	132.43
MOSES CONE SURGERY CENTER						
Total Patients	674	689	604	635	660	594
WESLEY LONG SURGERY CENTER						
Total Patients	198	185	174	210	191	182
CARELINK						
Number of Transports	487	476	429	393	701	594
Resource Line Physician Consults	129	88	63	86	45	42
Resource Line Patient Referrals	N/A	N/A	N/A	N/A	44	76

MD*journal*

MD*journal* 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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