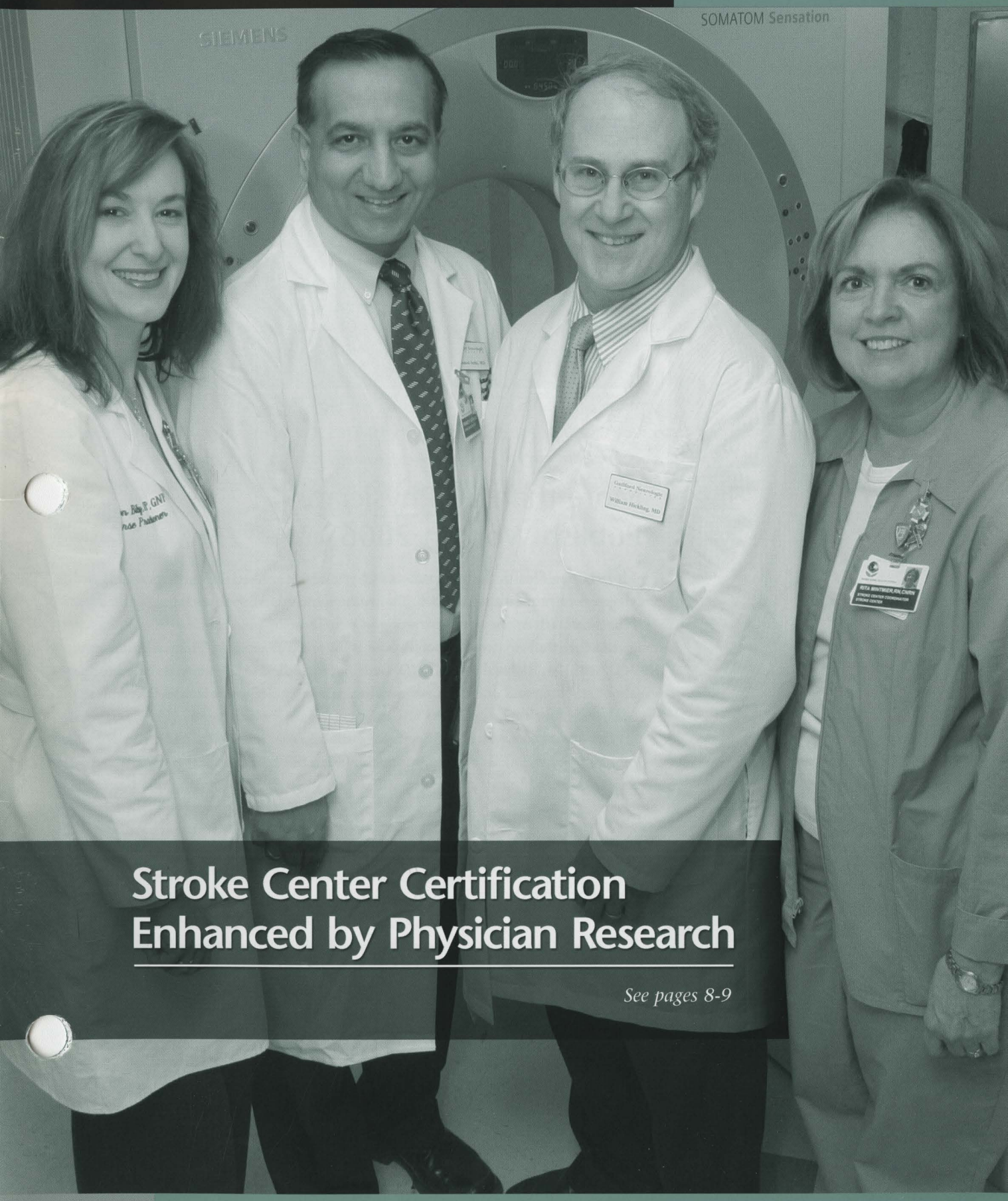
MOSES CONE HEALTH SYSTEM

VOLUME 5 | NUMBER 1 | SPRING 2007

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



Stroke Center Certification Enhanced by Physician Research

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E-PRESCRIBING TECHNOLOGY • QUALITY DATA ON PUBLIC WEB SITES

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ON THE COVER

The Moses Cone Health System Stroke Team is made up of neurologists, a nurse practitioner and a nurse. Pictured on the cover are (from left) **Sharon Biby**, *Stroke Nurse Practitioner;* **Pramod Sethi**, *MD, Medical Director;* **William Hickling**, *MD, Stroke Team Neurologist; and* **Rita Mintmier**, *RN, Stroke Center Coordinator.*

Medical Leadership

Barry Dorn, MD, of the American College of Physician Executives, spoke about Leadership, Conflict Resolution and Health System Connectivity at a January conference for Medical and Dental Staff. The event, sponsored by the Medical Executive Committee, was designed to help train medical staff who hold leadership roles.

More than 30 Physicians Publish Work in 2006

Moses Cone Health System staff and physicians published 113 articles, book chapters or other items in 2006. The authors included 34 physicians, 14 nurses, four pharmacists, one administrator and one librarian.

Leading the way were **Bruce Brodie**, *MD*, with 23 articles; **Thomas Stuckey**, *MD*, with 14; **Richard Rosen**, *MD*, with six, including five letters to the editor about smoking and one book review; **Jim Adelman**, *MD*, and **Daniel Bensimhon**, *MD*, with four each.

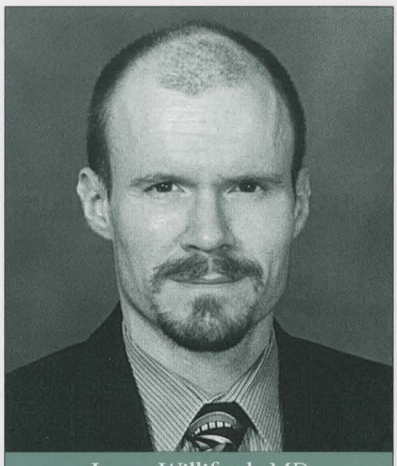
The Moses Cone Health System Medical Library compiles the annual bibliography. A link to the list is available from the Library's homepage at *www.gahec.org/library*.

Medical Executive Committee Meets in Reidsville

The Moses Cone Health System Medical Executive Committee held its January meeting at Annie Penn Hospital. This marked the first time the MEC has met in Reidsville since the medical staffs merged in 2002.

Steven Halm, *MD, Chief, Annie Penn Hospital Service*, and **Roy Fagan**, *MD, Chief-Elect, Annie Penn Hospital Service*, provided tours of the hospital after the meeting.

"The Medical Executive Committee wanted to have the meeting at Annie Penn Hospital as a way to better understand specific concerns affecting the hospital and its community," said **Alvin Powell**, *MD, Chairman, Medical Executive Committee.*



James Williford, *MD*

Care for the Family

by **James Williford**, *MD, Chief, Psychiatry Service*

As I approach a patient's room on rounds, the nurse and case manager pull me aside to tell me that the patient's wife has stayed all night again, with little sleep, continuing the pattern of the past several weeks. Also, the son has just moved from the coast to be closer and is new to the scene.

As I near the room, I hear the now-familiar statement that the patient has made hourly for several weeks: "Well Billy Bob, it's 6 o'clock and time to get the cows in." The son repeatedly confronts his father with various lines of reason. "I ain't Billy Bob, I'm Jack. It ain't 6 o'clock, it's 1:30, and you sold your cows in '95, when you retired."

As I enter the room, I see the son standing over the bed. With a mixture of denial and immature objectivity, he is still trying to pull out the faculties of his father's prior productive life. I glance over to the corner where a worn and haggard wife has a thousand-yard stare and misty eyes.

This is the early stage of pain for the family of a dementia patient. As time passes, they will deal with the emotional angst of acceptance, resentment and anger toward non-involved siblings and mounting administrative and medical tasks – all on top of their already packed schedules.

In a high-quality healthcare facility, we can often keep the patient reasonably comfortable with medications and bedside care. However, the family's suffering can be easily neglected if we are not attentive. While they will need resources for medical and administrative needs, they also will require additional psychosocial support. Meeting with counselors and other families affected by dementia will provide special understanding, empathy and reinforcement of objectivity. They can mutually reinforce realistic roles in the patients' support and help each other set limits, keeping their lives in balance.

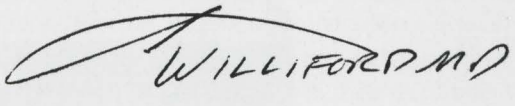
Whether we work directly or indirectly with these cases, let us be attentive and proactive in asking the family about problems that they are reluctant to discuss. We can point them toward resources and organizations that can help. In addition to the department's case manager and social worker, the following are available:

Alzheimers Association:
Visit *http://www.alz.org*
or call 24/7 Helpline: 1-800-272-3900

Moses Cone Health System
Behavioral Health Center: 832-9700

Alliance for the Mentally Ill:
http://www.naminc.org/

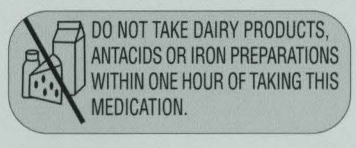
National Stroke Association:
http://www.stroke.org/



Darren DeWalt, MD, with the Division of General Internal Medicine and Clinical Epidemiology at The University of North Carolina at Chapel Hill School of Medicine, speaks to the Moses Cone Health System Medical Service meeting about health literacy.

How Many Pills Do I Take Today?

Health Literacy: A Growing Concern



A recent study showed only 8 percent of the patients at a primary care clinic understood what this common prescription label meant.

Health literacy – a patient's ability to understand and process basic health information – is a growing issue that can greatly affect a person's quality of life and, ultimately, health.

A 2003 National Assessment of Adult Literacy survey showed that 93 million Americans have basic or below-basic literacy levels and that:

- 14 percent adults were below basic literacy.
- 29 percent were basic.
- 44 percent were intermediate.
- 13 percent were proficient.

In a presentation at the Medical Service meeting in February, Darren A. DeWalt, MD, a physician with the Division of General Internal Medicine and Clinical Epidemiology at The University of North Carolina at Chapel Hill School of Medicine, says little improvement has occurred in the last 10 years.

"The face of health literacy is often misunderstood, and it transcends income, age and education," DeWalt says. "Many of our patients have trouble understanding and using basic health information – from prescription labels to insurance forms to physician recommendations."

DeWalt's presentation highlighted research from North Carolina and around the country demonstrating that because many patients are not able to read prescriptions, some do not take their medicine correctly. Low health literacy is associated with increased rates of hospitalization, higher costs, less preventive care and mortality.

DeWalt also points out that Spanish-speaking patients have lower literacy rates at 62 percent in their native language when compared to English-speaking patients at 35 percent. **Mary John Baxley**, *MD, Chief, Medical Service*, hosted the presentation along with Reading Connections, a nonprofit agency providing adult literacy services in Guilford County. Baxley says that education is the key to prevention.

"Physicians are taught in medical school that patients generally process and recall about 50 percent of what the doctor says to them," Baxley says. "Therefore, it is vitally important that doctors speak in layman's terms, repeat their instructions frequently and have the patient repeat the instructions back to them. Communication is more crucial than ever in an era where doctors have real constraints on time allowed for patient interactions."

HOW TO HELP

Physicians can strive to answer three main questions patients have:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

— The Partnership for Clear Health Communication

By 2012, physician shortages could result in these specialties in our service area based on projected patient demand and physician retirements.

Primary Care	Medical Specialties	Surgical Specialties
Family Medicine	Cardiology – EP	Vascular Surgery
Internal Medicine	Dermatology	General Surgery
	Endocrinology	Neurosurgery
	Infectious Disease	Ophthalmology
	Neurology	ENT
	Pulmonary Medicine	Plastic Surgery
	Rheumatology	Urology

Study Projects Physician Shortage

The North Carolina Institute of Medicine reported that between April 2000 and July 2003, North Carolina had the fourth largest growth in the number of older adults of any state in the nation. In view of this report and other studies, Moses Cone Health System, community physicians and consultants have worked closely together on updating a Community Physician Needs Study that identifies areas of projected need by physician specialty for the greater Greensboro service area through 2012.

The findings from the report will determine what specialties the Health System recruits for in the future, says **Pamela Lietz**, *Interim Physician Recruiter, Moses Cone Health System*.

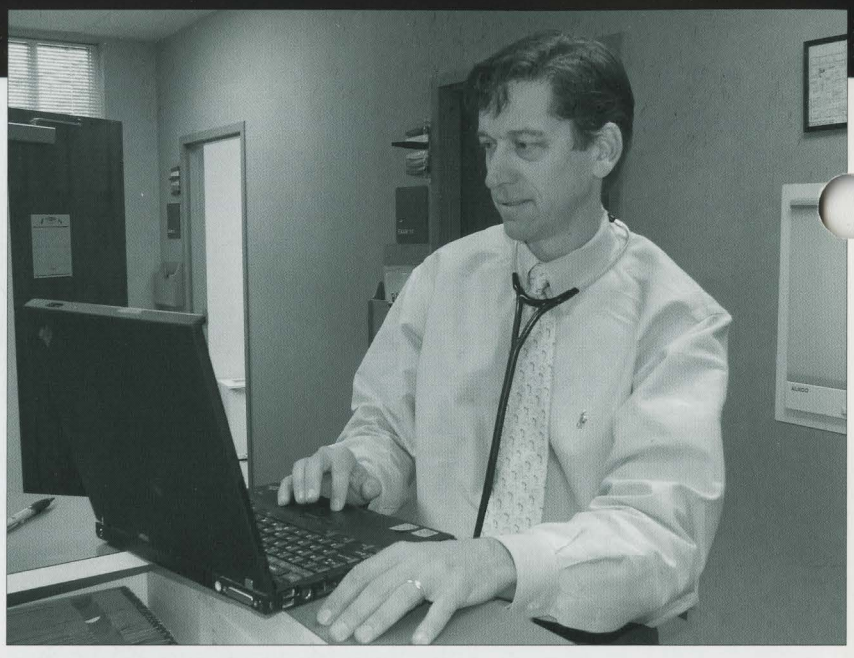
The projected physician shortage is a "triple threat," says **Jim Roskelly**, *Vice President, Planning and Development*. "It is an issue of supply and demand," he says. "We have an aging population, existing physicians who are approaching retirement and a new lifestyle approach that has affected many professions – including medicine – in which job sharing and work-life balance are important."

Roskelly says the 2007 study report is a more robust approach than in previous years. The extended process included working with a steering committee and more than 20 physicians who were interviewed for the study.

Clinton Young, *MD, President-Elect, Medical and Dental Staff*, is a member of the steering committee overseeing the updates to the study. "The Health System is being farsighted enough to look ahead to see what is needed for the future by working closely with the medical community," he says. "We are making the information available to physicians and other medical providers so they can make informed decisions for their businesses."

Other physicians on the steering committee include: **Mary John Baxley**, *MD*; **William Bowman**, *MD*; **Bruce Burchette**, *MD*; and **Ed Hawkins**, *MD*.

Consultant research for the study makes a case for physician recruitment in deficit specialties, such as primary care, cardiology, vascular surgery and others. More details as to how the Health System will use the study's findings to assist members of the medical staff in their recruitment efforts will be forthcoming.



Bruce Swords, *MD, uses a laptop to prescribe medication for his patients.*

E-Prescribe Technology Will Generate Cost Savings and Efficiency for Patients

With a few keystrokes, physicians can now order a patient's prescription on any computer and have it sent immediately to an area pharmacy.

DrFirst, a leader in electronic prescribing technology, has rolled out its e-prescribe program to physicians at LeBauer HealthCare, the Moses Cone Health System Outpatient Clinic and the Family Practice Center.

Lee Chambliss, *MD, Moses Cone Family Medicine Residency Program*, has been prescribing medications electronically since January. Chambliss reports most residents and faculty are using the system and that the advantages for the patient and the physician will prove to be worthwhile.

"Physicians can treat patients more effectively by having the person's electronic information readily available," Chambliss says. "The new technology will be even more streamlined when it goes wireless, allowing the physician to enter patient information and make updates during the patient visit."

A big incentive for Chambliss and other physicians to use the technology is the ability to fill refills all at once, removing the time-consuming writing of individual prescriptions by hand. Additionally, using the technology removes confusion associated with illegible handwriting or problems with patients losing prescriptions.

Bruce Swords, *MD, LeBauer HealthCare*, says electronic prescribing has the potential to offer a significant improvement in patient care. "The technology allows for better communication between patients, physicians and pharmacists," he says. "There are still learning curves, but the long-term benefits in regard to patient care and office efficiencies should more than make up for any minor inconveniences."

"We are pleased to offer this technology to our physicians and pharmacy partners," says **Cameron Cox**, *Chief Operating Officer, LeBauer HealthCare*. "This partnership tool has allowed us to write more than 15,000 e-prescriptions since September, and it is a significant step into the electronic medical records world."

North Carolina is currently listed as No. 7 in the nation for electronic prescribing activity, according to a pharmaceutical trade association.

"Physicians can treat patients more effectively by having the person's electronic information readily available. The new technology will be even more streamlined when it goes wireless, allowing the physician to enter patient information and make updates during the patient visit."

— Lee Chambliss, *MD*

Emergency Physicians to Begin Using Electronic Medical Record

Paper charts are on their way out of the Emergency Departments.

Emergency physicians throughout Moses Cone Health System will soon do all their documentation in computerized, electronic medical records as part of an effort to improve efficiency and patient safety.

Nursing documentation and charge capturing are already done electronically in the Emergency Departments, and this will bring physicians online with their charting, patient histories and exam notes.

"The electronic charts will be better documented, more legible and easier to share electronically with our colleagues throughout the Health System," says **Robert Beaton**, *MD, Medical Director, Emergency Services*. "We hope the average physician will find an ED record that is much easier to use and that reads more like a dictated chart."

The electronic system also will crosscheck such things as patient medications before, during and after hospitalization to prevent dangerous drug interactions and to increase patient safety.

The change will be phased in over about six weeks, starting on or about March 20 at the Emergency Departments at The Moses H. Cone Memorial Hospital, Wesley Long Community Hospital and Annie Penn Hospital as well as the Urgent Care Center. Together, these departments generate about 130,000 patient records a year.

Nearly 70 emergency physicians and physician assistants will be trained in the new technology, which is part of the EMSTAT MD program.

Physicians can use wireless laptops to chart at the patient's bedsides if they choose. They also will have access to hard-wired systems in their offices. Attending physicians and residents will be given the continued option of using paper charting.

The electronic record will become part of the eChart system, so physicians and staff throughout the Health System will have password-protected access to the records from most computers.

NEUROLOGISTS ON THE STROKE TEAM

Physicians at Guilford Neurologic Associates see stroke patients and ensure they are getting the latest treatment possible. Their work has been instrumental in helping the Health System attain Primary Stroke Center certification. Shown here are (back row, from left) **C. Keith Willis**, *MD*; **James Love**, *MD*; **Pramod Sethi**, *MD*; **Michael Reynolds**, *MD*; and (front row, from left) **Catherine Weymann**, *MD*; **Daniel Champey**, *MD*; and **William Hickling**, *MD*. **Carmen Dohmeier**, *MD*, is not pictured.

Physicians Conduct Leading-Edge Stroke Research

Two patients, same diagnosis, different results – and all because of research that's under way at Moses Cone Health System.

Pramod Sethi, *MD, Medical Director, Moses Cone Health System Stroke Center*, said both patients suffered major disabling strokes that did not respond to clot-busting drugs.

The first patient was one of 25 treated with a Merci device that enabled **Tony Deveshwar**, *MD*, an interventional neuroradiologist, to snare the clot in the brain and remove it. This patient was discharged two days later and is headed back to work.

The second patient did not seek care when her symptoms began. Still in her 20s, she is permanently disabled and will require lifelong daily care.

Sethi said that such research at The Moses H. Cone Memorial Hospital will mean better outcomes for all.

"We are finding new treatment approaches, medications and procedures like the Merci device so that we can minimize damage caused by stroke," he said.

Moses Cone Hospital, recently certified as a Primary Stroke Center by The Joint Commission (formerly called JCAHO), is at the forefront of the latest research into stroke treatment. *(see sidebar article to the right)*

"The biggest advantages to the patient in all these trials is the range of treatment options we will be able to offer," said **Judy Schanel**, *Vice President/Service Line Administrator, Neurosciences*. "We will have options to preserve brain and restore function that extend well beyond the current three-hour window of symptom onset."

Research that's already under way includes:

- SENTIS, which can be done up to 10 hours after the onset of symptoms. SENTIS uses a device to increase blood flow to the brain to limit damage.
- Ancrod is a new clot-busting drug that's derived from Malaysian pit viper venom. It can be used up to six hours after symptoms appear.
- Acute stroke interventions with the Merci clot retrieval device.
- CAPTURE Registry is a study that tracks patients who undergo carotid stenting to prevent a stroke. People with a high surgical risk because of severe heart disease, neck radiation or severe breathing problems are candidates.

Research studies that are beginning or are under consideration include:

- The NEST-2, which involves using a cold laser to the brain to prevent the stroke-affected area from dying. This can be used up to 24 hours after symptoms begin.
- IRIS will treat insulin-resistant non-diabetic patients, who are at greater risk of stroke, with a medication that increases their insulin sensitivity.
- The MR Rescue project will use a randomized trial to determine the effectiveness of the Merci clot-retrieval system. The Health System will be one of 30 sites across the country that will be involved in the study.
- VASTT will study a new clot-busting drug that can be given up to nine hours after stroke symptoms appear.
- ALIAS will help determine whether albumin infusions help protect brain cells at risk of dying during a stroke.
- RESPECT PFO will be a randomized trial that will examine the link between a hole in the heart wall – which is present in up to one-quarter of adults – and their risk of stroke.

The Health System also will join other North Carolina hospitals in examining the cases of those who are treated in emergency rooms for TIAs, commonly known as mini-strokes, to determine who is at highest risk of developing more acute strokes in the future.

Sethi said the research shows the Health System's commitment to better patient care in what is often a neglected emergency.

"Chest pain means you are having a heart attack," Sethi said. "But when you feel weak, you might think that if you go to sleep, you'll feel better. But you won't. Our research means that we now have cutting-edge treatments on the horizon that can help with stroke."

Hospital Earns Primary Stroke Center Certification

The Joint Commission (formerly called JCAHO) has named The Moses H. Cone Memorial Hospital a Primary Stroke Center.

The Joint Commission awards certification to primary stroke centers that meet national standards for patient care and that continue to work on measuring and improving their performance. The certification also helps consumers choose the best medical facility to provide stroke care when they need it.

"This is an important accomplishment for the Health System, and we couldn't have done it without the support of all the physicians from Guilford Neurologic Associates," says **Judy Schanel**, *Vice President/Service Line Administrator, Neurosciences*. "**Dr. William Hickling** helped us keep our program going and, together, we recruited **Dr. Pramod Sethi**. With their leadership, we've been able to accomplish this goal."

Schanel also thanked **Sharon Biby**, *Stroke Nurse Practitioner*, **Rita Mintmier**, *Stroke Center Coordinator*, and **Linda Amick**, *Stroke Registrar*, who worked long hours to gather the information needed for the certification survey. They received the support of numerous Health System departments, including Nursing, Medical Records, Radiology, the Emergency Departments and Rehabilitation. Nurses and physicians on the Stroke Team also completed extensive education related to stroke care.

"It means we're holding ourselves to a higher standard," Schanel says. "We met the criteria to be certified and, on an ongoing basis, we continue to collect and submit quality and satisfaction data."

For instance, the Stroke Center will continuously monitor – and try to increase – the number of patients who receive tPA, a clot-busting drug that can be effective in stroke treatment.

"The certification also means we're going to continue to provide education to our community related to stroke care," Schanel says. "Ultimately, we hope this will decrease the incidence of stroke in our community."

Sleep Medicine Experts Say Patient Education is Critical

As the study of sleep disorders continues to expand, medical experts say that more patient education is needed to ensure a better quality of life and to avoid potential serious health risks.

Clinton Young, *MD, Medical Director, Sleep Disorders Center*, stresses that non-compliance with sleep disorder treatments like CPAP, or continuous positive airway pressure, is a growing problem but one that can be easily corrected with communication. Additionally, as technology improves, so will the design of the CPAP breathing treatment. "It is difficult for engineers to make a mask that is 'one size fits all,' although in most cases it works," Young says.

Young says that sleep disorders are similar to diseases that do not appear to be symptomatic or cause a patient discomfort. "Patients don't know they have hypertension and high cholesterol because they feel fine, so it is easy for them not to take their medication. It is the same with people who suffer from sleep apnea. Treatment seems unnecessary, and patients stop using the CPAP mask. This action is often not communicated to their physician."

Shayla Higginbotham, *Director, Sleep Disorders Center*, agrees that education and community awareness are essential for compliance. "We want to provide pertinent updates to our physicians and community to ensure proper patient care," she says. "If a person can't wear the CPAP for any reason, we will work with the patient to find the right fit, and we will work with the physicians to ensure optimum results. We strive to educate our patients and explain the benefits of proper treatment."

For more information, visit *www.mosescone.com/sleepcenter.*

TIPS FOR PHYSICIANS

If you are working with sleep disorder patients, it may be helpful to:

- Recognize that sleep disorders are a real medical problem.
- Ask patients if they are having problems sleeping.
- Determine what kind of sleeping disorder is bothering the patient.
- Ask about sleep habits, including bedtimes and use of sleeping medications.
- Inform patients of resources that can assist them, including sleep centers.

NEW LOCATION

The Moses Cone Health System Sleep Disorders Center has moved to a new location on the third floor of North Elam Medical Plaza. The new site will offer easier access for patients and added advantages in meeting certification requirements.

Helen Pierce, *MD, (at left) and* **Nancy Phifer**, *MD, (right) talk with a patient at the Outpatient Clinic at The Moses H. Cone Memorial Hospital. Pierce and Phifer established a fund to help with clinic patients' needs.*

Doctors Establish New Designated Program Fund

Third-year medical resident **Helen Pierce**, *MD*, says that seeing firsthand the consequences of the limited financial resources among patients at the Moses Cone Health System Outpatient Clinic was a real awakening. **Nancy Phifer**, *MD, Director, Internal Medicine Residency Program*, also noticed an increase in the number of patients who were struggling financially. Many times patients faced a choice between buying food or medications.

In response, Phifer and Pierce established the "Moses Cone Outpatient Clinic Fund," a designated program fund to meet the growing needs of people with little or no financial means to cover medical expenses. Designated program funds like this may be established with gifts of $10,000 and above to supplement specific program needs in the Health System. This new fund will be used to assist Outpatient Clinic patients in need.

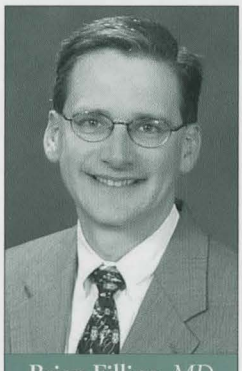
"There is a great need for this fund, and we see it every day," Phifer says. "Our patients are people who are doing the best they can to get by but are struggling." A social worker and financial counselor determine if a patient qualifies for the special assistance.

Pierce started the fund with an initial contribution in honor of her parents, Charles and Jacquelyn Pierce. Phifer and her husband, **Sam Cykert**, *MD, Clinical Chief, Internal Medicine Residency Program*, matched her gift.

"We are grateful for the gifts from these physicians in meeting this great need for our patients. I hope this designated program fund will encourage others to do the same thing," says **Bill Porter**, *Vice President, Fund Development*.

For more information on how you can make a supplemental gift to this new fund or to support other priorities of the Health System, contact the Office of Fund Development at 832-9450.

Hospital Quality Data Available on Growing Number of Web Sites


Brian Fillipo, *MD*

As a physician, you've likely had patients come to you with health questions prompted by their Internet searches. Increasingly, physicians are hearing from patients who also have researched hospitals online to determine their quality of care.

Publicly reported quality data is available on three main Web sites now *(see box below)* and will likely continue to be reported in new forums and ways.

"This is just going to become increasingly prevalent," says **Brian Fillipo**, *MD, Chief Quality Officer, Moses Cone Health System*. "I think it's a great thing. This is the public's data." Studies also have shown that public reporting of hospital performance can positively influence hospital quality improvement efforts.

Fillipo acknowledges that some medical providers are concerned about the validity of the data as well as how it can be used and interpreted. "But it's our job to get out there and (1) make sure our indicators are appropriately representing the quality of care we're providing, and (2) make sure we're working to improve the data," he says.

The three Web sites all rely on core measure data that hospitals collect and submit to The Joint Commission and the Centers for Medicare & Medicaid Services. The core measures evaluated are: heart failure, myocardial infarction, surgical infection prevention, community-acquired pneumonia and pregnancy-related conditions.

Moses Cone Health System has reported mixed results so far, Fillipo said. "We have areas of opportunity with community-acquired pneumonia; on myocardial infarction we tend to do well; and for congestive heart failure, we're about average."

New national projects in the works include data reporting on venous thrombotic embolism, for which the Health System is a pilot site, ICU care and childhood asthma. Eventually, Fillipo estimates, quality data could be released at the provider level as well.

Moses Cone Health System is also working on a way to display its own quality data for the public. For more information on Health System data and how it compares statewide and nationally, contact Fillipo at 832-8243.

SITES REPORTING QUALITY DATA

North Carolina Hospital Association Web site:
http://www.nchospitalquality.org

Centers for Medicare & Medicaid Services:
http://www.cms.hhs.gov/HospitalQualityInits/25_HospitalCompare.asp

The Joint Commission
http://www.qualitycheck.org/consumer/searchQCR.aspx

Health System Joins National Project to Reduce Medical Harm

Moses Cone Health System has joined the Institute for Healthcare Improvement's 5 Million Lives Campaign, a national effort to reduce incidents of medical harm in U.S. hospitals.

The 5 Million Lives Campaign asks hospitals to improve the care they provide in order to protect patients from 5 million incidents of medical harm over a 24-month period, ending Dec. 9, 2008.

This campaign will build on IHI's successful 100,000 Lives Campaign, in which 3,100 participating hospitals reduced inpatient deaths by an estimated 122,000 in 18 months through care improvements, including six specific steps.

The new campaign will promote 12 additional steps that can save lives and reduce patient injuries.

The Health System will use a series of steps to:

- **Prevent Methicillin-Resistant Staphylococcus Aureus (MRSA) infection.**
- **Reduce harm from high-alert medications.**
- **Reduce surgical complications.**
- **Prevent pressure ulcers.**
- **Deliver reliable, evidence-based care for congestive heart failure patients.**
- **Define new processes** for health system Boards of Directors, so they can help staff improve care.
- **Deploy Rapid Response Teams** at the first sign of patient decline and before catastrophic cardiac or respiratory problems occur.
- **Deliver reliable, evidence-based care for acute myocardial infarction** to prevent deaths from heart attack.
- **Prevent adverse drug events** by double-checking patient medications at every transition point in care.
- **Prevent central line infections.**
- **Prevent surgical site infections.**
- **Prevent ventilator-associated pneumonia.**

IHI estimates that 15 million incidents of medical harm – or 40 to 50 incidents per 100 admissions – occur in U.S. hospitals each year, about 40,000 every day.

Care Progression Nurse Program on Department 3000 Gets Lean

The Care Progression Nurse Program on Department 3000 is one of several Lean projects that Moses Cone Health System is implementing to streamline the patient care process and help reduce patient length of stay.

Sue Yow, *Black Belt, Quality*, explains that the current project on Department 3000 focuses on cutting "waste" in a process – a hallmark of the Lean quality improvement program. "We look to see where there are repetitive steps that are not necessary and work to eliminate them," she says.

The Lean project team, made up of a progression nurse, clinical social worker, nurse case manager and department director, meet each morning to focus on Department 3000 patients from their admission to discharge.

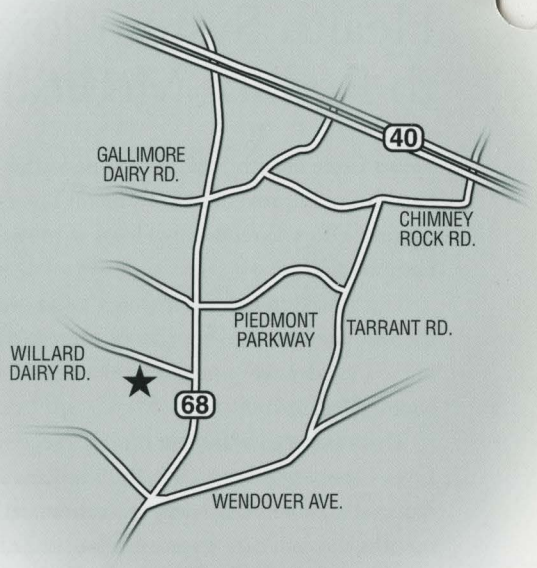
"Each day we determine what the patient needs that day to help them get better," Yow says. "We assign accountability to the appropriate person instead of everyone doing the same task, and we build on what happened the day before."

Richard Aronson, *MD, Medical Director, Care Management*, is championing the project and says it is working well.

"Besides streamlining processes, the Lean project prioritizes patient needs and improves quality as well," he says. "In the past I could write a set of orders and accountability would be scattered throughout several departments. This nucleus team handles all orders immediately."

The effort stresses being proactive and not passive and developing individual team members. If successful, it will be emulated by other hospital departments as early as this summer.

State Approves Plan to Expand Medical Services in Western Guilford County



The Certificate of Need Section of the North Carolina Division of Facility Services has approved the Moses Cone Health System application to build an emergency department and ambulatory care center in north High Point.

"The approval represents the state's complete acceptance of the Health System's plan to expand outpatient medical services in this important region of our service area," says **Jim Roskelly**, *Vice President, Corporate Planning.*

The nearly 50,000-square-foot structure, which includes a medical office building, will be built near the intersection of Willard Dairy Road and NC 68. It will serve people who live in western Guilford County from Oak Ridge to Jamestown.

"The state of North Carolina clearly saw the need for better access to emergency care in that area, and Moses Cone Health System looks forward to providing it," says **Tim Rice**, *President and CEO, Moses Cone Health System.*

"Every emergency department in Guilford County sees far too many patients," says **Robert Beaton**, *MD, Director, Emergency Services.* "This will take some pressure off of all emergency providers and bring care to a more convenient location for the people who live in that area."

Construction on the $20 million facility should begin this fall. The building should open in the fall of 2008.

Health System Rallies to Combat Virus

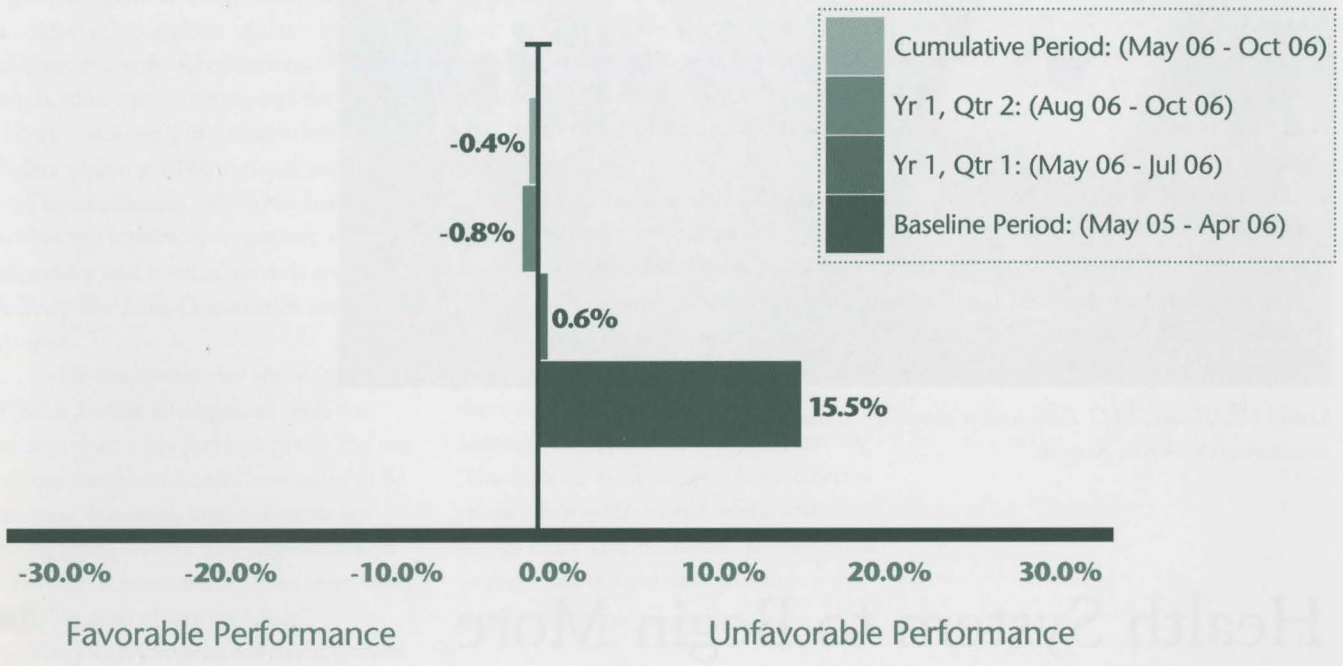
Signs posted in all hospitals ask visitors to take certain precautions against a highly contagious stomach virus.

Moses Cone Health System staff worked diligently in February to protect patients and themselves from a highly contagious stomach virus that spread throughout the Greensboro community and appeared in the hospitals as well.

The virus, known as norovirus or "Norwalk virus," causes severe vomiting and diarrhea for two to three days, but usually has no serious or long-term effects. Besides drinking plenty of fluids to prevent dehydration, there is no treatment.

"Many, many departments and individuals worked to make sure that our patients, visitors and staff had the information, supplies and equipment to minimize spread of the virus," says **Joan Wessman**, *Chief Nursing Officer.* "I was so impressed with the expertise of our Infection Control practitioners and their ability to develop a plan to address this issue quickly. We can be proud of the way we handled this unexpected challenge."

While hospital operations continued as normal, the Health System acted fast – asking the public to help protect patients by not visiting the hospital, especially if they had had virus symptoms in the last 72 hours, and to leave children younger than 12 at home. People also were told to wash their hands when entering and leaving any healthcare facility.



In October 2005, the Health System was 15.5 percent above the state average for patient risk of mortality. The goal is to be below the state average. Improved documentation and many quality projects have helped the System reach that goal.

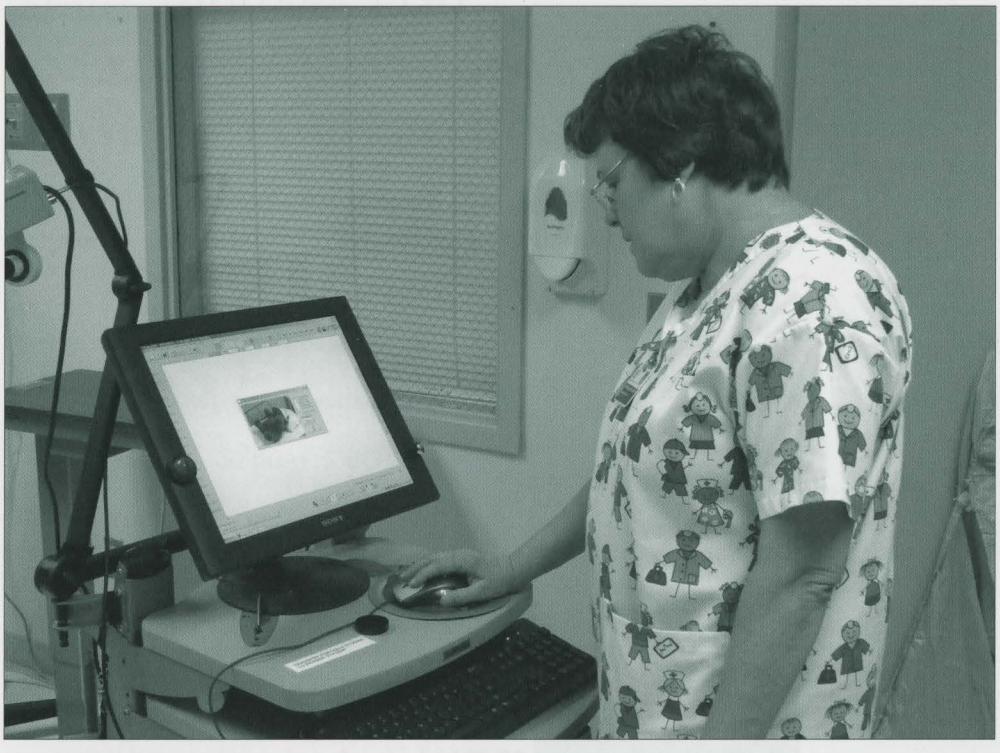
DRG Assurance Program Improves Reporting of Patient Outcomes

Since it began in April 2006, the DRG Assurance program has helped Moses Cone Health System more accurately reflect the severity of Medicare patients' illnesses and their risk of mortality. This helps with public reporting of patient outcomes as well as rates of reimbursement.

The positive results come from all three disciplines integral to the process: physicians, clinical documentation specialists and coding staff in Medical Records.

Clinical documentation specialists, who are nurses, review patients' medical records looking for any condition that is evaluated, treated or monitored. If the documentation is in clinical terms, the specialist leaves a written query in the progress notes or discusses the issue with the physician. When specific diagnostic terms are clarified, the coders are able to accurately capture the medical condition or treatment. For example, if the physician documents "low hemoglobin" but does not use the diagnostic term of "anemia," the coder cannot capture this as a diagnosis.

Staff will continue to review charts and engage physicians in documenting the most accurate clinical picture. The query forms are being standardized and printed on salmon-colored paper for easy identification. If physicians don't agree with the query prompt, they can check the box provided.



Linda McAllister, *EEG Tech, uses a computer to conduct video-EEG monitoring on seizure patients.*

Health System to Begin More Extensive Monitoring for Seizures

Patients who have seizures or seizure-like episodes once had to travel to academic medical centers to be evaluated using video-EEG telemetry monitoring. Not anymore.

Moses Cone Health System is now providing this type of monitoring.

Patients are admitted to Department 3000 or 6100 at The Moses H. Cone Memorial Hospital, depending on their ages.

A video camera is mounted to an EEG device in their room. Continuous video and EEG monitoring will capture events as they occur. Patients must be carefully monitored to ensure their safety since the test often requires them to discontinue taking their medication or to be exposed to certain things that could cause seizures.

The average length of stay is three to five days; however, some patients will require monitoring for as long as 10 days. Because of equipment limitations, no more than one patient is admitted at a time, and all patients are admitted on Mondays.

"This will be more convenient for many patients," says **Don Huston**, *Director, Respiratory Care*, who has worked with **Dan Champey**, *MD*, and staff in Finance, Admitting, Medical Records and Nursing to provide this service. "An average of two to three patients per month have traveled outside of Greensboro for this type of testing," Huston says. "Now, they can be served locally."

Joint Commission Update:
More Work Needs to be Done

Moses Cone Health System has completed its four-month monitoring period as part of its accreditation process by The Joint Commission (formerly called JCAHO). The Health System has made significant gains in many areas, but it faces a continued struggle in others – especially the use of unsafe abbreviations, medication reconciliation and the timing, dating and signing of verbal/telephone orders within a 48-hour timeframe.

The monitoring, which has been done within the inpatient, outpatient, clinic, pharmacy and medical records areas, follows The Joint Commission survey in August.

So far, the monitoring shows that the Health System is compliant with the actions that it has put into place. The use of "unsafe abbreviations" continues to be an issue, but small improvements are being made weekly. The largest number of unsafe abbreviations comes from using "QD" instead of writing "daily."

The Health System has made gradual improvements in medication reconciliation, although it continues to struggle with that goal during patient transfers.

The greatest area of concern is the timing, dating and signing of verbal/telephone orders within the 48-hour timeframe. This is also a requirement of the Centers for Medicare & Medicaid Services.

If the Health System does not meet the goals set by The Joint Commission, it will need to complete four more months of monitoring. If compliance is still not reached, an on-site follow-up to assess compliance and a change in accreditation status will take place.

"We have come a long way; however, there is still work to be done," says **Marion Martin**, *Patient Safety Officer*. "Compliance in these areas has a direct relationship with patient safety, and Moses Cone Health System is committed to providing our patients safe and outstanding care."

NEW NAME

The Joint Commission on the Accreditation of Healthcare Organizations, or JCAHO, has changed its name. It is now called simply The Joint Commission. For more information, visit *http://www.jointcommission.org/AboutUs/brand.htm.*

Registered Dietitians Support Inpatient Management of Diabetes

The Moses Cone Health System acute care nutrition program meets the guidelines set by the American Diabetes Association for providing inpatient diabetes care and coordinates with the new standards of care recently published.

The American Diabetes Association and American College of Endocrinology have published standards of care for inpatient management of diabetes and hyperglycemia, including optimal blood glucose levels for critically ill and non-critically ill patients.

Medical Nutrition Therapy is one component of the treatment plan.

Moses Cone Health System inpatients are screened on admission to determine which patients require a comprehensive nutrition assessment, and selected patients are then referred to a registered dietitian. The dietitian initiates the nutrition care process: assessment, diagnosis, intervention, monitoring and evaluation.

In keeping with the American Diabetes Association guidelines for inpatient settings, Moses Cone Health System uses a consistent carbohydrate meal planning system. Diabetic diet types are called "carbohydrate modified" and include high-, medium- and low-calorie options as well as gestational and pediatric versions. Clear- and full-liquid diets include approximately 200 grams of carbohydrates per day, divided among meals and snacks. The Journal of the American Dietetic Association states, "noncaloric (sugar-free) liquid diets are not appropriate for individuals with diabetes or illness-induced hyperglycemia."

Often, hospitalized patients may have a poor appetite caused by illness or medications and food intake may be less than usual. The nutrition care plan should focus on providing a consistent carbohydrate diet so an appropriate insulin regimen can be integrated with food intake.

Annie Penn Hospital Offers Laser Treatment for Glaucoma

Annie Penn Hospital Short Stay Center is now offering the Selective Laser Trabeculoplasty, a progressive treatment aimed at stopping the progression of glaucoma.

"We are proud to offer this breakthrough laser treatment that has been clinically proven to reduce intraocular pressure, which has been attributed to the progression of glaucoma," says **Wayne McFatter**, *RN, Director, Surgical Services, Annie Penn Hospital*. "SLT eliminates or reduces the quantity of prescription medications, eye drops, surgery and other invasive treatments required to control the disease."

Certain groups of people have been shown to be at increased risk for developing glaucoma. These groups include: people older than 40; people with a family history of glaucoma; African- and Hispanic-Americans; people with diabetes, hypertension, myopia, poor ocular circulation or a previous eye injury; people who have used steroid/cortisone medications on a long-term basis; and especially people with elevated intraocular pressure.

DynaMed Resource Now Available

DynaMed is a clinical reference tool created by a physician for physicians and other healthcare professionals for use primarily at the point of care.

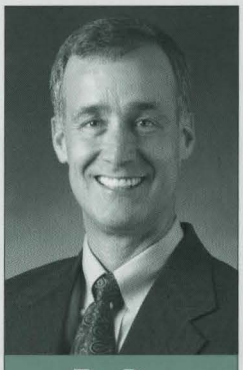
With clinically organized summaries for nearly 2,000 topics, DynaMed is an evidence-based reference that can answer many clinical questions. It monitors the content of more than 500 medical journals and evidence-review databases and is updated daily.

Easy to use, DynaMed can be browsed by topic or searched by keyword. It requires no special training.

The service can be accessed on any Health System computer connected to the Internet. It is accessible without a password through the Library's Web page *(www.gahec.org/library)*. It is also available in a PDA application for Palm OS and Microsoft mobile devices as well as by a password from your office or home. Contact any Health System Library for passwords.

UpToDate is coming. The Health System Library Committee also selected UpToDate to be available on designated computers in each of the hospitals. Look for more information on this soon.

Rice to Serve as Chairman of Chamber of Commerce



Tim Rice

Tim Rice, *President and CEO, Moses Cone Health System*, will serve as chairman of the Greensboro Chamber of Commerce Operating Group.

Rice, who will serve a two-year term, has been on the Chamber's Operating Group since 2003, and he was the chair of the Chamber's Leadership Council last year. In 2004, he was awarded the Leadership Medal by the Greensboro Chamber of Commerce. Rice has been active in the community, serving on the boards of Hospice and Palliative Care of Greensboro, United Way of Greater Greensboro, the Advisory Board for the School of Nursing at The University of North Carolina at Greensboro and the Board of Visitors for Greensboro College.

"As CEO of Greensboro's largest private employer, I am keenly aware of the promise and potential of our community," Rice says. "I look forward to continuing the work of the Chamber in realizing the promise of a more diversified, stronger economy and the potential of our workforce to succeed in it."

Robert Newton

Foundation President to Retire

Robert Newton, *President, Moses Cone – Wesley Long Community Health Foundation*, will retire June 30, after nearly 10 years of leading the organization.

Since the Foundation formed in October 1997, Newton has led its strategic focus to improve the community's health status and overseen the awarding of more than $39 million to 173 agencies. The Foundation has assets of $127 million.

In addition to grant-making, the Foundation has been instrumental in convening groups to address critical health issues and promote healthy lifestyles.

"Bob Newton has been a very visible leader in the broader community which reflects his awareness that we all have a role to play in positively impacting the health of our residents," says Jerry Ruskin, MD, board chairman.

Newton, who was formerly the chief financial officer of Moses Cone Health System, says he is grateful for his time at the Foundation. "Working at the Foundation has given me an incredible opportunity to have a leadership role in working to positively impact the health status of this community," he says.

A search committee has been formed to select a successor.

Louis Sullivan, MD

Physicians Invited to Hear National Speaker

Don't miss your chance to hear former U.S. Secretary of Health and Human Services Louis Sullivan, MD, discuss the future of healthcare.

Sullivan is the keynote speaker at an April Business Leadership Luncheon to support HealthServe Community Health Clinic. His remarks are titled, "Healthcare in the 21st Century: Managing the Future."

The event is at noon April 24 at the Greensboro Marriott Downtown.

The luncheon also honors community leaders who helped establish HealthServe, now a service of Moses Cone Health System. The clinic serves uninsured and underinsured patients.

Members of the Medical and Dental Staff will receive an invitation. For more information, tickets or ways to sponsor the event, call the Office of Fund Development at 832-9450.

Administrative News

Anne Brown, *RN*, is the new *Director, Surgical Intensive Care Unit, 2300, The Moses H. Cone Memorial Hospital.* She had been interim director of this department for the last year and was previously assistant director of 3300 and 2100.

Marlienne Goldin, *RN*, is the new *Director, 3100, Neuro ICU, Moses Cone Hospital.* Previously, she was director of patient care for a 15-bed intensive care unit at Newark Beth Israel Medical Center in Newark, NJ. She has held other management roles in critical care and emergency medicine during her 22-year nursing career.

Debbie Green, *RN*, is the new *Director, Medical/Surgical Services, Moses Cone Hospital.* In this position, she will oversee more than 10 acute and rehabilitation nursing departments. She joined Moses Cone Health System in 1993 as a clinical nurse specialist and has been a nursing director since 1994. Most recently, she was director of nursing practice.

Teresa Hopkins, *RN*, is the new *Site Manager, Wound Care and Hyperbaric Center.* Previously, she was a wound care nurse at Wesley Long Nursing Center.

Paul A. Jeffrey is the new *Vice President/Administrator, Wesley Long Community Hospital.* Jeffrey has been the vice president of the Moses Cone Health System Behavioral Health Center since 2004.

Before coming to Greensboro, Jeffrey was chief executive officer at Select Specialty Hospital in Miami and held several administrative positions at the HCA Healthcare Corp., also in Miami.

Annette Smith, *RN*, is the new *Nursing Director, Renal/Medical, 5500, Moses Cone Hospital.* Previously, she was director of nursing at Wesley Long Nursing Center. She also has been nursing director of the Hemodialysis and Sub-Acute departments.

Debbie Woodring, *RN*, is the new *Manager, Endoscopy, Moses Cone Hospital and Wesley Long Community Hospital.* She was previously the assistant director of the Short Stay Center at Annie Penn Hospital.

Moses Cone Health System 2007 Goals

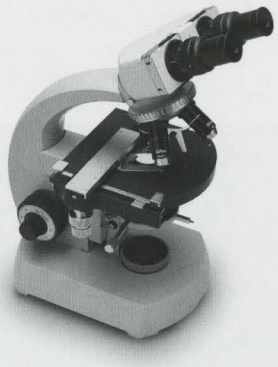
Results for Oct. 1, 2006 - Jan. 31, 2007

	System Indicator	Measure	Goal	Actual	
Quality	Mortality Rate	Change in mortality rate	-5.0%	-32.3%	
	Community Health	Change in neonatal morality rate	-5.0%	-2.7%	
		% staff vaccinated for flu/ completing declination	80.0%	85%	
Patient Satisfaction	Patients Who Would Recommend Us For Care	Would Recommend Inpatient	90	89.48	
		Would Recommend ED	71.23	68.8	
Employee & Physician Engagement	Turnover	Turnover %	15.0%	16.8%	
	Vacancy	Nursing Vacancy %	9.0%	6.7%	
		Non-Nursing Vacancy %	4.5%	4.4%	
	Internal Succession	Internal Succession %	60.0%*	66%	
	Physician Relationships	Process Measures Met	6 of 10	9 underway	
Finance	Margin (%)	Margin (%)	4.4%	4.3%	
		Length of Stay	5.26%	5.26%	

 Meeting or Exceeding Goal

 Needs Improvement

* The Health System has a new program, called Talent Development, to train employees to move into leadership roles. Its goal in the first year is to fill 60 percent of all leadership jobs internally. Within three to five years, that goal will be 80 percent.



New Physicians Join Staff

Moses Cone Health System
Medical and Dental Staff

Matthew S. Applebaum, DDS, (Provisional Active status) completed a residency in pediatric dentistry at The Children's Hospital, Boston, and is eligible for board certification in pediatric dentistry. He practices with Goldenberg, Pierce, Malley, Applebaum, DDS.

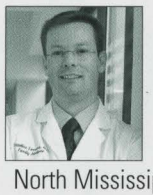
Elizabeth Deterding, *MD*, (Provisional Active status) completed a residency in internal medicine at The Moses H. Cone Memorial Hospital and fellowships in nephrology and critical care medicine at Wake Forest University Baptist Medical Center. She is board certified in internal medicine, nephrology and critical care medicine. She provides coverage for *e*Link Critical Care.

Kim Langley, *MD*, (Provisional Consulting status) completed a residency in pediatrics at Boston City Hospital. She is board certified in pediatrics and practices with Guilford Child Health.

M. Suzanne Miller, *MD*, (Provisional Active status) completed a residency in obstetrics/gynecology at Wake Forest University Baptist Medical Center. She is eligible for board certification in obstetrics/gynecology and practices gynecology with Greensboro Women's Healthcare.

Rebecca Ann Redman, *MD*, (Provisional Active status) completed a residency in internal medicine at the University of North Carolina at Chapel Hill and is eligible for board certification in internal medicine. She practices with IN Compass Health Inc.

Annie Penn Hospital
Medical and Dental Staff



Cornelius Ferreira, *MD*, (Provisional Active status) completed a residency in family medicine at the University of Mississippi/ North Mississippi Medical Center and is board certified in family medicine. He practices with Reidsville Medical Associates.

Christine Metz, *MD*, (Provisional Active status) completed a residency in internal medicine at Brooke Army Medical Center. She is board certified in internal medicine and practices with Reidsville Medical Associates.

ORGANIZATIONAL ACTIVITY

	JANUARY 2007	DECEMBER 2006	NOVEMBER 2006	OCTOBER 2006	SEPTEMBER 2006	AUGUST 2006
MOSES CONE HOSPITAL						
Beds in Service	506	506	506	506	506	506
Occupancy (percentage)	83.32	78.32	78.88	78.77	76.02	78.51
Average Daily Census	421.58	396.32	399.13	398.58	384.63	397.26
Average Length of Stay (days)	5.72	5.32	5.51	5.49	5.71	5.83
Surgical Procedures	1,285	996	1,093	1,176	1,146	1,187
Emergency Dept. Total Patients	6,046	5,986	5,575	5,751	5,517	5,603
WESLEY LONG COMMUNITY HOSPITAL						
Beds in Service	109	109	109	109	109	119
Occupancy (percentage)	91.26	88.66	83.39	87.15	81.52	86.88
Average Daily Census	99.48	96.65	90.9	95	88.86	94.71
Average Length of Stay (days)	5.97	5.89	5.37	5.76	5.02	5.69
Surgical Procedures	531	487	520	489	507	522
Emergency Dept. Total Patients	3,854	3,908	3,681	3,917	3,809	3,955
THE WOMEN'S HOSPITAL						
Beds in Service	134	134	134	134	134	134
Occupancy (percentage)	69.42	64.61	59.65	64	68.05	69.35
Average Daily Census	93.03	86.58	79.94	85.76	91.2	92.94
Average Length of Stay (days)	4.47	4.09	3.87	3.85	4.018	4.07
Births	507	479	486	478	520	534
Surgical Procedures	439	437	431	463	465	466
ANNIE PENN HOSPITAL						
Beds in Service	87	87	87	87	87	87
Occupancy (percentage)	60.36	59.47	55.86	64.25	56.70	50.08
Average Daily Census	52.52	51.74	48.60	55.90	49.33	44.16
Average Length of Stay (days)	4.56	4.64	4.54	4.76	4.61	4.36
Surgical Procedures	238	176	195	218	205	225
Emergency Dept. Total Patients	2,037	2,113	1,829	2,017	1,966	2,074
BEHAVIORAL HEALTH CENTER						
Beds in Service	80	80	80	80	80	80
Occupancy (percentage)	59.51	40.23	45.45	60.16	58.12	61.37
Average Daily Census	47.61	50.28	56.81	48.13	46.5	49.10
EXTENDED CARE CENTER						
Beds in Service	144	144	144	144	144	144
Occupancy (percentage)	93	91	91	92	93	93
Average Daily Census	133.9	130.77	131.53	132	133.17	133.5
WESLEY LONG NURSING CENTER						
Beds in Service	140	140	140	140	140	140
Occupancy (percentage)	95	94	93	96	94	95
Average Daily Census	132.94	131.26	130.57	134.10	132.07	132.81
MOSES CONE SURGERY CENTER						
Total Patients	571	508	502	482	451	585
WESLEY LONG SURGERY CENTER						
Total Patients	255	203	217	224	191	242
CARELINK						
Number of Transports	645	610	684	626	644	646
Resource Line Physician Consults	134	148	162	222	175	197
Resource Line Patient Referrals	105	95	100	128	116	132

MD*journal*

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Card Access Starts with The Women's Hospital

The Women's Hospital of Greensboro went live with a new card-access system in late February. The new system will allow employees and physicians to access the building by swiping their name badges past a card reader.

Plans call for name-badge access systems to be installed next at the Moses Cone Behavioral Health Center (for authorized staff) and The Moses H. Cone Memorial Hospital. Many of these entry doors now have keypad access, and name badge access will improve security, says **Skip Vaughn**, *Director, Security*.

Security and Medical Staff Services are working together to ensure all physicians are issued badges. In addition, staff and physicians – depending on their job duties – will use their name badges to gain access into a variety of restricted areas such as pharmacies, corridors within the Behavioral Health Center, the Pediatrics department at Moses Cone Hospital or the Nursery at The Women's Hospital.

Eventually, name badges will be used to access certain staff parking lots.

Card access will come to Wesley Long Community Hospital after the construction project is complete. Annie Penn Hospital already has a separate card-access system, which it installed earlier.

New Badges

- All physicians will be issued new name badges that contain a chip that can be read by the system. These badges will be issued gradually as campuses come online with card access.
- Any lost badges should be reported immediately to Security so that the chip can be deactivated.