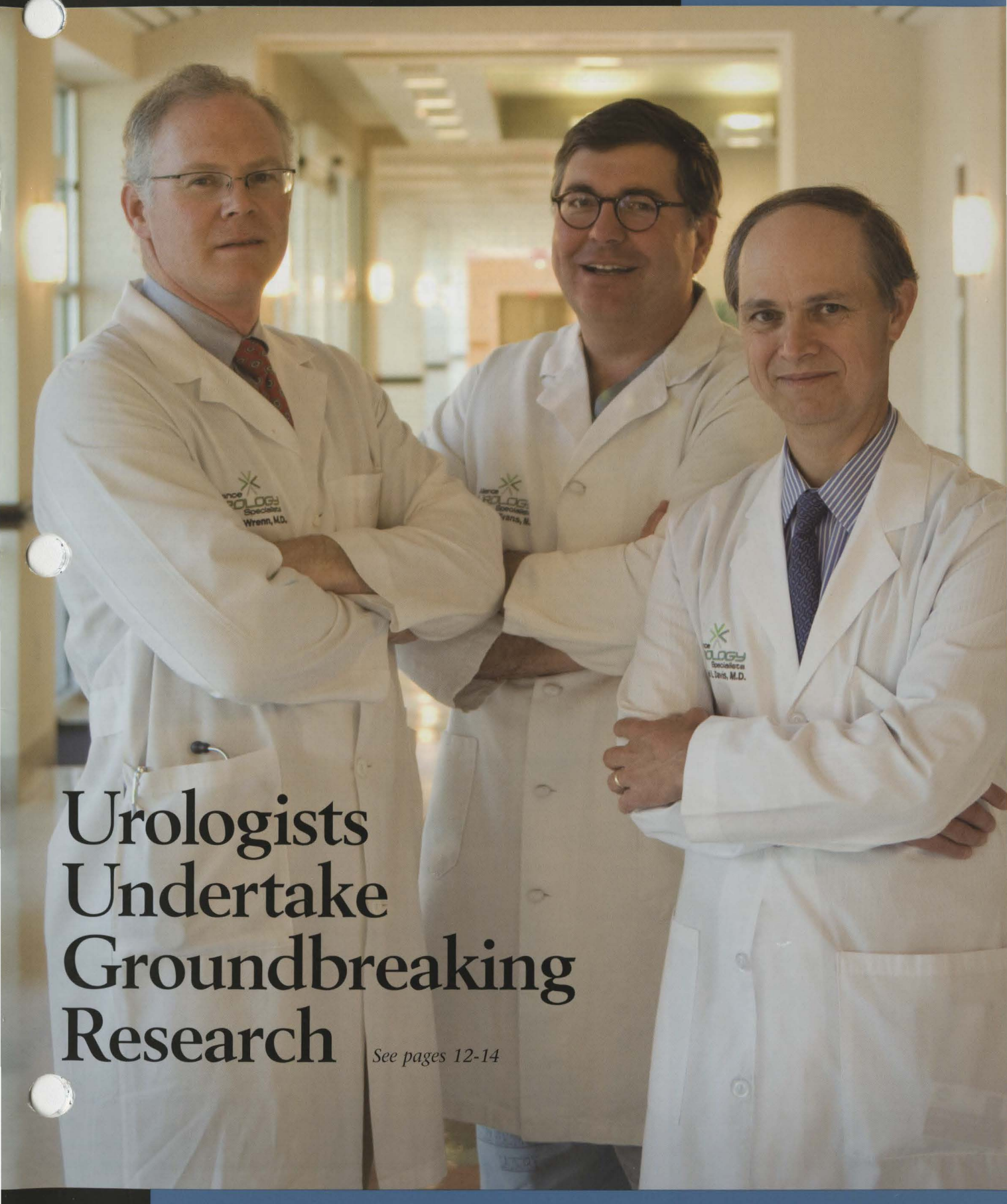
MOSES CONE HEALTH SYSTEM

VOLUME 6 | NUMBER 2 | SUMMER 2008

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



Urologists Undertake Groundbreaking Research

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MD journal

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MOSES CONE
HEALTH SYSTEM

OUR MISSION

We serve our communities by preventing illness, restoring health and providing comfort, through exceptional people delivering exceptional care.

ON THE COVER

John Wrenn, *MD, (from left)*, **Robert Evans**, *MD, and* **Ronald Davis**, *MD, are among the physicians conducting cutting-edge research at Alliance Urology.*

Health System Explores Best Ways to Work with Physician Practices

Moses Cone Health System has hired a consulting firm to work with a steering committee of administrators and physicians to explore ways for the Health System to partner with local physicians.

The Health System is prepared to employ interested physicians, but it also intends to develop a broader plan to address:

- Inter-relationships between employed physician practices.
- Opportunities for economies of scale.
- Issues of common interest for all practices.
- Development of a physician-led governance structure for these practices.
- Opportunities for alignment without practice ownership.

"Over the past year, Moses Cone Health System has had an increasing number of physicians approach us for assistance in obtaining increased reimbursement from third-party payors and better pricing on malpractice insurance and other office expenses," says **Glenn Waters**, *Chief Operating Officer*.

"Given current government regulations, the System has been limited in the assistance it can provide to practices if the physicians are not employees of the Health System. This has led to the System employing additional physicians, such as the surgeons in CVTS." CVTS recently joined Moses Cone Health System and restructured their clinical divisions into two practices – Triad Cardiac and Thoracic Surgery, and Vascular and Vein Specialists of Greensboro.

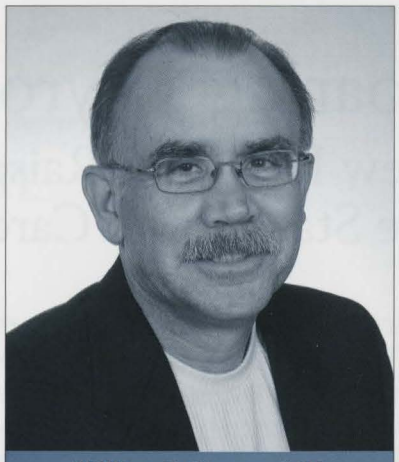
"The Health System is eager to collaborate with community physician practices for our mutual benefit," adds **Bill Bowman**, *MD, Vice President, Medical Affairs*. "As we move forward with the consulting work, physician input will be crucial, and we are pleased to have more than a dozen physicians working with us to lead a steering committee in exploration of this effort."

Southwind Health Partners, a firm with extensive experience in developing hospital-based physician networks, began its work in April. Over the next several months, Southwind will continue to interview key stakeholders, including physicians, Steering Committee members and Health System senior management. The group plans to finalize its recommendations by August.

For more information, contact Waters by phone at 832-7881 or by e-mail at *glenn.waters@mosescone.com* or Bowman by phone at 832-3900 or by e-mail at *bill.bowman@mosescone.com*.

Physicians on Steering Committee

Frank Aluisio, *MD, Greensboro Orthopaedics*
Richard Aronson, *MD, Guilford Medical Associates*
Mary John Baxley, *MD*
Jonathan Berry, *MD, The Southeastern Heart and Vascular Center*
Robert Evans, *MD, Alliance Urology Specialists*
Vanessa Haygood, *MD, Central Carolina Obstetrics and Gynecology*
Haywood Ingram, *MD, Central Carolina Surgery*
Peter Jordan, *MD, Greensboro Cardiology Associates*
Wayne Keeling, *MD, Rockingham Orthopaedic Associates*
Dean Mitchell, *MD, Eagle Family Medicine @ Village*
Ron Pudlo, *MD, Greensboro Pediatricians Inc.*
Jody Stern, *MD, Vanguard Brain & Spine Specialists*
Tom Wall, *MD, LeBauer HeartCare*
Clint Young, *MD, LeBauer HealthCare*



William F. Hopper, *MD*

Are Your Patients at Risk for 'Diabesity'?

by **William F. Hopper**, *MD*

America is getting fatter and sicker. Although this is not a politically correct statement, it is a statement of fact, and if not addressed, promises a healthcare disaster of epidemic proportions.

This is not a cosmetic problem necessitating longer seatbelts, wider wheelchairs and bigger coffins. More sophisticated technology and universal healthcare can only address the complications, not reverse the process.

Obesity causes metabolic or biochemical changes in our bodies, which result in diabetes, premature heart attack and stroke.

Two-thirds of Americans are overweight, and one in three is morbidly obese. Only one of 50 states has less than a 15 percent obesity prevalence – North Carolina's rate is 20 percent to 24 percent. The incidence of diabetes and heart disease follows this obesity trend.

Worldwide, France, Italy, Greece, Spain and Israel rank among the top 25 in reference to life expectancy. Despite having the most technologically advanced healthcare system in the world, the United States ranks 45th.

Type 2 diabetes, rare in children before 1990, has become one of the most rapidly growing pediatric health concerns, and the present preteen generation will be the first in America which will not outlive its parents.

Studies suggest that diets containing large amounts of highly refined and processed foods may be the biggest problem. These foods cause rapid and sustained glucose or sugar elevations. For instance, a baked potato converts into a cup of sugar; a piece of white bread, a tablespoon of sugar; and one french fry, two tablespoons of sugar.

These "bread and taters" diets overwhelm the body's ability to process these sugar loads, resulting in large stores of "belly fat," which is biochemically active and resistant to the body's insulin action. As a result of the pancreas chronically working overtime to lower these elevated sugar levels, the pancreas is finally depleted of insulin and diabetes results.

The release of chemicals by this belly fat causes inflammatory and clotting changes of the plaque in our arteries and leads to premature heart disease.

A second dietary "whammy" unique to America is the use of high fructose corn syrup as a sugar substitute. Because it is cheaper, it has largely replaced sucrose as a sweetener in foods. When fructose is extracted from corn and chemically altered to give it a longer shelf life, the body can't metabolize it as it would sucrose. Instead, the body converts it to triglycerides, a form of fat carried by the bloodstream to be stored as belly fat. The 39 grams of "sugar" in a regular soft drink is equivalent to 9 teaspoons of non-digestible sugar. (Divide grams of sugar on the label by four to convert to teaspoons of sugar).

This metabolic syndrome – referred to as "diabesity" because of its link between diabetes and obesity – is indicated by a waist measurement of 40 inches in a man and 35 inches in a woman, at the level of the bellybutton.

Excluding or minimizing the hyperglycemic carbohydrates and high-fructose products is the first step in reversing or preventing diabesity. References such as Sugar Busters, the South Beach Diet and Prevention Magazine's article "The Flat Belly diet" may be informative. The best resource is obviously a trained nutritionist, and Moses Cone Health System has an exceptional nutritional patient education advocacy program.

A heart healthy diet rich in colorful fruits and vegetables, olive oil, fish and complex whole grains with few processed, packaged or refined foods and high fructose corn syrup has been proven to reduce the risk of cardiovascular disease.

Following this nutritional program should have four results: an increased energy level, improved focus, decreased appetite and less belly fat as the inches peel away.

William F. Hopper MD

Soaring Thyroid Cancer Rates:

New Initiatives Raise Awareness and Improve the Standard of Care


Michael Brennan, *MD*

In recent years, thyroid cancer rates have soared. More than 37,000 new diagnoses are expected this year in the United States alone, representing an 11 percent year-over-year increase.

"Though thyroid cancer is on the rise, there are not enough local cases to justify a specialty thyroid cancer center here in Greensboro," says **Michael Brennan**, *MD*, a pediatric and adult endocrinologist with Pediatric Sub-Specialists of Greensboro. "In fact, there are very few specialty thyroid cancer centers in the nation and none in North Carolina."

As a result, Brennan says, the broader medical community must work to raise awareness of the disease and to advocate for best practices. He – along with two employees of Moses Cone Health System who have been diagnosed with thyroid cancer – are doing their part.

Emilie Gilstrap, *RN, PACU, Wesley Long Community Hospital*, and **Joanna Saporito**, *Clinical Social Worker, Regional Cancer Center*, are facilitating a new Piedmont Chapter of the Thyroid Cancer Survivors' Association.

Designed to support patients and their families, the group meets from 10:30 a.m. to noon on the second Saturday of each month at Wesley Long Community Hospital Education Center. Brennan is medical director for the fledgling support group, which has served more than 30 patients since its founding late last year. He also is leading thyroid cancer educational initiatives among his healthcare colleagues.

"Typically an oncologist coordinates care when a patient is diagnosed with cancer and provides access to social workers and other supporting resources," Brennan says. "But that's not the case with thyroid cancer. In most instances, the tumor is removed by a surgeon and the patient is treated with radioactive iodine instead of chemotherapy. So the doctor who diagnoses the disease owns the patient and manages the care they receive. That could be an ENT, endocrinologist or even a primary care physician."

Last summer Brennan arranged for Paul Ladenson, MD, of Johns Hopkins University to speak to the Guilford Endocrine Club about diagnosis and treatment protocols for the most severe types of thyroid cancer. In February, Susan Mandel, MD, of Boston University Medical Center shared a presentation with the group on less severe forms of the disease. Mandel was instrumental in developing clinical treatment guidelines for thyroid cancer on behalf of the American Thyroid Association. Brennan invited area general surgeons, ENT surgeons, radiologists and key oncologists to attend both presentations.

"Ultimately I would like to pull together a group of doctors who deal with thyroid cancer regularly for quarterly education sessions," Brennan says. "The objective is to standardize the care we deliver, regardless of how patients enter the healthcare system."

Health System Offers to Help Physicians with EMR

Moses Cone Health System is offering to help provide an ambulatory Electronic Medical Record (EMR) to community physicians, subsidizing up to 85 percent of licensing fees and implementation costs. This is as much as federal law allows.

The physician practice would then pay the maintenance and hosting fees on a per-provider basis.

The Centricity EMR, formerly known as Logician, is widely used throughout the country, says **John Jenkins**, *Chief Information Officer, Moses Cone Health System*. "Eventually, this EMR will be connected to our inpatient system so physicians will be able to see the clinical history of their patients wherever they've been seen," he says. "It will all be integrated."

President Bush signed an executive order in 2004 mandating physician practices have an EMR in place by 2014.

For more information, contact Jenkins by phone at 832-8006 or by e-mail at *john.jenkins@mosescone.com*.

Seventh Annual Trauma Symposium Draws Record Attendance

Prevention of youth violence was one of the hot topics during the 7th annual Trauma Symposium, which drew a record number of participants to the Greensboro Marriott Downtown in late April.

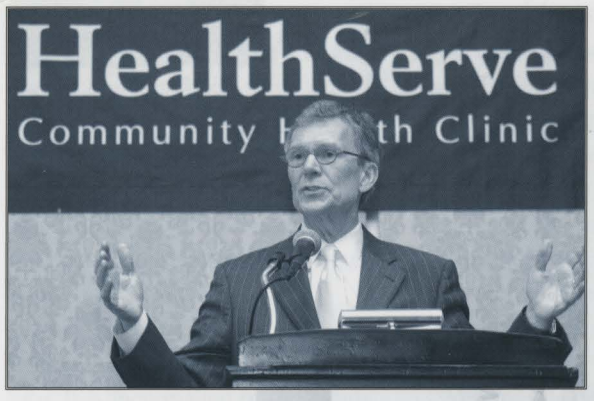
More than 150 people, including nurses, physicians, pharmacists and other clinicians, attended the symposium for the latest information in trauma care and prevention techniques. The symposium was sponsored by the Moses Cone Health System Trauma Program and Greensboro AHEC. Presentations included:

- "Damage Control Orthopedics and Compartment Syndromes" by **Michael Handy**, *MD*, orthopedic trauma specialist, Moses Cone Health System.
- "VAP in the Trauma Patient" by Preston Miller, MD, Wake Forest University Baptist School of Medicine.
- "Principles of Trauma Performance Improvement and Complications Associated with Critical Thinking Errors" by Robyn Gough-Smith, RN, Mercy San Juan Hospital in Sacramento, CA.
- "Youth Violence and Prevention Interventions" by David Jacobs, MD, Carolinas Medical Center in Charlotte.
- "Abdominal Compartment Syndrome" and numerous interactive case studies by Jay Wyatt, MD, Medical Director, Trauma, Moses Cone Health System.

The symposium included interactive case studies, which allowed audience participation through a response system that fosters in-depth discussion.

"I am happy that we continue to have excellent attendance at this conference," Wyatt says. "Part of its popularity has to do with the speakers whom we choose not only for their expertise in the field but for their enthusiasm for what they do."

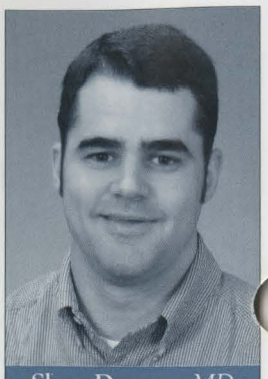
Contact **Cheryl Workman**, *RN, Trauma Program Manager*, by phone at 832-8852 or by e-mail at *cheryl.workman@mosescone.com* with ideas for future topics.

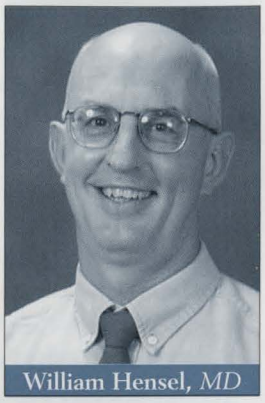


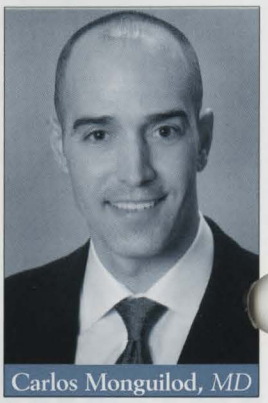
To Benefit HealthServe

An audience of 230 community and business leaders heard former U.S. Senate Majority Leader Tom Daschle praise the work of HealthServe Community Health Clinic at an April 10 luncheon (above). The event raised approximately $50,000 for medical care for uninsured patients in the community. Earlier in the day, Daschle toured HealthServe and spoke with David Talbot, *MD, Medical Director (right)*.

New Palliative Care Fellowship Addresses Growing Demand for End-of-Life Care


Shaw Duncan, *MD*


William Hensel, *MD*


Carlos Monguilod, *MD*

To respond to the growing demand for physicians experienced in end-of-life care, Moses Cone Health System is partnering with Hospice and Palliative Care of Greensboro and the Greensboro Area Health Education Center to launch a new one-year palliative care training fellowship.

A $225,000 Duke Endowment grant has funded the initial planning and implementation of the program, which launches this summer.

"The local need for hospice and palliative care services has been growing by leaps and bounds," says **William Hensel**, *MD, Director, Moses Cone Family Medicine Residency Program*. "But there are few fellowships to train physicians, and most are at academic medical centers. We saw the need for a community-based program to support local outpatient hospice services and inpatient palliative care."

Carlos Monguilod, *MD, Director, Medical Services, Hospice and Palliative Care of Greensboro*, will serve as director of the new program and will work with Hensel to select and train one fellow each year. The first is **Shaw Duncan**, *MD*, a third-year resident in family medicine with Moses Cone Health System. He graduates in June and begins his fellowship July 1.

"Shaw has already completed an elective month with Hospice as part of his residency training," Hensel says. "They like him, we like him, and we're delighted he's our first fellow." The Accreditation Council for Graduate Medical Education recently developed guidelines that establish hospice and palliative care as an official medical subspecialty. The new local fellowship is one of about 60 programs from around the nation submitted to the council during its initial round of accreditation.

"After listening to fellowship directors from the Mayo Clinic, Harvard and other major medical centers pursing accreditation, I know that what we have here in Greensboro is unique," Monguilod says. "We have a healthcare system that's fully supportive of end-of-life care. We have Hospice and Palliative Care of Greensboro that for more than 27 years has provided quality of life for those affected by serious illness, death or grief. And now we have a new local fellowship program that will generate physicians with the skills needed to enhance the services we deliver."

Max Out A Workout:
Health System Now Offers Athletes a Test of Aerobic Power

Moses Cone Health System Heart and Vascular Center is now offering athletes a specialized test that can measure their aerobic power and be used to evaluate and improve their training programs.

The measurement, called a VO2max test, is being offered through the Cardiopulmonary Exercise Laboratory. During the test, athletes walk and run on a treadmill while an exercise physiologist monitors their breathing, oxygen consumption and carbon dioxide production (as they breathe through a mouthpiece).

Vo2 is the rate at which oxygen is consumed during exercise. To achieve a high Vo2 max, a person must have a fit, strong heart and lungs and well-conditioned lean muscle mass.

The test also will determine the ventilatory anaerobic threshold, or the point at which the body can no longer supply adequate oxygen to the exercising muscles. This information helps endurance athletes improve their training and performance.

The test is self-pay and does not need a physician's referral. The cost of the test is $175, which includes the test, a printed report of results and a brief meeting with the registered clinical exercise physiologist performing the test.

For more information, call **Paul Chase**, *Registered Clinical Exercise Physiologist*, at 832-2546.

Tanya Bailey, *Certified Nurse Midwife;* **Sheronette Cousins**, *MD; and* **Wesley Davis**, *MD; were among the medical staff who attended the dedication of the Great Beginnings Wall. Donors can purchase plaques (below, inset) for a $100 contribution to the Great Beginnings Fund at The Women's Hospital of Greensboro.*

Physician Benefactors Support Great Beginnings

The new Great Beginnings wall at The Women's Hospital of Greensboro offers friends and relatives a lasting way to honor a child's birth while supporting women's and infants' services at the hospital.

For a contribution of $100, interested donors can purchase a colorful plaque inscribed with the baby's name and birthday. The plaque will remain on the wall, located outside the nursery, for one year. It is then mailed to the family as a permanent keepsake on the child's first birthday.

Seventy dollars of the $100 contribution is tax-deductible and goes to support the Great Beginnings Fund at The Women's Hospital. The fund promotes excellence in women's and infants' services by helping to provide state-of-the-art equipment, programming and education.

Seventeen local obstetricians and gynecologists helped underwrite the cost of the wall's creation and installation. "We are very grateful and offer special thanks to our founding benefactor physicians," says **MaryK McGinley**, *Senior Development Officer, Office of Fund Development.* "Their names will remain on the wall as a permanent legacy statement of their vision, leadership, generosity and commitment to their profession, their patients and the services provided at The Women's Hospital.

"We are also deeply grateful to the Volunteers at The Women's Hospital, whose continuing efforts will help us maintain the wall," McGinley adds.

For more information or to donate to the Great Beginnings Fund, contact the Office of Fund Development by phone at 832-9450 or by e-mail at *fund.development@mosescone.com.*

Physician Benefactors

Center for Women's Health Care

Kelly H. Leggett, *MD*
Philip D. Rose, *MD*
Tanya S. Pratt, *MD*
Steven H. Berliner, *MD*
Myra C. Dove, *MD*
Tracy L. Williams, *MD*
Deirdre C. Poe, *Certified Nurse Midwife*
Suzanne E. Shores, *Certified Nurse Midwife*

The Femina Women's Center, PA

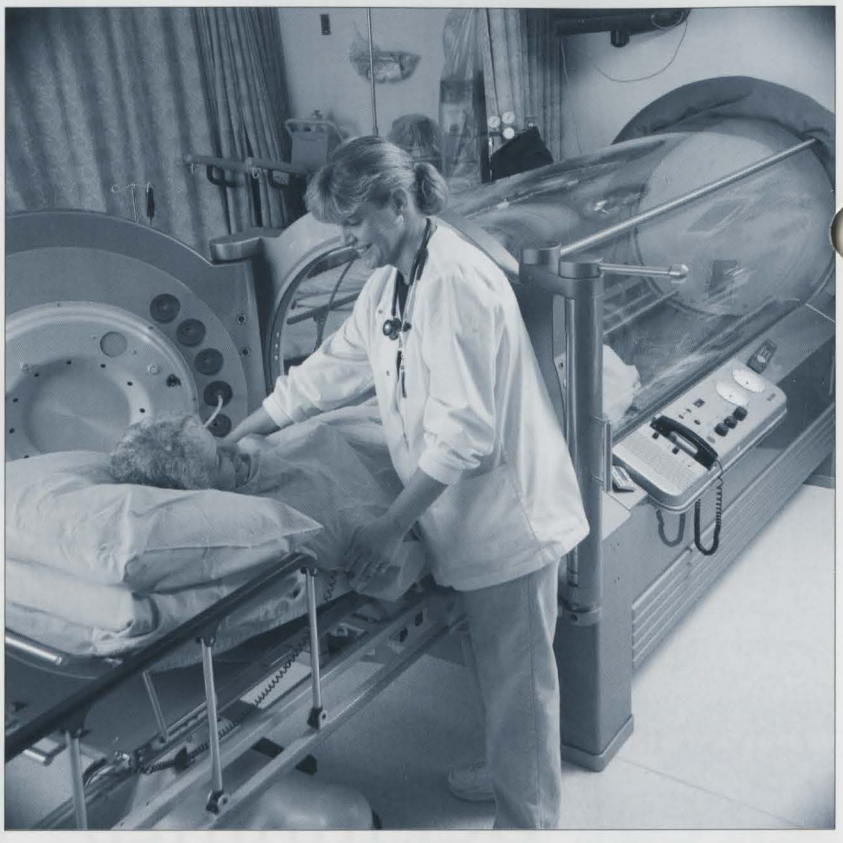
Charles A. Harper, *MD*
Lisa A. Jackson-Moore, *MD*

Wendover OB/GYN & Infertility Inc.

Sherry A. Dickstein, *MD*
Richard J. Taavon, *MD*
Sheronette A. Cousins, *MD*
Marie-Lyne Lavoie, *MD*
Wesley B. Davis, *MD*

Practitioners

Thomas F. Henley, *MD*
Bernard A. Marshall, *MD, PA*



A patient enters a hyperbaric chamber.

Wound Care and Hyperbaric Center Provides Long-Sought Healing

For Richard Caldwell, what started out as a foot ulcer turned into a diagnosis of diabetes that required amputation of his left third toe.

But when the wound wouldn't heal despite aggressive treatment, his doctor referred him to the Moses Cone Health System Wound Care and Hyperbaric Center. The center's treatment plan, which included hyperbaric oxygen treatments, helped him heal and return to work.

"It has worked out real well," says Caldwell, 56.

Harold Nichols, *MD, Medical Director, Wound Care and Hyperbaric Center*, says that Caldwell was a prime candidate for hyperbaric treatment. "He was in danger of losing his foot and leg," Nichols says.

In all, Caldwell underwent 30 hyperbaric oxygen treatments, five days a week for 90 minutes each.

"Hyperbaric oxygen, in its simplest form, is oxygen administered under pressure," Nichols says.

Normally, the air is 20 percent oxygen, but in the hyberbaric chamber, the patient breathes 100 percent oxygen. Normal air pressure is one atmosphere, or 760 mm Hg. In the chamber, patients breathe under pressurized conditions of two atmospheres, or 1520 mm Hg.

Hyperbaric treatment augments the effect of the antibiotics, stimulates the growth of new blood vessels to support healing and enhances the ability of the immune system to fight off the infection, Nichols says. The increased diffusion of oxygen into injured tissue and the secondary improvement on cellular levels of metabolism help the treatments work.

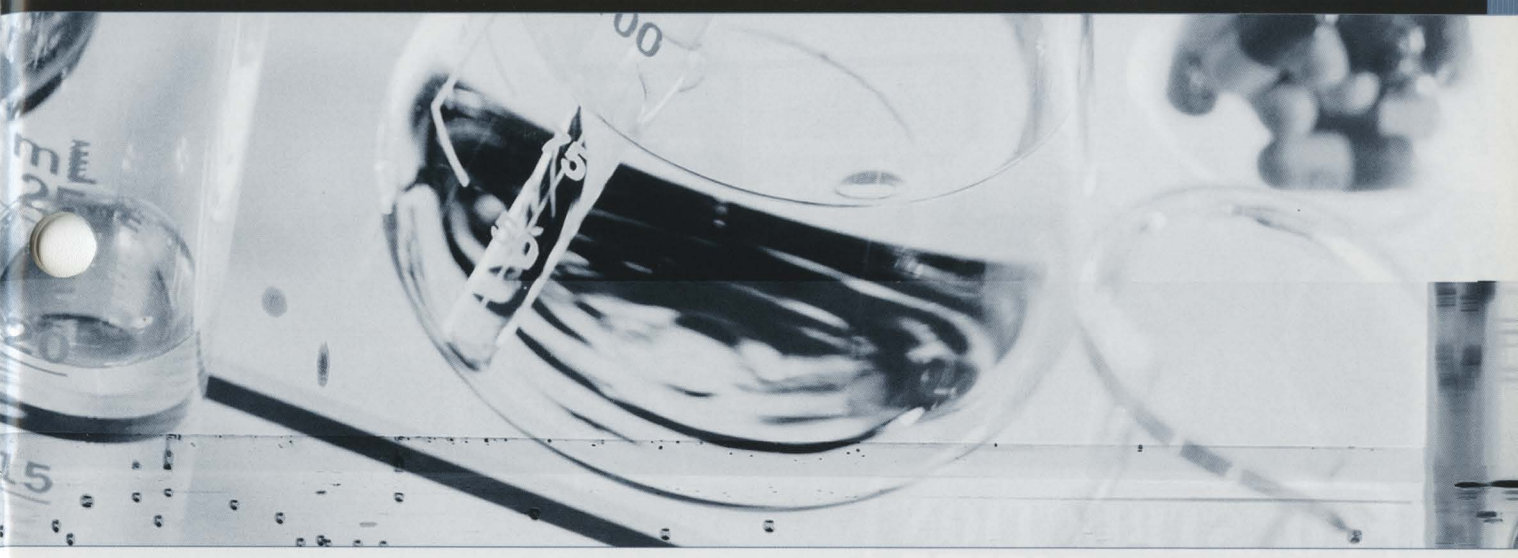
Caldwell's wound completely healed. After follow-ups to prescribe diabetic shoes and to manage his diabetes, he has returned to work.

Hyperbaric therapy is also useful in cases where there are delayed injuries associated with radiation therapy, refractory osteomyelitis, acute crush injuries with ischemia, and other approved indications.

Nichols says that most patients with diabetes benefit from a Wound Center referral.

"Our biggest problem in getting wounds to heal is delay in treatment," he adds. "Any patient who has diabetes and who has a wound should be referred to the wound center for an early consultation."

To refer a patient, call 832-0970.



Cardiology Research Gains International Notice

Research by two cardiologists with LeBauer HeartCare has gained international notice.

Thomas Stuckey, *MD*, recently presented research at a cardiology conference in Barcelona, Spain. Stuckey spoke at EuroPCR 2008, a major European conference, on the results of a study looking at using drug-coated stents in patients with diabetes. LeBauer Cardiovascular Research Foundation did the research.

"Diabetics have the highest rate of stent renarrowing after implantation, and the benefits of drug-eluting stents have been the most profound in the diabetic population," Stuckey says. "However, there has been debate over which stent type performs best in the diabetic population. This study is important because of its size and the length of follow-up."

The study looked at the experiences of more than 4,000 diabetic heart patients who had drug-coated stents implanted in eight U.S. hospitals, including The Moses H. Cone Memorial Hospital.

Bruce Brodie, *MD*, has co-authored a study, "Bivalirudin during Primary PCI in Acute Myocardial Infarction," which was released in the May 22 edition of the New England Journal of Medicine.

The study examined how 3,602 patients responded to an anti-clotting medicine called bivalirudin, as opposed to the standard treatment of the blood thinner heparin plus another drug that inhibits platelet function. This was the first time a study looked at bivalirudin in patients who had suffered major heart attacks.

Among the findings, according to a recent article in the News and Record:

- Among patients treated with bivalirudin, 2.1 percent died of any cause, compared with 3.1 percent among patients treated with heparin and the platelet inhibitor.
- Overall problems were lower in bivalirudin patients than in heparin patients — 9.2 percent compared with 12.1 percent.
- Major bleeding occurred in 4.9 percent of bivalirudin patients, compared with 8.3 percent of heparin patients.
- Patients treated with bivalirudin were less likely to die of heart-related causes within 30 days — 1.8 percent compared with 2.9 percent of patients receiving heparin and the platelet inhibitor.
- Patients treated with bivalirudin did have an increased risk of a blood clot forming inside their stents within the first 24 hours, but after 30 days there was no significant difference on this score between patients getting bivalirudin and patients who received heparin. Brodie says that slightly increased risk is outweighed by the decreased likelihood of severe bleeding with bivalirudin.

"I think the data are strong enough and consistent with earlier trials … that I think there will be a change in the way we treat heart attacks," Brodie told the News and Record. "We've already changed over to bivalirudin in our patients."

Vicki Block, *Vice President, Moses Cone Heart and Vascular Center*, says the world-class research shows the talent and commitment of the cardiologists on our medical staff. "But what's really exciting is that Moses Cone Heart and Vascular Center patients are among the first to benefit from this research," she says.

Know a physician who has been published, 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.*

Health System and community leaders gather to break ground on Moses Cone MedCenter High Point.

CONSTRUCTION UPDATE

The following projects are continuing throughout Moses Cone Health System, according to **Ron Galloway**, *Director, Construction Management, who was interviewed in May.*

The Moses H. Cone Memorial Hospital

The hospital has received state approval and will begin work this fall to expand its Emergency Department. *(See story, page 11)*

Renovation of Department 3000 will continue into the summer. This renovation will include new paint, wall coverings, floor coverings and plumbing upgrades.

Planning is under way for a new and expanded Hemodialysis department on the sixth floor. Construction will start in early July and should be complete by the end of September.

Wesley Long Community Hospital

Phase 3 of the comprehensive hospital renovation project, which includes renovations to the Central Tower, is under way. The entire project should be completed by mid-July. The renovations include creating all private patient rooms with private baths, enhancing amenities and support spaces, and replacing the infrastructure, which includes plumbing, electrical, and heating and air conditioning systems.

A parking and traffic circulation study is being commissioned to identify opportunities to improve access to the services provided at this campus. The study will be complete later this summer.

Work is under way to build four recovery rooms at the Wesley Long Surgery Center to offer patients a more comfortable setting during extended recoveries.

The Women's Hospital of Greensboro

Planning is under way to renovate the Maternity Admissions Unit. Construction is complete on a recovery area for patients who have had Cesarean sections.

Annie Penn Hospital

After opening the first phase of a 3,000-square-foot Emergency Department expansion, the hospital has begun work on a second and third phase, which will renovate about 13,000 square feet of interior space by mid-August. In all, the project will expand the treatment area from 13 to 24 rooms, add a second ambulance bay and create new waiting and registration areas.

Construction to replace the emergency and normal electrical distribution systems has begun and should be complete by July. This will increase electrical capacity and improve reliability.

Work is under way to recoat the hospital's exterior and install replacement windows in the tower on the Main Street side of the hospital.

Moses Cone MedCenters

The construction of Moses Cone MedCenter Kernersville is complete. *(See story, page 11)*

Construction has begun on Moses Cone MedCenter High Point, a nearly 76,000-square-foot emergency department and ambulatory care center near the intersection of Willard Dairy Road and NC 68 in north High Point. The project should be complete in June 2009. In addition to the 12-room emergency department, the first floor also will house a lab for patient tests; an imaging center with MRI, X-ray and ultrasound; and a pre-admission center. The second floor will house a full-service outpatient rehabilitation center and an orthopedic office. Moses Cone Regional Cancer Center will have a medical oncology office on the third floor. LeBauer HealthCare also will occupy space on the third floor with a primary care office.

An architect's rendering shows the plan for the finished Moses Cone MedCenter High Point.

Moses Cone MedCenter Kernersville Opens

Moses Cone MedCenter Kernersville is now open to serve patients.

The $14.2 million medical office complex brings a variety of services to the Kernersville area, including a primary care practice, a cardiology practice, an outpatient mental health office, a rehabilitation center, a full-service laboratory, a full range of imaging services from X-rays to MRI, a pain management clinic, occupational health office and an orthopedic office.

It is located at 1635 NC 66 South, next to Bishop McGuinness High School.

"It has been very exciting to get to know the Kernersville community over the past year from our temporary offices," says **Tim Rice**, *President and CEO, Moses Cone Health System*. "We are glad to open our new facility and to deliver the additional services that residents have asked for."

An architect's rendering shows the proposed addition to the Regional Cancer Center.

Health System Seeks to Expand Regional Cancer Center

When the Regional Cancer Center opened at Wesley Long Community Hospital in 2002, its team of medical professionals handled about 75,000 patient visits a year.

Now, the Center logs more than 100,000 patient visits yearly, and that number is expected to grow by another 30,000 within the next five years.

As waiting rooms get crowded and treatment rooms fill up, one thing is clear: The Regional Cancer Center needs more space.

Moses Cone Health System has asked the state for permission to build a 20,000-square-foot expansion to the existing three-story building. A decision from the state is expected by late October.

The new construction would include space for a Breast Cancer Center, a Center for Patient Support, and a Community and Professional Education Center. The plans also include renovating about 18,000 square feet of existing space to allow for a more modern chemotherapy area, a high-dose-rate brachytherapy suite and a larger, more comfortable waiting area.

Moses Cone Hospital Gets Approval to Expand Emergency Department

The state has approved a request by Moses Cone Health System to expand the Emergency Department at The Moses H. Cone Memorial Hospital.

The $4.9 million project will add a 12-bed observation area and expand the current Pediatrics area of the Emergency Department, providing more patient- and family-friendly space and supporting the concentration of Pediatric services at Moses Cone Hospital.

The project will be done in two phases, beginning in November or December and wrapping up in 2010.

The project will expand the department into space currently occupied by Admitting. Admitting will move into the space vacated by Human Resources, which has moved to the Black Box building on Northwood Street.

Ronald Davis, MD, (right) references a journal while talking with John Wrenn, MD.

Antibody Targeting Nerve Growth Could Revolutionize Treatment of Bladder Disease

A drug designed to slow nerve growth holds promise in treating interstitial cystitis, a chronic bladder disease characterized by severe pelvic pain and increased urinary frequency and/or urgency.

A new research study offered at Alliance Urology Specialists, with **Robert Evans**, *MD*, as the local principal investigator, will evaluate the efficacy, safety and tolerability of single dose PF-04383119 as compared with placebo in the treatment of pain associated with interstitial cystitis. This condition can affect both men and women.

"Patients really are miserable, and they are desperate to find something other than narcotics to relieve their pain," Evans says. "We have used pain medications, antispasmodics, anti-depressants and anti-seizure drugs. There are treatments, but there is no known cure."

The research, sponsored by Pfizer, is testing PF-04383119, a humanized monoclonal antibody directed against human Nerve Growth Factor (NGF). The theory is that by slowing the overgrowth of nerves, pain and other symptoms may be decreased or even eliminated.

Evans says that patients at approximately 12 centers across the country will receive a single dose of the drug by intravenous infusion. Evidence shows its effects can last from four to six months.

"We hope this drug might additionally be used to treat other conditions associated with pain syndromes such as rheumatoid arthritis, irritable bowel syndrome and fibromyalgia," Evans says.

The study, which began in March, will last most of the summer. Patients will be followed for 16 weeks to determine efficacy. Positive results could revolutionize care for interstitial cystitis cases.

"This cutting-edge research," Evans says, "may eventually become state-of-the-art care."

Blood Test Could Help Shape Treatment of Metastatic Cancer

A simple blood test to analyze circulating tumor cells in the bloodstream of patients with known metastatic cancer could have far-reaching implications for treatment.

Ronald Davis III, *MD*, a urologist with Alliance Urology Specialists, is involved with a study that uses this kind of blood test to examine metastatic prostate cancer. But the research holds promise for patients diagnosed with colorectal, breast and pancreatic cancer as well.

John Feldmann, *MD, Medical Director, Moses Cone Health System Regional Cancer Center*, is the local principal investigator for the study.

The study takes a single blood sample from patients with metastatic cancer and analyzes it for circulating tumor cells. These cells are then compared with archival tissue from original biopsies.

Davis says there is evidence that cancers metastasize microscopically early in the disease process. Characterizing the biology of tumor metastases can increase the understanding of treatment failures and hopefully lead to the design of novel targeted therapies.

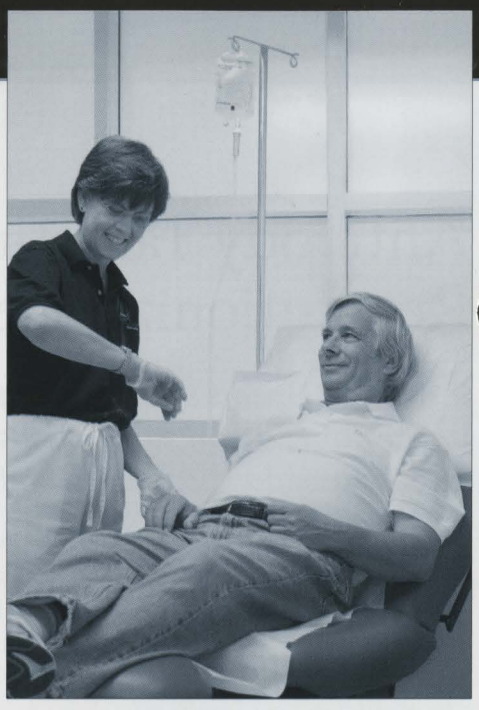
RNA, DNA and protein analysis will be used to better understand cell characteristics. Relevant signaling pathways to cell growth, cell development and cell survival also will be examined.

"We hope to discover techniques that will improve cancer screening and prognosis," Davis says. "Hopefully, prevention and improved treatment will follow."

The possibility exists that enough information could be obtained from a single blood test to provide guidance on treatment of specific patients.

"We know that circulating tumor cells are often present, but really we don't know their function," Davis says. "What we need is a reasonable marker that shows us which cancers will progress."

Urologists Study Drug to Prevent Kidney Cancer Recurrence NEXT PAGE



Patti Edwards, *RN, with Alliance Urology Specialists, gives patient Terry Jarrett his weekly infusion of a study drug, a monoclonal antibody that has shown promise in renal cell carcinoma.*

Study Tests Drug to Prevent Kidney Cancer Recurrence

If surgery is unsuccessful or impossible, treatment options for patients with renal cell carcinoma are limited.

If patients have residual or metastatic disease, therapeutic options are poor. Renal cell carcinoma does not respond to standard chemotherapy or radiation and has only limited response to immunotherapy and novel agents that target angiogenesis.

But a new study offered at Alliance Urology Specialists, with **John Wrenn**, *MD*, as the local principal investigator, is looking at an agent that might reduce the chance of recurrent disease in postoperative patients at high risk.

The study drug, a monoclonal antibody that targets G250, a cell surface antigen, has shown promise in renal cell carcinoma and is being investigated as an adjuvant therapy to reduce the risk of postoperative recurrence. The randomized, placebo-controlled study will consist of 24 weekly intravenous infusions followed by intensive five-year follow-up.

"Studies of this nature are crucial as 30 to 60 percent of these high-risk patients will recur, and metastatic renal cell carcinoma carries a very high mortality rate even with our best current treatments," Wrenn says.

The international trial, sponsored by Wilex, a Swiss pharmaceutical company, opened to enrollment at Alliance Urology Specialists in August. Since then, Alliance Urology has enrolled six qualifying patients.

The study is currently offered at 38 sites across the United States.

For More Information

If you would like more information or to refer a patient for these or other trials, contact **Patti Edwards**, *RN, Clinical Research Coordinator, Alliance Urology Specialists*, at 336-232-5322.

"Studies of this nature are crucial as 30 to 60 percent of these high-risk patients will recur, and metastatic renal cell carcinoma carries a very high mortality rate even with our best current treatments."

— **John Wrenn**, *MD*

Shortly after his massive heart attack, Pete Brickey was back to his active lifestyle, mowing the grass at his home in Winston-Salem.

Amazing RACE Saves Life of Heart Attack Patient

On April 4, Pete Brickey, 56, told his boss he thought he was having a heart attack. His boss took him to the Emergency Department at Moses Cone Hospital, where Brickey collapsed.

But it wasn't the kind of heart attack that staff members see every day.

To save Brickey, they had to perform 45 minutes of cardiopulmonary resuscitation, defibrillate him 13 times, insert an intra-aortic balloon pump, place a stent in his artery and perform a quadruple bypass.

Despite all this, Brickey was sitting up in a chair two days later, describing his experiences. Remarkably, he had no swelling of the brain and no loss of memory.

"This is one of the most dramatic life-saving things that I have seen since I have been at Cone, to be honest with you," says **Charles Wilson**, *MD, Medical Director, Heart and Vascular Center*.

Wilson and others credit the skill of the clinical staff as well as the RACE project, a process designed to get heart-attack patients balloon angioplasties as soon as possible after they arrive at the hospital.

RACE has helped change procedures within Moses Cone Health System so that patients can get from the ambulance or Emergency Department to the catheterization lab more quickly in emergencies. Two years ago, this process took an average of 180 minutes. In March, it took just 51 minutes.

In Brickey's case, every minute counted. The moment he collapsed, staff called a Code STEMI according to the new protocol.

They immediately took Brickey to the Cath Lab, where catheterization revealed a 95 percent blockage in the left main coronary artery. When his heart fibrillated and he stopped breathing, cardiopulmonary resuscitation began.

As the team continued CPR during the entire procedure, cardiologist **Michael Cooper**, *MD*, inserted an intra-aortic balloon pump, then placed a stent into the left main coronary artery. These two procedures allowed the heart to begin to recover while cardiothoracic surgeon **Clarence "Cub" Owen**, *MD*, was called. Owen performed a quadruple coronary artery bypass.

Brickey is grateful for the quick response.

"They said 10 things had to go exactly right for me to live … and nothing went wrong," he says. "What are the odds of that?"

He strongly appreciates the work of his clinical team. "Saying thanks doesn't seem like quite enough," he says. "They really and truly do have my heartfelt gratitude."

Moses Cone Health System Library: Here to Help

The Moses Cone Health System Medical Library heard your feedback during our recent survey. Here are some of the services the Library offers:

- More access to full-text journals. Online, full-text journals by Health System Library subscription are available to you outside of Moses Cone Health System campuses. If you know which journal title you need, check the A-Z full-text journal list on *www.gahec.org/library* to see if we have a subscription or where the title is available online. Lancet is now available online.
- Librarian searches of medical literature. Need some evidence-based literature or a quick review? Librarians are available to do literature searches or to show you some tips on finding topics in the medical literature more efficiently. Librarians can meet with you outside of the library at your convenience.
- Self searching in medical databases. Library subscriptions to Dynamed, Medline, Evidence Based Reviews and StatRef full-text books are all available outside of Moses Cone Health System campuses. Contact the library to receive an OVID or Dynamed password.

Lisa Simpson, *Recreation Therapist, Moses Cone Hospital, watches as Sylvia Carnell uses the Wii video game to build up her strength.*

Video Game Proves Useful in Wii-habilitation

Stroke victims, brain injury patients, and other rehab patients are seeing both psychological and physiological benefits from playing with a Nintendo Wii video game, according to **Zachary Swartz**, *MD, Medical Director, Rehabilitation Services, Moses Cone Health System.*

The Wii, which uses a wireless, handheld controller to enable the user to play such games as tennis and bowling on a video screen, is a recent addition to the Inpatient Rehabilitation Center at The Moses H. Cone Memorial Hospital. The game is proving to be a good treatment regimen, Swartz says.

"It has some emotional appeal to patients, because it is not the typical 'grind it out' therapy session – it's recreation," he says. "In the physiological sense, it helps stroke and other neurologically impaired patients with initiating muscle use in affected limbs by applying the principles of neural plasticity and motor learning."

Using the Wii for bowling, for example, can improve fine motor skills because participants have to mimic the arm movement of rolling a bowling ball down an alley.

"They are able to use the affected arm for the complex movement of rolling a ball and then get instant feedback by watching the results on the screen," Swartz says.

The Wii first came into the unit on a therapist's recommendation. Now, they're looking at getting more games such as those that simulate car driving. Golf, tennis and boxing games are already being used.

Swartz says he is unaware of any scientific studies that prove the efficacy of using the Wii in rehab, but there are multiple published reports describing successful use of the video game in rehabilitation units across the United States.

"We're using an unorthodox approach that seems to work," he says.

The Wii can be used as one piece of an intensive therapy program that is tailored to a patient's particular deficits and needs. It generally would not stand alone as a single therapy prescription, and a physiatrist or a physical therapist should evaluate a patient to see if the Wii would be an appropriate component to the individual's rehab program.

"I think that at times therapy can be exhausting and painful for patients," Swartz says. "By using the Wii, we can draw patients in and distract them from the work they are actually doing while they are moving more quickly toward functional goals."

Moses Cone Health System 2008 Goals

Results for Oct. 1, 2007 - April 30, 2008

	System Indicator	Measure	Goal	Actual	
Quality	Mortality Rate	% Change in Overall Mortality Rate	-5.0%	-2.5%	👎
	Community Health	Smoking Cessation Counseling %	90%	N/A	
Patient Satisfaction	Patients Who Would Recommend Us For Care	Would Recommend Inpatient	87.60	87.47	▨
		Would Recommend ED	72.35	68.86	👎
Employee & Physician Engagement	Turnover	Turnover %	15.0%	15.5%	▨
	Employee Satisfaction	Overall Job Satisfaction	79.0	N/A	
	Internal Succession	Internal Succession %	60.0%	61.5%	👍
	Physician Relationships	Physician Satisfaction	71.8	N/A	
Finance	Margin (%)	Margin (%)	5.11%	5.04%	▨
		Length of Stay	4.93	5.01	▨

👍 Meeting or Exceeding Goal 👎 Needs Improvement ▨ Approaching Goal

N/A — RESULTS NOT YET AVAILABLE

Don Causey is the new *Director, Security Services, Moses Cone Health System*. He has been the interim director for the past several months.

Karin Henderson, *RN*, is the new *Director, Medical/Surgical Nursing Services, The Moses H. Cone Memorial Hospital*. Previously, she was director of the Vascular Access and PICC Program for the Health System.

Pam Isley, *Manager, Medical Staff Services*, has passed an exam and is now a Certified Provider Credentialing Specialist (CPCS). The certification is provided by the National Association of Medical Staff Services (NAMSS).

Annette Smith, *RN*, is the new *Director, Nursing Services, Wesley Long Community Hospital*. These services include the nursing departments of: Telemetry/Urology, Oncology, Orthopedics/Bariatrics, GYN/General Surgery, ICU/Step-down, Med/Psych and Portable Equipment. Most recently, she was director of nursing for the Renal/Medical/Telemetry department.

New Interns and Fellows Begin Residency Programs

New interns and fellows are starting residency programs in Internal Medicine and Family Medicine. Following an orientation week starting June 23, they will begin patient care on July 1.

They are listed here with their medical schools:

Internal Medicine Interns

Manrique "Manny" Alvarez, *MD*
St. Matthew's University School of Medicine
Curtis Bryant, *MD*
University of North Carolina at Chapel Hill School of Medicine
Jacob "Jake" Cuellar, *MD*
East Carolina University, Brody School of Medicine
James Head, *MD*
Duke University School of Medicine
Peter Nicholas, *MD*
UNC School of Medicine
Jeffrey Peacock, *MD*
Wake Forest University School of Medicine
Yashashwi "Yashu" Pokharel, *MD*
Henan Medical University
Adwait "Ad" Silwal, *MD*
Tribhuvan University Institute of Medicine
Catherine Walsh, *MD*
University of Kentucky, College of Medicine
Valerie Wilson, *MD*
East Tennessee State University, Quillen College of Medicine

Family Medicine Interns

Stephanie Alm, *MD*
UNC School of Medicine
Taineisha Bolden, *MD*
UNC School of Medicine
Terry Everhart, *MD*
UNC School of Medicine
Javier Gutierrez, *MD*
University of Florida College of Medicine
Kanhka Linthavong, *MD*
UNC School of Medicine
Laura Mayans, *MD*
University of Kansas School of Medicine
Matthew Olson, *MD*
UNC School of Medicine
Susan Overstreet, *MD*
University of Texas Southwestern Medical School

Family Medicine Sports Medicine Fellows

Spencer Copland, *MD*
UNC School of Medicine
Jonathan Jackson, *MD*
Uniformed Services University of the Health Sciences
Christine Shugart, *MD*
University of Virginia School of Medicine
John Tipton, *MD*
Wake Forest University School of Medicine

*e*Link Critical Care Ranks First in Quality

Moses Cone Health System and the *e*Link Critical Care department ranked No. 1 in overall program performance among all reporting *e*ICU programs for the fourth quarter of 2007.

VISICU, the company that provides the eICU system to 33 hospitals across the country, ranks each one on a variety of quality indicators.

For the fourth quarter (October through December 2007), Moses Cone Health System ranked third in the area of providing beta blocker medication to at-risk cardiac patients and ranked fourth in the average number of days patients stayed on ventilators. Other quality indicators with high rankings were gylcemic control, prevention of deep vein thrombosis and prevention of stress ulcers.

Logging Into *e*Care Manager

In all the ICUs throughout Moses Cone Health System – as well as the Intermediate Care/Step-down Department at The Moses H. Cone Memorial Hospital – clinicians have access to *e*CareManager (*e*CM). This application contains an overview of patient information, nursing flowsheets, patient medications and lab data on all patients.

As a reminder, here are the physician log-in instructions for *e*CareManager:

1. Click the *e*Link icon, located in Citrix or on your desktop.
2. **User Name:** 00 plus Dictation Code. If Dictation Code is 3 digits, add another leading 0.
3. **Password:** Default is **password**. You will be prompted to change it unless you've already done so.
4. Click the **Login** button, or press **Enter** on the keyboard.
5. PIN number for entering notes or orders: Use your Dictation Code (4 digits). If your dictation code is 3 digits, add leading 0.

If you have difficulty or have questions, please call *e*Link Critical Care at 832-4310 for assistance.

Core Measures:
How Physicians Can Help

The Core Measure teams have been auditing charts, streamlining processes and developing trigger tools for staff and physicians. Here are some opportunities for improvement to help ensure Moses Cone Health System reaches its goals.

Heart Failure

Audits show the largest area for improvement is in matching discharge medications on the patient education sheet to those on the physician discharge summary. Scores in the area have been about 65 percent for the last two quarters, and April discharge audits show no change. The Health System continues to complete daily audits on discharged patient charts and to leave reminders on those charts to complete the discharge summary within 30 days. *This score ultimately becomes the Health System's "optimal care" score for all the measures in heart failure. The other three heart failure core measures are above 85 percent, which far surpasses the goal.*

Acute Myocardial Infarction

- **The Health System is working to hardwire the process by which we identify Day 1 medications not given within the first 24 hours.**
- Thus far, the team has improved the identification of affected patients by using a daily e-mail that includes the MI census and abnormal marker report.
- With the help of physicians, Emergency Medical Services, Emergency Departments and outlying facilities, the Health System has a 56-minute median door-to-balloon time. The target is less than 90 minutes.
- The Health System also has a rate of 0 percent cardiogenic shock, which is less than the national average.

Community Acquired Pneumonia (CAP)

Audits indicate that many of the processes are in place to identify these patients, to start the pneumonia protocol and to document the necessary interventions to reach that optimal score. Remaining barriers include:

- Vaccine protocol compliance.
- The need for more current data collection method on vaccines.
- Consistency with ordering of chest X-rays according to the pneumonia protocol in Emergency Departments.

There is a need to ensure that patients coming in for direct admission from the physician's office or clinic have orders when they arrive or instructions to start the pneumonia protocol.

Surgical Infection Prevention

The most opportunity for improvement is with colorectal surgery with immediate post-op normothermia. Cases are now referred to the clinical nurse specialist and assistant director for review at Wesley Long Community Hospital. Staff also are sending out reminders asking staff to document temperatures within 15 minutes of the patient's arrival in PACU – instead of the previous 60-minute timeframe.

Staff also are focusing on VTE prophylaxis 24 hours before surgery through 24 hours after the surgery end time. Plans include:

- To consider ordering VTE prophylaxis preoperatively.
- To ask surgeons to order first dose of Lovenox on the evening of surgery unless contraindicated.

Physicians Respond to Recent Survey

Moses Cone Health System received feedback from 343 physicians during a recent survey of the Medical and Dental Staff.

"We're pleased with this response," says **Glenn Waters**, *Chief Operating Officer*. "We greatly appreciate and value the input of physicians, and we will use the results to shape the way our Health System is operated now and in the future."

Press Ganey will provide a report, detailing top priority areas, action plans and best practices to address key physician concerns. These results will be reviewed and reported to physicians soon.

Health System Strengthens Vendor Policy

Moses Cone Health System has a new vendor representative policy that should help provide a safer environment for patients and a more balanced approach to conducting business with clinical staff and administration.

As of June 16:

- The Health System will require vendors to have pre-arranged appointments before meeting with staff.
- Vendor representatives also must have documentation of competency in their specialty, must have up-to-date immunizations and must pass a background check (similar to the requirements for prospective employees).
- The Health System is also narrowing the attempt at influence by limiting vendors' food provision to educational in-services only.

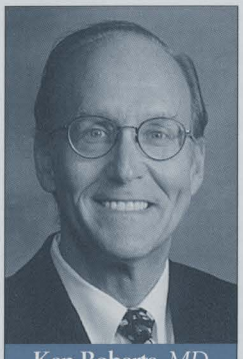
In order to manage hundreds of vendor representatives, an Internet-based vendor compliance company called Status Blue is maintaining and updating required information from vendors.

Health System Upgrades E-Chart

E-chart has been upgraded at all five Moses Cone Health System hospitals. Staff from various clinical departments can now log on to E-chart and get patient data, including the admission record, which was previously only in the paper chart.

Physicians can continue to connect with this upgraded system to review data on labs, radiology and other important patient reports.

This upgrade is a more user-friendly, Windows-based program for charting and allows quick retrieval of patient information.



Ken Roberts, *MD*

Roberts Honored with Mentoring Award

Ken Roberts, *MD, Director, Pediatric Teaching Program*, received the Academic Pediatric Association's Miller-Sarkin Mentoring Award "for work as an outstanding educator and mentor" during the annual spring meeting of the Pediatric Academic Societies.

The award is named for Steve Miller, MD, and Rich Sarkin, MD, both pediatric clerkship directors who were killed in a plane crash in 2004.

High Point Regional Joins The HealthCare Alliance

High Point Regional Health System has joined The HealthCare Alliance, a corporation formed in February by Moses Cone Health System and Wake Forest University Baptist Medical Center.

High Point Regional will remain an independent organization, as will Moses Cone Health System and Wake Forest University Baptist Medical Center. "Our goal in joining The Alliance is to strengthen the working relationship with our neighboring providers, improve quality and explore opportunities to reduce costs," says Jeff Miller, Chief Executive Officer of High Point Regional.

Tim Rice, *President and CEO, Moses Cone Health System*, also notes that the three major population centers of the Triad are now represented in The Alliance. "High Point's joining us will enhance the ability of The Alliance to improve healthcare in the Piedmont Triad," he says.

Hospitals Receive VHA Leadership Award for Clinical Excellence

VHA Inc., a national healthcare alliance, has given Wesley Long Community Hospital, The Women's Hospital of Greensboro and Annie Penn Hospital a 2008 VHA Leadership Award for Clinical Excellence. The hospitals were honored for meeting or exceeding national performance standards for clinical care in specific areas from the third quarter of 2006 to the second quarter of 2007.

The three hospitals won the award for their efforts to prevent catheter-related bloodstream infections, urinary tract infections and ventilator-associated pneumonia.

Annual Meeting Set for August

Members of the Moses Cone Health System Medical and Dental Staff are reminded of the Annual Meeting on Aug. 28 at the Greensboro Marriott Downtown.

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

A photographer also will be available to take photos of physicians before the meeting. No appointment is necessary.

Health System Gears Up for Magnet Recertification

Moses Cone Health System will apply for Magnet recertification from the American Nurses Credentialing Center early next year.

The Health System earned initial Magnet certification in February 2005. Since then, it has submitted annual reports and will file a larger application in February 2009.

"Physicians are an integral part of demonstrating that the Health System meets Magnet criteria. How can we achieve Magnet recertification without collaborative physician relationships?" says **Marjorie Jenkins**, *RN, Magnet Program Director*.

If the Health System meets all the criteria, surveyors will visit all hospital campuses in 2009.

Former Outpatient Clinics Now Called The Internal Medicine Center

The Outpatient Clinics at The Moses H. Cone Memorial Hospital are now called The Internal Medicine Center. The change comes in an effort to more accurately reflect changes and growth in the population served.

The Internal Medicine Center now consists of The Internal Medicine Residency Program Clinics, Infectious Diseases Clinics, Research and Grant Coordination, Anticoagulation Clinic, and the Diabetes Program and Patient Education Services.

Ten faculty, 24 resident physicians, and clinical and non-clinical staff provide care at 15,000 patient visits at The Internal Medicine Center each year.

For more information, contact **Jim Shaw**, *Director, The Internal Medicine Center*, at 832-3948.

Health System Retains Strong Credit Rating

The S&P has affirmed the AA Stable long-term bond rating of Moses Cone Health System.

"The committee had very positive comments and was very comfortable with the credit," says **Beth Ward**, *Chief Financial Officer*.

"This AA rating allows the Health System to pay interest rates on our debt that are between 1 and 2 percentage points lower than if we had a lower rating," she adds. "On $242 million of debt, 1 percent amounts to $2.42 million per year. That is a lot of money that we can use for other things."

Internal Medicine Diabetes Program Recognized

The Moses Cone Health System Internal Medicine Diabetes Program has received the American Diabetes Association's Education Recognition Certificate.

It ensures that the program, operated at The Internal Medicine Center at The Moses H. Cone Memorial Hospital, meets the national standards for diabetes self-management programs. Certification is valid for three years.

Hospice and Palliative Care Announces Appointments

Hospice and Palliative Care of Greensboro (HPCG) has announced new staffing appointments.

Carlos Monguilod, *MD*, is the new Director of Medical Services for Hospice and Palliative Care of Greensboro. Monguilod has worked with HPCG since 2005 and has been a member of the Greensboro medical community since 1995.

Rita T. Layson, *MD*, is resuming her affiliation with HPCG as medical outreach specialist. Most recently, Layson was associate professor of medicine in the Internal Medicine program at Moses Cone Health System. She also has been associate medical director of HPCG.

James "Tab" Haigler Jr. is the new chief financial officer. Haigler was previously executive director and CEO of Unified Home Care of Reidsville. He also worked for the Health System previously as general accounting manager at The Moses H. Cone Memorial Hospital, controller at The Women's Hospital of Greensboro and vice president of finance at Annie Penn Hospital.

New Physicians Join Staff

Moses Cone Health System
Medical and Dental Staff

Dahari D. Brooks, *MD*, (Provisional Active status) completed a residency in orthopaedic surgery at the University of Rochester and a fellowship in spinal surgery at State University of New York, Upstate Health Center. He is board certified in orthopaedic surgery and practices with Greensboro Orthopaedics.

David L. Call, *MD*, (Provisional Consulting status) completed a residency in diagnostic radiology at Duke University Medical Center and is board certified in diagnostic radiology. He practices with Greensboro Radiology, PA.

J. Stewart Edmunds, *MD*, (Provisional Active status) completed a residency in diagnostic radiology at the University of Virginia Health System and a fellowship in nuclear radiology at Duke University Medical Center. He is board certified in diagnostic radiology and practices with Greensboro Radiology, PA.

Daniel J. Feinstein, *MD*, (Provisional Active status) completed a residency in internal medicine at St. Agnes Hospital Center and a fellowship in critical care medicine at Rush Presbyterian/St. Luke's Medical Center. He is board certified in internal medicine and critical care medicine and practices with LeBauer HealthCare.

David H. Hopper, *MD*, (Provisional Courtesy status) completed a residency in family medicine at The Moses H. Cone Memorial Hospital and is board certified in family medicine. He practices with Urgent Medical and Family Care.

Kimberly "Kim" Glenn Lykins, *DO*, (Provisional Courtesy status) completed a residency in family medicine at The Medical Center and is board certified in family medicine. She practices with the Moses Cone Health System Urgent Care Center.

Michelle A. Matthews, *MD*, (Provisional Active status) completed a residency in internal medicine/pediatrics at Detroit Medical Center. She is board certified in internal medicine and practices with IN Compass Health.

Sara Lynn Neal, *MD*, (Provisional Active status) completed a residency in family medicine at Wake Forest University Baptist Medical Center and a fellowship in sports medicine at The Moses H. Cone Memorial Hospital. She is board certified in family medicine and sports medicine. She practices with the Moses Cone Health System Family Practice Center.

Makanjuola "Mackay" I. Oladigbo, *MD*, (Provisional Active status) completed a residency in internal medicine at Obafemi Awolowo University and Interfaith Medical Center. He is board certified in internal medicine and practices with IN Compass Health.

Bhakti B. Paul, *MD*, (Provisional Active status) completed her residency in internal medicine at The Moses H. Cone Memorial Hospital. She is eligible for board certification in internal medicine. She practices with Eagle Hospitalists.

Liviu E. Pop, *MD*, (Provisional Active status) completed a residency in diagnostic radiology at Hackensack University Medical Center and a fellowship in thoraco-abdominal imaging at the University of Virginia. He is board certified in diagnostic radiology and practices with Greensboro Radiology, PA.

Geeta Sushil Ramchandani, *MD*, (Provisional Courtesy status) completed a residency in family medicine at Duke University Health System and is board certified in family medicine. She practices with the Moses Cone Health System Urgent Care Center.

ORGANIZATIONAL ACTIVITY

	April 2008	March 2008	February 2008	January 2008	December 2007	November 2007
MOSES CONE HOSPITAL						
Beds in Service	506	506	506	506	506	506
Occupancy (percentage)	75.20	77.02	81.91	77.25	67.58	73.48
Average Daily Census	380.50	389.74	414.48	390.87	341.94	371.80
Average Length of Stay (days)	5.24	5.74	5.36	5.52	5.21	5.75
Surgical Procedures	1,171	1,064	1,155	1,218	1,902	1,186
Emergency Dept. Total Patients	5,999	6,147	6,567	6,212	6,002	5,825
WESLEY LONG COMMUNITY HOSPITAL						
Beds in Service	150	150	150	109	109	109
Occupancy (percentage)	77	72	81	96	81	87
Average Daily Census	115.43	107.61	120.48	104	87.84	94.23
Average Length of Stay (days)	5.44	5.08	5.38	5.73	5.29	5.09
Surgical Procedures	536	488	517	528	449	464
Emergency Dept. Total Patients	3,639	3,809	3,994	3,758	3,670	3,553
THE WOMEN'S HOSPITAL						
Beds in Service	134	134	134	134	134	134
Occupancy (percentage)	59	62	63	59	58.3	70
Average Daily Census	78.03	82.26	83.76	77.94	78.13	92.73
Average Length of Stay (days)	3.98	3.78	3.56	3.7	3.64	4.11
Births	419	495	508	506	498	515
Surgical Procedures	465	449	464	461	416	454
ANNIE PENN HOSPITAL						
Beds in Service	87	87	87	87	87	87
Occupancy (percentage)	44.41	44.53	56.04	48.72	43.64	50.15
Average Daily Census	38.63	38.74	48.76	42.39	37.97	43.63
Average Length of Stay (days)	4.31	4.50	4.42	4.55	4.75	4.92
Surgical Procedures	203	178	201	181	161	179
Emergency Dept. Total Patients	2,048	2,086	2,267	2,123	2,004	1,866
BEHAVIORAL HEALTH CENTER						
Beds in Service	80	80	80	80	80	80
Occupancy (percentage)	63.5	61.58	63.71	58.55	55.57	61.50
Average Daily Census	50.8	49.26	50.97	46.84	44.45	49.2
MOSES CONE SURGERY CENTER						
Total Patients	554	440	483	479	474	463
WESLEY LONG SURGERY CENTER						
Total Patients	232	213	245	223	223	214
CARELINK						
Number of Transports	573	490	528	640	571	567
Resource Line Physician Consults	150	159	124	188	191	188
Resource Line Patient Referrals	128	114	87	95	101	103

MD*journal*

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Peter Rubin, MD, speaks to Advancement Council members about breast cancer services at the Regional Cancer Center.

Advancement Council Marks First Year of Service

Current and retired physicians, along with board and community leaders, are taking a strong, participatory role in the development of the new Advancement Council of Moses Cone Health System.

The Advancement Council was formed in May 2007 to provide "guidance and leadership for Moses Cone Health System to strengthen connections with the community" and to advise and assist the new Office of Fund Development in making those connections.

The council includes 30 couples and individuals, including seven physicians. The council meets three times each year to learn about projects and programs in the Health System and how community support can strengthen these programs or meet needs. Members provide constructive feedback and help "open doors" to make other individuals aware of System programs and fund-raising needs.

Council members met at the Moses Cone Heart and Vascular Center in the fall. In March, they toured the Moses Cone Regional Cancer Center and learned about future expansion plans there. *(See story, page 11)* They will meet at The Women's Hospital of Greensboro in September.

Ann Lineweaver, a former Wesley Long Community Hospital trustee and community leader, chairs the Council. Physicians on the council include **Robin Andree**, *MD*; **William Bowman**, *MD*; **Lloyd Peterson**, *MD*; **Tom Price**, *MD*; **Jerry Ruskin**, *MD*; **Bob Sevier**, *MD*; and **Peter Young**, *MD*.