



MOSES CONE HEALTH SYSTEM

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MD *journal*

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



Moses Cone MedCenter High Point Opens

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PLANS FOR NORTH TOWER UNVEILED • LUNG CANCER CLINIC TO OFFER PATIENTS COMPREHENSIVE CARE

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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

The entrance of Moses Cone MedCenter High Point welcomes patients with an impressive two-story lobby.



Terry Akin

Akin Named Chief Operating Officer

Terrence B. "Terry" Akin has been named *Chief Operating Officer, Moses Cone Health System*. He will start July 20.

Since October 2005, Akin has been senior vice president and chief operating officer of Harris Methodist Fort Worth Hospital in Fort Worth, TX. The 724-bed hospital is a flagship facility for the 13-hospital Texas Health Resources system.

"We really had some strong candidates for this position," says **Tim Rice**, *President and CEO*. "Terry has a wide variety of experience from three leading health systems. He put together strong teams that met high targets in patient satisfaction, employee satisfaction and financial objectives. We are eager to begin working with him here."

Akin says he looks forward to joining the Health System, which has a national reputation for providing exceptional care. "A strong leadership team, a highly engaged board of trustees, a superb medical staff, Magnet nursing and highly committed staff throughout the organization all combine to make this a wonderful opportunity," he says.

Akin plans to focus initially on developing relationships and familiarizing himself with the operations of the Health System. "Out of that, I will gain clarity as to how I can bring my experience to best support and enhance Moses Cone Health System in fulfilling its mission."

In his more than 20 years in healthcare, Akin says he has enjoyed the complexities and challenges as well as the opportunity to help others. "My real inspiration and fulfillment comes from walking the halls and seeing the amazing work done daily by those at the bedside, where heartfelt compassion combines with strong clinical expertise," he says.

Previously, Akin was vice president of operations for Presbyterian Hospital in Dallas, TX; a service line vice president for Cedars-Sinai Medical Center in Los Angeles; and an administrative director for Washington Hospital Center in Washington, DC.

Akin has a master's of business administration degree in healthcare management from The Wharton School at the University of Pennsylvania; a master's degree in social work from the University of Pennsylvania; and a bachelor's degree in psychology from Texas A&M University.



Stephen Lucey, MD, (left) talks with Roger A. Heroux, a partner with Hospitalist Management Resources, and Judy Schanel, Vice President/Service Line Administrator, Moses Cone Health System.

Consultants to Report on Unassigned and Trauma Call Services

Moses Cone Health System is working with a consulting firm to evaluate the physician burden of caring for unassigned patients and to recommend options for compensation of physicians for certain on-call services.

Hospitalist Management Resources (HMR) is a national firm that specializes in developing hospitalist and specialty hospitalist programs and emergency call programs. During the past 11 years, HMR has developed more than 350 hospitalist, specialty hospitalist and/or ED call reimbursement solutions.

Consultants with this group traveled to Greensboro in late April and interviewed interested physicians. The study also will incorporate extensive statistical and financial analysis to evaluate reimbursement options and determine their financial viability.

HMR expects to make recommendations to a physician steering committee and the Health System no later than July. A program could begin shortly thereafter pending steering committee acceptance and Health System review.

"The physician steering committee will guide and evaluate the recommendations and participate in the administration of any program that is adopted," says **Bill Bowman, MD, Vice President, Medical Affairs.**

"We hope to work in partnership with the medical staff to develop a solution that is fair, equitable and sustainable for physicians, the Health System and the communities we serve," adds **Judy Schanel, Vice President/Service Line Administrator.**

Health System Announces North Tower Project

Moses Cone Health System plans major upgrades to The Moses H. Cone Memorial Hospital, including the construction of a six-story tower, a central project feature that gives this facility plan its name – The North Tower Project. Moses Cone Health System applied for state permission for the \$208.5 million project on May 15.

Planning for this project has been going on for several years. It was delayed as part of the cost savings initiatives undertaken to cope with the economy. The current schedule spreads the project out over eight years.

“Even in this difficult economy, it is important to think years into the future,” says **Tim Rice**, *President and CEO, Moses Cone Health*

System. “We have to have the ability to serve our community. For example, our operating room space needs to be expanded by 50 percent to support our commitment to state-of-the-art surgical services. This project will do that.”

Moses Cone Health System hopes the state will approve the project this fall. If so, design work will continue next January with construction beginning in 2011. The entire project should be finished in October 2015.

Construction will add 243,107 square feet to the System’s flagship hospital and redesign 87,000 square feet of existing space. A new main entrance to Moses Cone

Hospital will be on Church Street.

The main feature of the project will be the North Tower, which will house three new nursing units. This will allow nearly all patient rooms in the 548 licensed bed hospital to be private, a design that reflects the contemporary standard for inpatient care. Multiple workstations will allow nurses to complete paperwork in areas closer to their patients. The layout also will help reduce noise on hospital units.

The surgical area also will be redesigned. All 16 operating rooms on the hospital’s second floor will be replaced with larger rooms better able to handle surgical teams and more equipment. The redesign of the pre- and

post-surgery areas will improve patient privacy and increase efficiency.

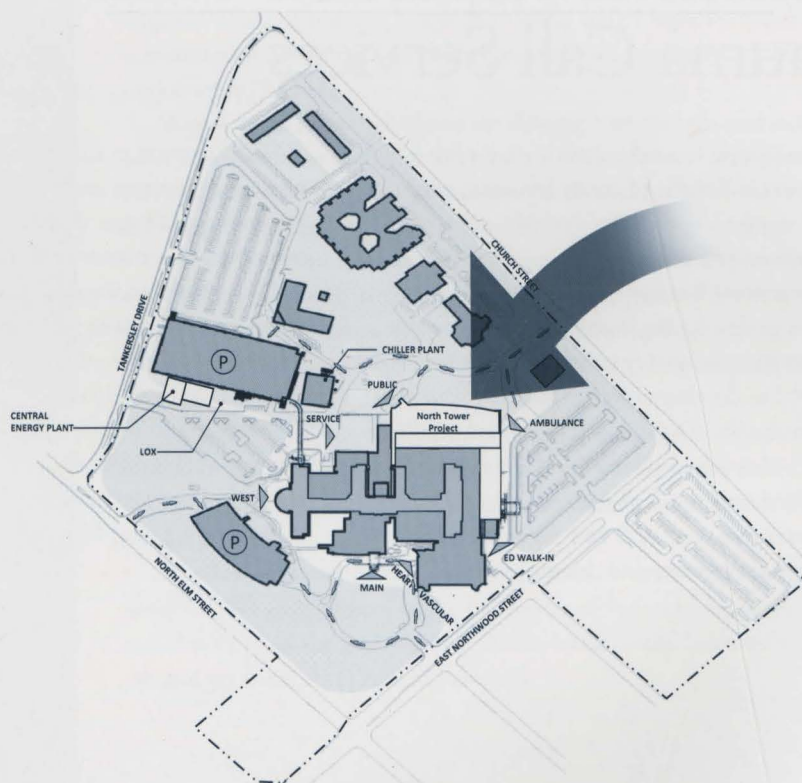
The expansion will add 48,000 square feet to the Emergency Department, improving efficiency and allowing people to get in and out faster.

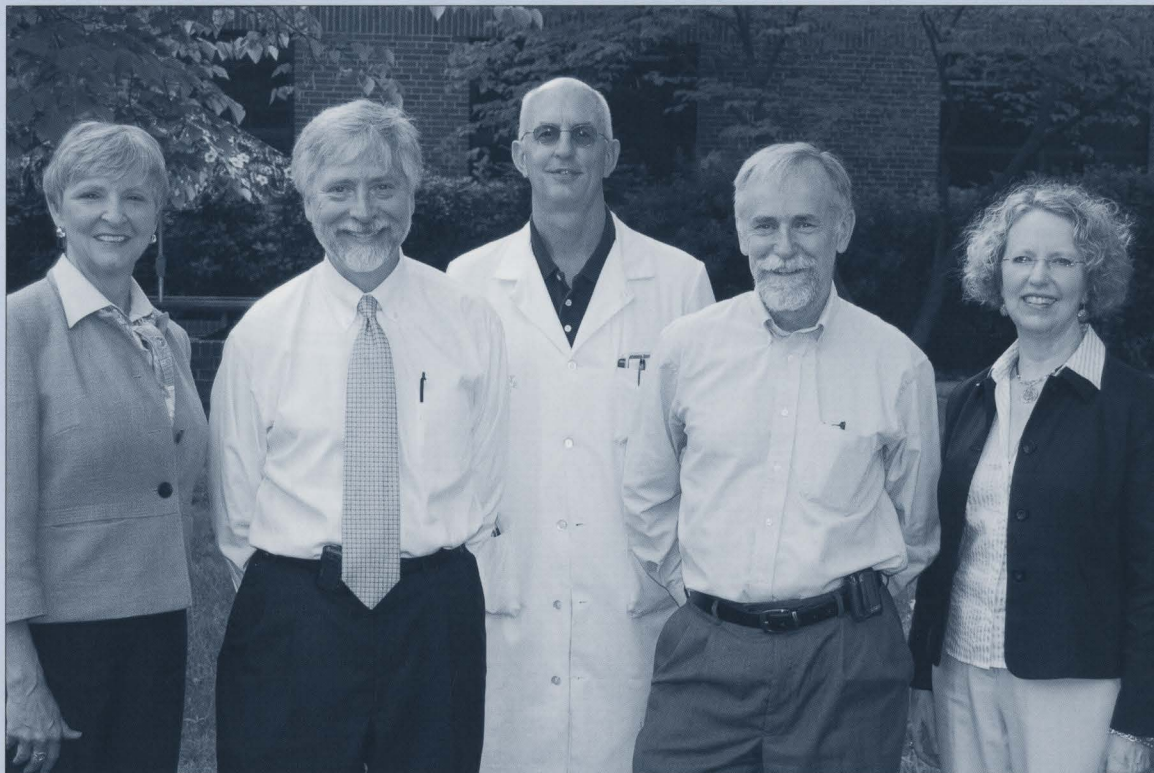
“It’s a bold step for Moses Cone Health System,” says **Jim Roskelly**, *Vice President, Strategic Planning, Moses Cone Health System*. “This will allow us to fulfill our mission of outstanding patient care well into the coming years.”

Updates and additional details will be in future editions of *MDjournal*.

“Even in this difficult economy, it is important to think years into the future. We have to have the ability to serve our community.”

— **Tim Rice**





The five program directors are (from left) Beckie Knight, Executive Director, AHEC and the ACGME Designated Institutional Official; Sam Cykert, MD, Internal Medicine Program Director; Bill Hensel, MD, Family Medicine Program Director; Bert Fields, MD, Sports Medicine Program Director; and Pam Reavis, AHEC Regional Education Director and Director of CME.

Five Greensboro AHEC Programs Receive Maximum Accreditation

In the nine-month period from July 2008 through March 2009, the Greensboro AHEC had five accreditation visits. The results are in, and each program received the maximum years of accreditation.

These included:

- A successful institutional review by the American Council on Graduate Medical Education (ACGME). This accreditation is for five years.
- Five years of accreditation for the Internal Medicine Residency Program.
- Five years of accreditation for the Sports Medicine Fellowship.
- Five years of accreditation for the Family Medicine Residency Program.
- Six years of accreditation with commendation for the Greensboro AHEC Continuing Medical Education program. The NC Medical Society and the Accreditation Council for Continuing Medical Education granted this accreditation jointly.

"This is a first for the Greensboro AHEC and truly is the result of lots of teamwork within and across programs," says **Beckie Knight**, Executive Director, AHEC.

In addition to the program directors pictured here, other key staff involved in the preparation of the reviews included **Martha Delaney**, AHEC Administrative Director for Graduate Medical Education; **Darcy Hitz**, Residency Coordinator, Family Medicine Residency Program; **Nancy Phifer, MD**, Faculty, Internal Medicine; **Katie Kirk, MD**, Faculty Internal Medicine; **Linda Newman**, Former Residency Coordinator, Internal Medicine Residency Program; **Terry Lynn**, Administrative Coordinator, AHEC; **Bob Iddings**, Assistant Director, AHEC, Continuing Education Services; **Tina Latham**, Coordinator, AHEC Continuing Education Services; and **Dawn Pettus**, Assistant Director, Pharmacy Continuing Education Services.



Two New Studies Keep Greensboro on the Leading Edge of Heart Care



Thomas D. Stuckey, MD

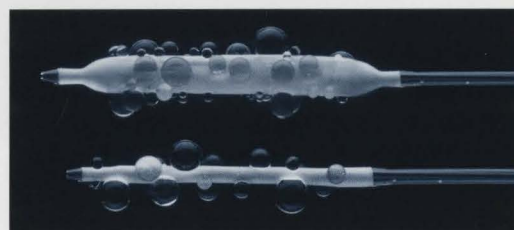
Two new clinical studies involving Moses Cone Health System and LeBauer Cardiovascular Research Foundation are exploring ways to improve outcomes for patients with heart attacks and cardiovascular disease.

The green light has been given to an Infuse AMI trial that will determine whether treating and removing clots before stent placement protects the heart muscle. Ten medical systems across the United States are

participating, including Moses Cone Health System.

"Stents are now standard treatment for narrowed or weakened arteries associated with a heart attack," says **Thomas D. Stuckey, MD**, a cardiologist with LeBauer HeartCare. Stuckey is the principal local investigator, and a member of the national steering committee for the study. "Some believe that treating and removing a clot prior to placing the stent will eliminate downstream debris – reducing heart attack size and damage to the heart muscle."

Physicians plan to use a "weeping" balloon device to infuse an anti-platelet agent directly at the site of a clot, which can reduce its size and make it easier to remove. MRI scans will be used to compare heart muscle damage among patients receiving the new and standard treatments.



Stuckey is the principal local investigator and a member of a national steering committee for a trial involving this balloon device manufactured by Atrium Medical.

The Infuse AMI study is sponsored by Atrium Medical, manufacturer of the balloon device. **Sally Milks, RN**, a research nurse with LeBauer HeartCare, will support Stuckey as the local nursing coordinator.

The second study, called the "Platinum Trial," compares the Promus Drug Eluting Stent manufactured by Boston Scientific with a new, flexible design from the same company.

"The stents we use today simply don't go around bends well, which makes them hard to use in a calcified artery," Stuckey says. "It is not uncommon for us simply to be unable to get them in. This new design is much more flexible. It also contains platinum to make it more visible on an X-ray and easier to place."

Ten local patients are already enrolled in the study, which is sponsored by Boston Scientific. Stuckey is the principal local investigator, and **Theresa Schrader, RN**, a research nurse with LeBauer HeartCare, is the nurse coordinator.

Stuckey says participating in clinical trials carries many benefits, including keeping the physician community up to date and keeping hospital nurses trained in the latest coronary care techniques. It also means patients have early access to cutting-edge treatment.

"One example is our participation in the early studies involving stents," Stuckey says. "We were using them years before they became the standard of care. Trials give us a way to offer the best possible options for patients here in the Triad."

Physicians Reminded of Compliance Issues

Recently, the North Carolina Division of Health Service Regulation (DHSR) investigated Moses Cone Health System facilities because of a complaint regarding alleged improper use of restraints. During this investigation, several deficiencies were identified, some of which involved the Medical and Dental Staff.

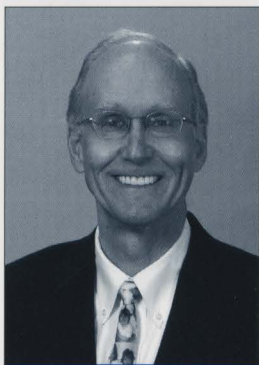
The issues included:

- Physician orders for restraints that were incomplete, unmarked for time or undated.
- Unsafe abbreviations.
- Inadequate authentication of verbal and telephone orders by timely counter signature.
- Late discharge summaries.
- Failure to update medical assessment of a patient at the time of discharge.
- All verbal and telephone orders must be countersigned within 48 hours. The signature should be dated and timed.
- Discharge summaries must be completed within 30 days after discharge of patients. They must be electronically or physically signed to be considered complete.
- If discharge instruction forms are prepared significantly before a patient discharge, they must be reviewed and updated at the time of discharge. This must be documented in the medical record and on the discharge instruction form and should be dated and timed. It is also very important that medication discharge instructions match the documented discharge medications in the medical record.

Physicians are reminded of the following requirements:

- All medical record entries, and particularly orders, must be legible, dated and timed.
- Unsafe abbreviations should be avoided. Unsafe abbreviations can lead to overdoses or the use of incorrect medications. The unsafe abbreviations list is on the top of all Health System order sheets. Nursing staff can provide the list as well.

Roberts Recognized with National Pediatric Award



Kenneth Roberts, MD

Kenneth Roberts, MD, Director, Pediatric Teaching Program, has received the 2009 Joseph W. St. Geme Jr. Leadership Award from the Federation of Pediatric Organizations. The Federation is a group of the seven leading national organizations in pediatrics, representing practitioners, academicians and researchers.

Roberts received this honor at the May 3 Pediatric Academic Societies meeting in Baltimore.

This award recognizes an individual who is a leader in the field of pediatrics, a role model and a broad contributor to the field.

According to the federation, "Dr. Roberts is the consummate generalist and an individual who has created a future in pediatrics. His contributions in education, leadership, community pediatrics, advocacy and mentorship

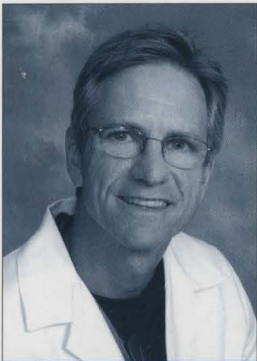
are noteworthy, and as such, he is an ideal recipient of the Joseph W. St. Geme Jr. Leadership Award."

In other news, Roberts also recently gave the keynote address to the Council on Medical Student Education in Pediatrics (COMSEP) and the Association of Pediatric Program Directors (APPD). As past president of APPD, Roberts discussed the need for and benefit of collaboration between the groups.

In connection with his role in the Pediatric Teaching Program, Roberts is a professor of pediatrics at the University of North Carolina. He plans to retire in August after 12 years with the program. **Kaye Gable, MD**, will take over the teaching service.

Roberts is also active in numerous local, regional, state and national organizations, committees, advisory boards and societies. He has been honored with more than 25 awards, most often related to his teaching ability. He also has published more than 200 book chapters, 50 publications and 10 books and monographs.

Brodie Co-Authors Article in New England Journal of Medicine



Bruce Brodie, MD

Bruce Brodie, MD, co-authored a May 7 article in the New England Journal of Medicine on a landmark study that compares the safety and efficacy of two types of stents used to treat heart attacks. Researchers determined that drug-eluting stents are more effective than bare-metal stents and exhibit comparable safety.

A year after angioplasty, patients receiving drug-eluting stents exhibited significantly less re-narrowing within the stents, and there was less need for another angioplasty or stent procedure. There were no differences between the two types of stents in the frequency of death or subsequent heart attacks.

Because of concern that there could be more blood clots (stent thromboses) in the drug-eluting stents compared to the bare-metal stents after the first year, final results will need to wait for long-term follow-up at two to five years.

More than 3,600 patients at 123 medical centers in 11 countries participated in the randomized study, which was sponsored and managed by the Cardiovascular Research Foundation. Moses Cone Heart and Vascular Center and LeBauer Cardiovascular Research Foundation were the leading enrollers in the United States.

The study was funded by grants from Boston Scientific Corporation and The Medicines Company.

Regional Cancer Center Represented in New England Journal of Medicine



Gus Magrinat, MD

Gus Magrinat, MD, and the Moses Cone Regional Cancer Center research staff are represented in a May 14 article in the New England Journal of Medicine on the use of standard chemotherapy to improve the survival rates of older women with early-stage breast cancer.

Researchers compared the use of a single oral chemotherapy drug capecitabine to a standard intravenous chemotherapy regimen that combines multiple drugs (either cyclophosphamide, methotrexate and fluorouracil, or doxorubicin plus cyclophosphamide).

"The article addresses the question of whether more aggressive chemotherapy would be tolerated and beneficial in older women," Magrinat says. "It found a clear survival benefit in favor of a standard regimen as compared to a less aggressive (though still potentially active) treatment. The unambiguous result from this randomized study establishes a clear standard of care in this patient population."

Group Names Hale Physician of the Year

Wayne Hale, MD, has been named Physician of the Year by the Association for Home and Hospice Care of North Carolina.

Nominated by nurses with Advanced Home Care, Hale was selected because of his outstanding contributions to home care, and his dedication to giving back to the community, both locally and abroad.

He is a faculty physician with the Moses Cone Health



Ginger Parrish, president of the Association for Home and Hospice Care of North Carolina, presents Wayne Hale, MD, with his award.

System Family Medicine Residency Program. Hale coordinates a clinic for Spanish-speaking patients weekly at the Moses Cone Family Practice Center. In 2000, he learned to speak Spanish in order to improve his communication with Latino patients. He also serves as a medical missions director for one to two weeks each year in Honduras, where he and his wife Lynn lead teams to visit homes of disabled patients.

Physicians Present Findings at National Oncology Meeting



Matthew Manning, MD (from left); Mohamed Mohamed, MD; and Patrick Burney, MD; have been invited to present findings about a new surgical treatment for early stage, non-small cell lung cancer.

Three physicians – **Matthew Manning, MD**, **Mohamed Mohamed, MD**, and **Patrick Burney, MD**, – were invited to present a poster during the recent annual meeting of the American Society of Clinical Oncology. This event draws an estimated 30,000 cancer specialists.

The group highlighted a new surgical treatment for early stage, non-small cell lung cancer in patients who are not good candidates for a lobectomy.

Over approximately two years, the physicians followed 56 patients treated with a wedge resection and brachytherapy instead, using a permanent mesh implant

to hold the brachytherapy seeds. In half the cases the mesh was prepared intraoperatively, while in the second a patient-specific, prefabricated mesh was used. The prefabricated mesh reduces time in the operating room and potential radiation exposure to staff.

At a median follow-up interval of seven months, the overall survival rate was 87.5 percent, while the disease-free survival rate was 89 percent. The study showed both prefabricated and manually prepared mesh devices offered similar results.

Nagappan Receives Award for Excellence in Teaching



Suresh Nagappan, MD

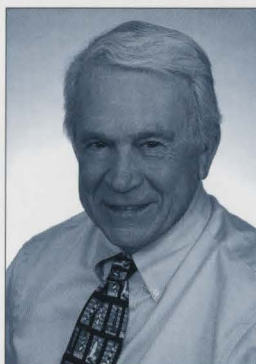
Suresh Nagappan, MD, a clinical assistant professor in the Pediatric Teaching Program, has received the Clinical Preceptor Excellence in Teaching award from the Academy of Educators.

The award noted that Nagappan's students say he is easy to approach, available and helpful. They also say he is an effective listener and helps

students to improve their own communication skills. As one student wrote, "He is dedicated not only to the learners, but also to the process by which each of them gets to be the best doctor he or she is capable of becoming."

Nagappan is also the medical director of the Pediatric department at The Moses H. Cone Memorial Hospital.

Patseavouras Featured in Academy Journal

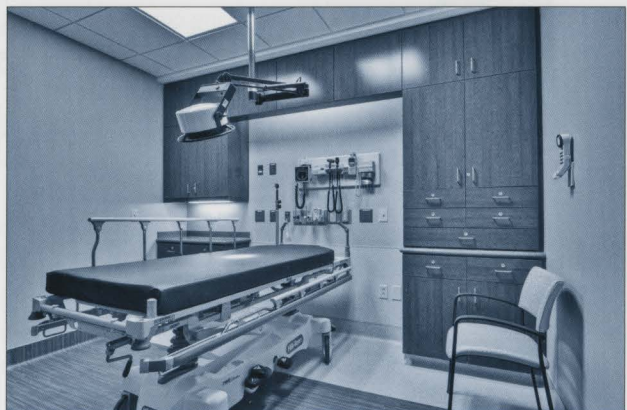
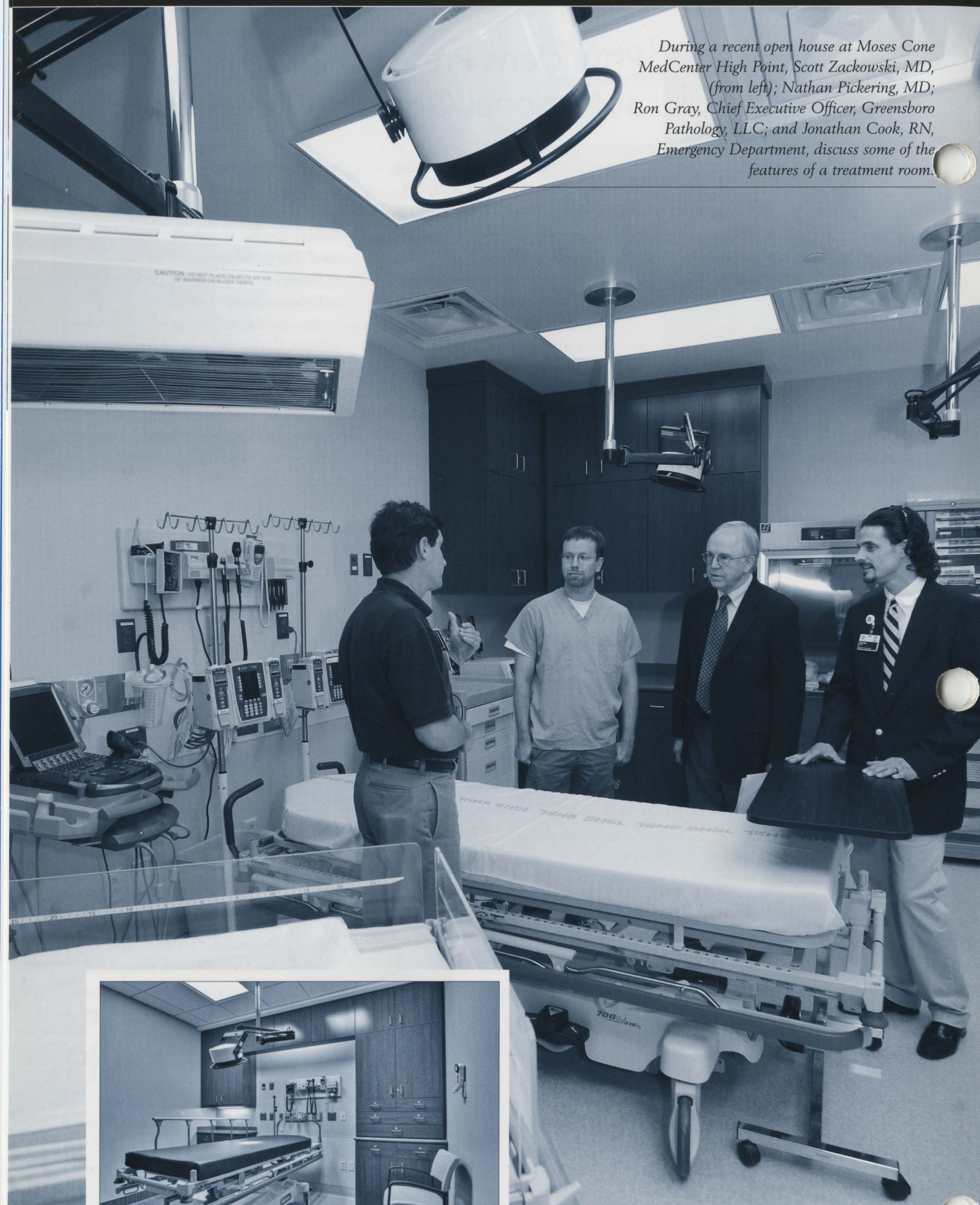


Louie L. Patseavouras, MD

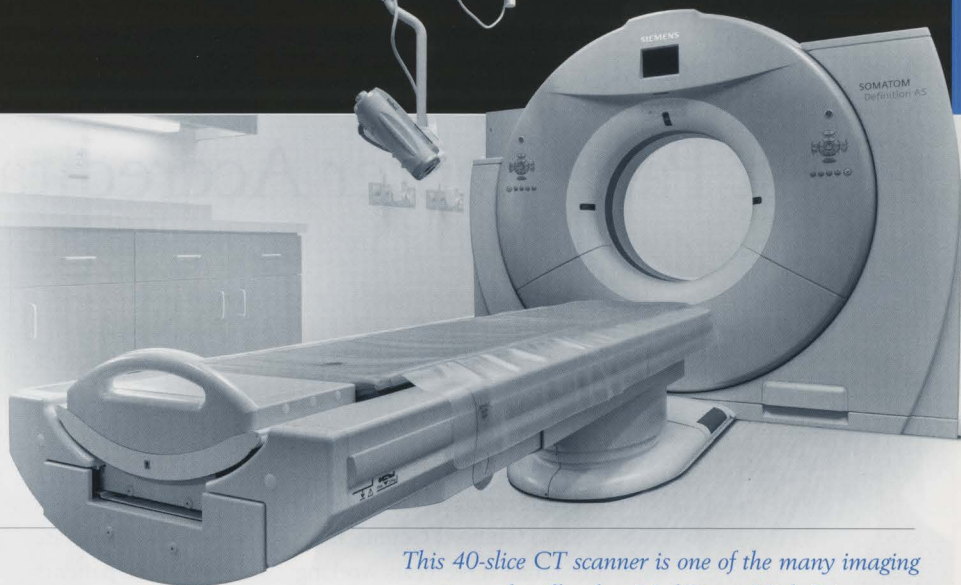
Louie L. Patseavouras, MD, was recently featured in the American Academy of Facial Plastic and Reconstructive Surgery's Facial Plastic Times.

Patseavouras was chosen from more than 2,700 members for the premier feature: Faces of the Academy. He was recognized for his many contributions and leadership to the organization.

During a recent open house at Moses Cone MedCenter High Point, Scott Zackowski, MD, (from left); Nathan Pickering, MD; Ron Gray, Chief Executive Officer, Greensboro Pathology, LLC; and Jonathan Cook, RN, Emergency Department, discuss some of the features of a treatment room.



The Emergency Department has 12 spacious treatment rooms, which are expected to serve 20,000 patients annually.



This 40-slice CT scanner is one of the many imaging services to be offered at MedCenter High Point.

Moses Cone MedCenter High Point Now Open

Earlier this month, Moses Cone MedCenter High Point opened, bringing an emergency department and a host of other services to people living in High Point.

In addition to the 12-room emergency department, the 76,000-square-foot facility contains an array of imaging services – from basic X-rays and mammography to CT and MRI. The \$30 million facility also will include a Moses Cone Outpatient Rehabilitation facility, a LeBauer HealthCare physicians' office, a satellite office for the Moses Cone Health System Regional Cancer Center and an office of the Sports Medicine and Orthopaedics Center (SM&OC). A preadmission center will open in the building later this fall.

The facility is located at 2630 Willard Dairy Road, just off NC 68.

Tim Rice, *President and CEO, Moses Cone Health System*, says he looks forward to expanding the Health System's relationship with people in High Point. "Emergency departments at The Moses H. Cone Memorial Hospital and Wesley Long Community Hospital have exceeded capacity," he says. "The 12-bed emergency department will help relieve that strain. Many people who live in north High Point and Jamestown already use Moses Cone Health System facilities for their care, and this should make it much easier."

Karen Pierce, *Director, Campus Projects*, says the freestanding emergency department is a groundbreaking concept. There are only about 200 similar facilities nationwide, she says. In North Carolina, there are two in the Raleigh area, but none in the Triad.

Many of the features of this facility were developed for patients' convenience. "Our Emergency Room will be the closest facility for many residents of High Point, Kernersville and surrounding communities – saving precious minutes when you need care the most," she says. "If you need an X-ray or CT scan, you can have it done in your own neighborhood. People who live or work in the area can receive chemotherapy without having to drive to the Regional Cancer Center on the Wesley Long Community Hospital campus."

For more information on the High Point facility, go to www.mosescone.com/medcenterhighpoint.

Looking for New Office Space?

Physicians who might want to expand their services to High Point may be interested in a timeshare office in the building.

The timeshare concept provides a convenient, cost-effective way to begin to establish a practice by leasing as many or as few hours as needed. Additional space on the second floor is available for at least one and possibly two more tenants.

To learn more, contact **Deno Adkins**, *Director, Health Services Division*, at deno.adkins@mosescone.com or at 832-8506.

"Many people who live in north High Point and Jamestown already use Moses Cone Health System facilities for their care, and this should make it much easier."

— Tim Rice

Moses Cone Hospital Receives Chest Pain Center Accreditation

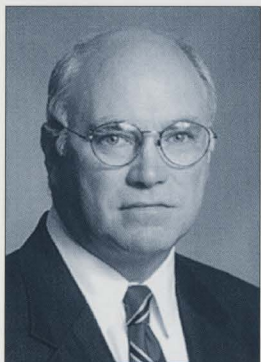


Vicki Block

The Moses H. Cone Memorial Hospital has received full accreditation from the Society of Chest Pain Centers.

A team from Moses Cone Hospital – including the Cath Lab and the Emergency Department – as well as CareLink and Guilford County EMS spent more than three years working toward this certification.

“This is a testament to the wonderful cardiac care we provide to patients with acute coronary syndrome,” says **Vicki Block**, *Vice President, Moses Cone Health System Heart and Vascular Center*. “Surveyors were extremely complimentary of our staff, physicians and the extraordinary level of teamwork among the disciplines involved in caring for these patients. Because of their dedication and passion, we have achieved something great for Moses



Charles Wilson, MD

Cone Hospital and our patients.”

“Certification by the Society of Chest Pain Centers gives the patients in our community valid evidence that Moses Cone Health System offers the best possible care for patients who are or may be having a heart attack,” adds **Charles Wilson, MD**, *Medical Director, Heart and Vascular Center*. “Under scrutiny from national organizations, we can now feel confident that the treatment we give patients with chest pain is on par with the best hospitals in the nation.”

Heart attacks are the leading cause of death in the United States, with 600,000 people dying annually from heart

disease. More than 5 million Americans visit hospitals each year with chest pain.

The Society of Chest Pain Centers strives to significantly reduce the death rate among these patients by teaching the public to recognize and react to the early symptoms of a possible heart attack, reduce the time it takes to receive treatment and increase the accuracy and effectiveness of treatment.

The Chest Pain Center’s systematic approach allows physicians to reduce the time it takes to treat patients during the critical early stages of a heart attack, when treatments are most effective, and to better monitor patients when it is not clear if they are having a coronary event. Such observation helps ensure that a patient is not sent home too early or admitted needlessly.

The Society’s accreditation process ensures centers meet or exceed quality-of-care measures in acute cardiac medicine.

Now accredited as a Chest Pain Center, Moses Cone Hospital has demonstrated excellence in:

- Integrating the emergency department with the local emergency medical system.
- Assessing, diagnosing and treating patients quickly.
- Effectively treating patients with low risk for acute coronary syndrome and no assignable cause for their symptoms.
- Continually seeking to improve processes and procedures.
- Ensuring Chest Pain Center personnel are competent and trained.
- Maintaining organizational structure and commitment.
- Promoting optimal patient care.
- Supporting community outreach programs that teach the public to promptly seek medical care if they display symptoms of a possible heart attack.

Lung Cancer Clinic to Begin Accepting Patients in July

Beginning in July, a multi-disciplinary clinic will offer lung cancer patients the ability to see between one and four physician specialists in a single setting.

The multi-disciplinary thoracic oncology clinic will operate every Thursday afternoon at Triad Cardiac and Thoracic Surgery, located at 301 E. Wendover Avenue, Suite 411.

“This will provide a more efficient approach to the diagnosis and treatment of patients with newly diagnosed lung nodules,” says **Mohamed K. Mohamed, MD**, a medical oncologist with Moses Cone Health System Regional Cancer Center.

“On a single day, patients will now be able to see a thoracic

surgeon, pulmonologist and medical and radiation oncologists. We believe that this multi-disciplinary approach in a single clinical setting will promote optimal patient care.”

To refer a patient with new radiologically diagnosed lung nodules, suspected lung cancer or newly diagnosed lung cancer, contact Triad Cardiac and Thoracic Surgery at 832-3200. Physicians are asked to fax all pertinent records to 832-3201.

For more information, contact **Kristie Bell, RN**, *Thoracic Oncology Coordinator*, at 832-0740 or 319-1635 or **Dee Talley, RN**, *Clinic Director*, at 832-3200.



Amber Allen, MD, has her photograph taken at the last annual meeting of the Medical and Dental Staff.

Physician Photography to be Offered

Updating of the Moses Cone Health System Physician Directory is under way. In the next few days, all members of the Medical and Dental Staff should receive a letter detailing plans for the updating of both the printed and online versions of the directory.

For your convenience, a photographer will be at the annual meeting of the Medical and Dental Staff on Aug. 13 at the Greensboro Marriott. Those attending may get their pictures taken, starting at 5:30 p.m.

The photographer also will be available Aug. 31-Sept. 3 in the Medical Library at The Moses H. Cone Memorial Hospital. To make an appointment, call 832-8131.

The photography process takes less than five minutes.

For additional information or questions, contact **Tommye Morrison**, *Web Site Development Specialist*, at 832-7593.

Update your Directory Information

The mailing to the Medical and Dental Staff will include a copy of each physician's information that currently appears on the Moses Cone Health System Web site, www.mosescone.com. This information should be reviewed and any corrections made before faxing it back. Even if there are no changes, the form should be returned with a signature indicating approval.

Changes and additions to the Web site will be made as the information sheets are returned. The revised printed directory will be released by Jan. 1.

System Begins Relationship with Long-Term Acute-Care 'Hospital within Hospital'



Moses Cone Health System has established a new relationship with Select Medical Corporation, which will open a long-term acute hospital on Department 5700 at The Moses H. Cone Memorial Hospital.

The 30-bed "hospital within a hospital" will provide specialized treatment for long-stay, critically ill, medically complex patients, according to **Joan Wessman**, *Chief Nursing Officer, Moses Cone Health System*. It will offer patients, especially those on ventilators, an alternative to an extended stay in the Intensive Care or Step-down Units and eliminate the need to move these patients to other facilities. The average length of stay at Select is expected to be about 25 days.

"The new hospital will allow patients to get out of ICU faster and get more intensive rehab services than they can currently receive," says **Patrick Wright, MD**. "Patients can get off of the ventilator faster and move through the system more quickly and efficiently with better outcomes."

The Health System will lease the space to Select Specialty Hospital, which will operate as a separate hospital with its own

governing body, chief medical officer, medical staff, employees and management. Select also will purchase radiology, laboratory, dietary, housekeeping and maintenance services from the Health System.

Select is expected to open quickly after construction is complete, likely by mid-summer.

Glenn Davis will be CEO of Select Specialty Hospital. Most recently, he was administrator of Greensboro Specialty Surgical Center. He also previously provided interim CEO services to small and rural hospitals.

"We have been very positively received by the medical staff and hospital staff here at Moses Cone," Davis says. "Our goal will be to provide high-quality, long-term acute care services that the community and Moses Cone Hospital are proud of."

Select Medical Corp. operates 87 similar facilities throughout the United States, including in Durham and in Winston-Salem.

For more information, contact Davis at 832-8571.



A delegation from the Philippines recently toured eLink Critical Care as part of their study of emerging trends in biomedical technology. Here, Phyllis Griffin speaks with the group while Roberta Zambo, RN, looks on.

eLink Critical Care Continues to Earn High Quality Rankings

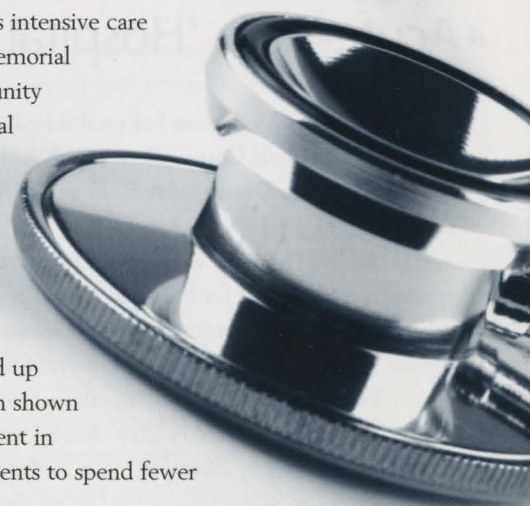
Moses Cone Health System and the eLink Critical Care department continue to be ranked among the top three in overall program performance among all reporting eICU programs for the fourth quarter of 2008.

VISICU, the company that provides the eICU system to 36 hospitals across the country, ranks each one on a variety of quality indicators.

For the fourth quarter (October through December 2008), Moses Cone Health System ranked fourth in the area of providing beta-blocker medication to at-risk cardiac patients and demonstrated greater than 95 percent compliance with best-practice performance in the quality indicators of DVT prophylaxis and stress ulcer care.

Other quality indicators with high rankings were glycemic control and median ventilator days performance.

eLink Critical Care monitors intensive care beds at The Moses H. Cone Memorial Hospital, Wesley Long Community Hospital, The Women's Hospital of Greensboro and Annie Penn Hospital as well as specific Emergency Department beds at Moses Cone Hospital and Annie Penn Hospital. A team of intensive care specialists backed up by computer monitors has been shown to reduce mortality by 25 percent in monitored ICUs and allow patients to spend fewer days in intensive care.



New Program Assesses Rural Patients' Wounds Remotely

Moses Cone Health System can now assess patients' wounds remotely, thanks to a partnership between wound-care nurses, Annie Penn Hospital and eLink Critical Care.

In the past, **Amy Clegg, RN**, and **Dawn Engels, RN**, both wound/ostomy/continence nurses, would travel to Annie Penn Hospital to assess about 80 patients per year. Instead, they now go to the eLink Critical Care department in the Northwood building in Greensboro. There, they can see the patients' wounds via remote cameras in the ICCU rooms at Annie Penn Hospital. The camera offers amazingly high-quality images, says **Thresa Brown, Clinical Nurse Specialist, Annie Penn Hospital**.

"Many times, these patients might not have been assessed until the next day," Brown says. "Now they are seen in a more efficient manner."

Consults are still done in person for more complex cases, such as colostomies. But in most cases, remote assessment improves care for patients while saving the Health System time and money.

"eLink allows us to offer rural hospitals rapid access to wound expertise, resulting in faster interventions, which leads to speedier recoveries," says **Phyllis Griffin, RN, Director, eLink**.





Aisha Ibrahim, RN, and Jeffrey Jenkins, MD, are among the many medical personnel who provide care in The Spine Center.

The Spine Center Reports High Volumes, Patient Satisfaction

Volumes are up and patient satisfaction is high at The Spine Center at The Moses H. Cone Memorial Hospital.

"Patient satisfaction scores have been very high, and the personal interactions with patients and family members have been very positive," says **Cindy Smith, RN, Director, The Spine Center, The Moses H. Cone Memorial Hospital.** Overall patient satisfaction rates are 99.4 percent for January through March.

The Spine Center, which opened in December in the former 3500 unit, provides a specialized environment for spine surgery patients. The entire process was revised to keep these outpatient procedure patients from being admitted to floors that are typically designated for inpatient procedures.

"The unit allows for improved, more consistent patient care, which leads to well-educated patients and better outcomes after surgery," says **Ashley Sumner, Administrative Fellow, Moses Cone Health System.**

Patient satisfaction survey results show The Spine Center has been successful in its goal to provide a comfortable space for patients and their families. Patients indicated in a survey that they had a pleasant and relaxed experience with the amenities provided and those who cared for them during their stay.

Visitors were also impressed with the accommodations, which are more like a hotel than a hospital room. In one recent

survey, a visitor said that "the staff could not have been nicer or more helpful, and it was a wonderful experience in a stressful situation."

The Spine Center also has been helpful to physicians, according to Sumner.

"The dedicated unit and the proximity to the Neuro OR is particularly helpful," she says.

The Center includes abundant waiting space for families and comfortable features for both the patient and his or her visitors. There is also an area dedicated to pre-op preparation and post-surgical recovery.

"The unit allows for improved, more consistent patient care, which leads to well-educated patients and better outcomes after surgery."

— Ashley Sumner



This new program also connects grieving parents with professional photographers who donate their services to help preserve memories of the infants.

New Program Offers Palliative Care for Newborns, Children

A new program at Moses Cone Health System could help families facing the life-threatening illnesses or deaths of their newborn babies or children.

This program, developed by The Women's, Infants' and Children's Palliative Care Steering Committee, helps support families of infants and children not expected to live, most often because of extreme prematurity, various syndromes or congenital anomalies.

The program ensures parents can have the birth plan they want, connects them with community resources, provides palliative care order sets for physicians and even assists with arranging free professional photography of the child, if the parents wish. The program also is available for families of patients in the Pediatrics department at The Moses H. Cone Memorial Hospital.

"I see this as a wonderful resource for physicians," says **Rita Carlos, MD**, a neonatologist and a member of the committee. "It used to be that we, as physicians, didn't quite know how to help families when a baby is born with a condition that we cannot help medically. But this program offers us a way to fulfill the family's wishes and meet as many of their needs as possible. This should benefit not only the families but the clinical staff as well."

Helen Mabe, RN, Director, Neonatal Intensive Care Unit, and **Tina Hunsucker, RN**, Director, Neonatal Services, serve as co-chairwomen of the 20-member project committee, which includes nurses, physicians, chaplains, social workers and other staff. It began meeting last March and plans to begin educating staff soon.

The committee also evaluates each case so members and staff can "learn as we grow," Mabe says.

Support is provided from Kids Path, Beacon Place, Heartstrings, the Family Support Network and Now I Lay Me Down to Sleep, a nonprofit organization that provides free photography to families who lose an infant.

For more information, contact Mabe at 832-6561 or by e-mail at Helen.Mabe@mosescone.com.

Robert Bessey is now the *Director, Volunteer Services, The Moses H. Cone Memorial Hospital and Wesley Long Community Hospital*. Since 2007, he has held this role at Moses Cone Hospital, and these positions now have been merged into one. Before directing Volunteer Services, Bessey held supervisory roles on the Subacute Care Unit, and in the Comprehensive Inpatient Rehabilitation Center at Moses Cone Hospital.

Tamara Caple, RN, is the new *Director, 6700, Medical/Renal, The Moses H. Cone Memorial Hospital*. Previously, she was the assistant director for 5500, Medical/Telemetry, Moses Cone Hospital.

John Kubecka is the new *Director, Radiology, Annie Penn Hospital*. Previously, he was a director of technical services at Geodax Imaging and regulatory affairs coordinator at Southeastern Imaging Consultants.

Myra Lewis, RN, is the new *Director, 2600, Step-down, and 6500, Cardiac Recovery, The Moses H. Cone Memorial Hospital*. Most recently, she worked for Wellmont Health Systems in Kingsport, TN, where she was the director of Inpatient Cardiac Service.

BJ Miller is the new *Director, Operations, Medical Oncology*. Previously, he was director of operations and special projects for Wesley Long Community Hospital.

Karen Resh, RN, is the new *Director, Emergency Department, Moses Cone MedCenter High Point*. Previously she managed the office of Drs. Irving, DeSalvo, Russell and Ragno, an oral maxillofacial surgery group in High Point. She also worked as an emergency nurse for High Point Regional Health System.

Liz Smith is now *Executive Director, Health Information Management, Moses Cone Health System*. Previously, she was director of the Medical Record department. That department is now called Health Information Management (*see story, page 22*). Smith will be responsible for all aspects of health information management for the Health System, including the hospitals and physician practices.

New Interns and Fellows to Begin Residency Programs

The Moses Cone Health System Internal Medicine and Family Medicine Teaching Programs successfully matched all positions in each residency program for the 2009 – 2010 academic year. The Health System also matched three open positions for its Sports Medicine Fellowship.

“In a time in the United States when primary care is in so much need, the disappointing statistic is that the number of medical students selecting primary care for their career has dropped off significantly,” says **Beckie Knight**, *Executive Director, Greensboro Area Health Education Center*.

“Being able to fill all open positions in the Health System residency programs speaks to the quality of these programs. The other positive benefit is that 48 percent of our graduates remain in Greensboro or nearby communities, which provides us with a steady supply of excellent primary care physicians.”

The new residents begin work July 1. They are listed here with their medical schools.

FAMILY MEDICINE RESIDENTS

Kim Briscoe, MD
Medical College of Georgia

Khary Carew, MD
University of North Carolina at Chapel Hill School of Medicine

Kawanta Durham, MD
Howard University College of Medicine

Weston Saunders, MD
Wake Forest University School of Medicine

Amber Strother, MD
Loma Linda University School of Medicine

Cat Ta, MD
Saba University School of Medicine

Thomas Thekkekandam, MD
Ross University School of Medicine

Erica Wallace, MD
University of Georgia at Athens School of Medicine

SPORTS MEDICINE FELLOWS

All will complete Family Medicine Residency training at Moses Cone Hospital in June.

Aaron Leininger, MD
UNC School of Medicine

Mark Rowand, MD
Milton S. Hershey Medical Center, Penn State

Kristen Samuhel, MD
UNC School of Medicine

INTERNAL MEDICINE INTERNS

Vijay Boggala, MD
Kurnool Medical College, India

Zac Forsey, MD
Wake Forest University School of Medicine

Ruben Kuruvilla, MD
UNC School of Medicine

Iskra Magick, MD
Ross University School of Medicine

Peter Nicholas, MD
UNC School of Medicine

Riddhish Shah, MD
University of Baroda Medical College, India

Ramses Vega-Casasnovas, MD
Ponce School of Medicine, Puerto Rico

Lance Warren, MD
UNC School of Medicine

Zhongguang “Ziggy” Yang, MD
Shandong Medical University, China

Moses Cone Health System 2009 Goals

Results for Oct. 1, 2008 - April 30, 2009

	System Indicator	Measure	Actual	Goal	
Quality	Community Health	Core Measure Optimal Care Compliance*	82.0%	85.0%	
	Mortality Rate	Risk-Adjusted Mortality Rate**	1.09	0.90	
Patient Satisfaction	Patients Who Would Recommend Us For Care	Would Recommend Inpatient	88.61	87.65	
		Would Recommend ED	71.72	72.35	
Employee & Physician Engagement	Turnover	Turnover %	12.54%	15.0%	
	Employee Satisfaction	Overall Job Satisfaction	TBD	78.70	
	Internal Succession	Internal Succession %	64.30%	60.0%	
	Physician Relationships	Physician Satisfaction	TBD	8.0***	
Finance	Margin (%)	Margin (%)†	6.15%	5.52%	
		Length of Stay††	5.12	5.10	



At or Above Target



Below Threshold



Between Threshold and Target

TBD - To Be Determined

The threshold is the lowest acceptable value before the measure fails.

* The Core Measure Optimal Care Compliance goal, new for 2009, takes into account how well the Health System meets targets in four core measures: Acute Myocardial Infarction, Heart Failure, Pneumonia, and the Surgical Care Improvement Project. Staff from the Quality department will look at a random sampling of charts to determine if all of the proper documentation has been done for each of the core measure areas. This is a pass-fail process. The number of charts that pass out of all those examined is the percentage reported in this table.

** The risk-adjusted mortality rate considers the severity (acuity) of patients' conditions instead of simply calculating a mortality rate on the basis of actual deaths. The risk-adjusted measure is more commonly used in other health systems and is a much better indicator of the quality of care being given. A score of 1 is equivalent to the expected mortality rate given the acuity of patients. Any score less than 1 means there are fewer deaths than expected given the acuity of patients. If a score is greater than 1, there are more deaths than expected.

***The Health System is working on eight strategies to help improve physician satisfaction. This measures how many have been implemented.

† Margin goal at the end of Fiscal Year 2009 is 4.97%.

†† Length of Stay goal at the end of Fiscal Year 2009 is 5.05.

Health System Recruits Chief Medical Information Officer

Moses Cone Health System is recruiting a physician to work part-time assisting **John Jenkins**, *Chief Information Officer*, and his staff in the development and implementation of medical information systems.

The job is expected to require about 20 hours per week, enabling the physician to continue a clinical practice.

The individual filling this position will play a vital role in developing and implementing systems that are useful in caring for patients and easy for physicians to use.

For a free copy, call 832-8131.



Health System Gives More than \$122 Million to Communities

Moses Cone Health System provided more than \$122 million in screenings, education, training and charity to the community in fiscal year 2008. Details are in the annual Report to Our Communities available at www.mosescone.com/communitybenefitreport.

Uncompensated care grew from \$96.8 million in FY 2007 to \$110.4 million in FY 2008. Uncompensated care is the sum of charity care, bad debt and the loss Moses Cone Health System takes in treating Medicare and Medicaid patients. Moses Cone Health System calculates uncompensated care at its cost for providing that care.

The report also includes \$8.9 million given to local organizations by the Moses Cone ~ Wesley Long Community Health Foundation. Foundation grants went to organizations seeking to improve the fitness of our community, to end infant mortality and to end chronic homelessness, among others.

Trauma Conference Attracts 140 Participants

The eighth annual Key Issues in Trauma Management conference drew 140 clinicians to the Grandover Resort and Conference Center in late April.

Burke Thompson, MD; **Mark Uhl, MD**; and **James Wyatt, MD**, spoke at the conference, which was sponsored by Greensboro AHEC and Moses Cone Health System.

Other speakers included physicians and surgeons from the University of Maryland School of Medicine, Wake Forest University Baptist Medical Center and Duke University Department of Psychiatry and Behavioral Services.

The topics at the conference included pediatric trauma, burn care, gang violence prevention, and substance abuse and trauma. A former patient from The Moses H. Cone Memorial Hospital and his family shared their trauma experience.

Physicians May Be Queried About Pathology Findings

As stated in the Official Guidelines for Coding and Reporting, "Abnormal findings on the pathology report are not coded and reported unless the provider indicates their clinical significance."

Coding staff will query the attending physician when the pathology findings are not confirmed. This will allow correct reporting of the ICD-9-CM diagnosis codes.

"Your prompt attention to the coder's query is greatly appreciated," says **Ginger Caulder**, *Coding Education Coordinator, Health Information Management*.

Health System Receives Arts in Business Award

Moses Cone Health System has received the third annual Arts in Business Award from the United Arts Council of Greater Greensboro in partnership with the Greensboro Merchants Association and the Greensboro Chamber of Commerce.

The Arts in Business Award recognizes an exceptional Greensboro business each year for its leadership, commitment and vision to support the arts by making an impact during the past year. Moses Cone Health System was cited for "bringing inspiration and healing to patients, staff and all who enter their facilities by integrating art into day-to-day operations and activities."

Health System Recognized for Flu Vaccination Efforts

The Joint Commission has recognized Moses Cone Health System for meeting the 2008-09 Flu Vaccination Challenge.

The Health System received a certificate because 98 percent of staff participated in this season's campaign – either by receiving the flu vaccine or declining for various reasons. This exceeds the national average of 42 percent participation among healthcare workers.

Look for additional information summarizing the results, as well as information on the 2009-10 Flu Vaccination Challenge, by visiting www.FluVaccinationChallenge.com.

Moses Cone Hospital Cafeteria, Atrium Café Post New Hours

The Moses H. Cone Memorial Hospital Cafeteria and Atrium Café have changed their hours slightly as part of a cost-savings measure

The Atrium Café will be open for additional hours to serve third-shift employees. Offerings there include Quizno's, Freshen's, pasta, wings and pizza. The menu may be expanded later.

The new hours, which took effect May 11, are:

Cafeteria

6 a.m. – 7 p.m. (Monday through Friday)

6 a.m. – 7:30 p.m. (Saturday and Sunday)

Atrium Café

7:30 a.m. – 3 a.m. (Monday through Friday)

7:30 p.m. – 3 a.m. (Saturday and Sunday)

Nutrition and Diabetes Management Center Moves

The Moses Cone Health System Nutrition and Diabetes Management Center has moved.

The Center, formerly located on Parkway Drive, is now in Wendover Medical Center. Its address is 301 E. Wendover Avenue, Suite 415.

Its phone number also has changed to 832-3236.

AHEC Offers Information, Resources on Pandemic Flu

The Greensboro Area Health Education Center (AHEC) recently partnered with Wake County AHEC and the North Carolina AHEC system to sponsor several offerings to inform health providers across the state about H1N1 influenza and pandemic flu.

The approach included:

- A free, professionally accredited online course on pandemic influenza, featuring a video segment with **Doug Allred**, *Public Relations Specialist, Marketing*, as anchor for the fictional TV station ZNN video.
- A "Disaster Preparedness and Response Special Collection" of electronic library resources available for health providers at <http://library.ncahec.net/scMain.cfm?scid=5>.
- A listing of H1N1 flu resources from the UNC Health Sciences Library available at www.hsl.unc.edu/swineflu.cfm. "We have had more than 1,000 providers take the course so far," says **Karen Zelif**, *Director, AHEC*. "We were pleased to be able to provide such timely education for our state's healthcare providers when they needed it most."

For more information, visit www.aheconnect.com.

Pharmacist, Physician Speak at Forum on Drug Abuse

Two clinicians with Moses Cone Health System provided key insights about teen prescription drug abuse during a recent forum sponsored by the Guilford County Substance Abuse Coalition.

Darrell Haymore, *Manager, Moses Cone Outpatient Pharmacy*, and **Norman Mayer, MD**, were panelists at the forum, which was held in April at Grimsley High School. Additional panelists included representatives of the Greensboro Police Department and the Insight program.

"The event was very successful," says **Kate Murr**, *Marketing Specialist, Moses Cone Health System Behavioral Health Center*. "Parents at the event would like the Coalition to present similar events in all middle and high schools in Guilford County. Our thanks to Darrell Haymore and Dr. Norm Mayer for their support on this project."

Stroke Center Gains Recertification

The Joint Commission has recertified the Moses Cone Health System Stroke Center, recognizing its exceptional efforts to help stroke victims achieve the most complete recovery possible.

"This certification really validates the outstanding work staff does at the Stroke Center," says **Judy Schanel**, *Vice President, Neurosciences*. "We have neurologists, neurosurgeons and neurointerventionalists available around the clock. We also have a distinct neuro ICU with specially trained neuro nurses, and we are participating in a number of research trials. All of this really expands the number of high-tech stroke treatments we offer."

Moses Cone Stroke Center treats the second highest number of strokes in the state and has one of the highest rates for administering tPA (a clot-busting drug). Strokes are the third leading cause of death in North Carolina.

The certification is effective through 2011.

Medical Record Department Updates Name

The former Medical Record department at Moses Cone Health System has changed its name to the Health Information Management Department.

This new name reflects the requirements of the information age, says **Liz Smith**, *Executive Director, Health Information Management*. It is also consistent with the name of the group's national professional organization, the American Health Information Management Association.

The staff in this department will have new name badges printed to reflect the new department name. Signage in the corridors also will be changed.



New Physicians Join Staff

*Moses Cone Health System
Medical and Dental Staff*

Dana P. Albon, MD, (Provisional Active status) completed a residency in internal medicine at The Moses H. Cone Memorial Hospital and is a pulmonary/critical care medicine fellow at Wake Forest University Baptist Medical Center. She is board certified in internal medicine. She provides call coverage for LeBauer Primary Care (Hospitalists), Eagle Hospitalists and IN Compass Health.

Daniel P. Boyle, MD, (Provisional Active status) completed a residency in radiology at Walter Reed Army Medical Center. He is board certified in diagnostic radiology and practices with Greensboro Radiology, PA.

Vandana P. Chowbey, MD, (Provisional Consulting status) completed a residency in internal medicine at the University of Louisville. She is board certified in internal medicine and practices with LeBauer HealthCare.



Brent G. Greenberg, MD, (Provisional Courtesy status) completed a residency in family medicine at Rush University Medical Center. He is board certified in family medicine and practices with Carolina Vein & Laser Specialists.

James W. Hoekstra, MD, (Provisional Active status) completed a residency in emergency medicine at the University of Cincinnati Medical Center and is board certified in emergency medicine. He practices with Wake Forest University School of Medicine, Department of Emergency Medicine, Greensboro Region.

Bret A. Nicks, MD, (Provisional Active status) completed a residency in emergency medicine at Carolinas Medical Center and is board certified in emergency medicine. He practices with Wake Forest University School of Medicine, Department of Emergency Medicine, Greensboro Region.

Garrett B. Sanford, MD, (Provisional Active status) completed a residency in internal medicine/pediatrics at the University of Arkansas for Medical Sciences/Arkansas Children's Hospital and is a cardiology fellow at the University of North Carolina at Chapel Hill. He is board certified in pediatrics and eligible for board certification in internal medicine. He provides call coverage for IN Compass Health and LeBauer HeartCare.

Sumeet Subherwal, MD, (Provisional Active status) completed a residency in internal medicine at Barnes-Jewish Hospital/Washington University and is a cardiology fellow at Duke University Medical Center. He is board certified in internal medicine and provides call coverage for LeBauer HeartCare.

John S. Tipton, MD, (Provisional Courtesy status) completed a residency in family medicine at Memorial Hospital in South Bend, IN. He is eligible for board certification in family medicine. He practices with Moses Cone Family Practice Center.

Harsha Vyas, MD, (Provisional Active status) completed a residency in internal medicine/pediatrics at East Tennessee State University and is a hematology/oncology fellow at Wake Forest University Baptist Medical Center. He is board certified in internal medicine. He provides call coverage for IN Compass Health and the Moses Cone Health System Regional Cancer Center.

Yijun Yan, MD, (Provisional Active status) completed a residency in neurology at the University of Tennessee Health Science Center and a fellowship in neuromuscular disorders at Duke University Medical Center. She is board certified in neurology and practices with Guilford Neurologic Associates.

ORGANIZATIONAL ACTIVITY

	APRIL 2009	MARCH 2009	FEBRUARY 2009	JANUARY 2009	DECEMBER 2008	NOVEMBER 2008
MOSES CONE HOSPITAL						
Beds in Service	506	506	506	506	506	506
Occupancy (percentage)	70.12	74.65	78.66	76.42	69.62	69.08
Average Daily Census	354.77	377.71	398	386.68	352.29	349.53
Average Length of Stay (days)	5.31	5.39	5.52	5.69	5.26	5.56
Surgical Procedures	1143	1146	1097	1135	1109	988
Emergency Dept. Total Patients	6821	6876	6412	6546	6677	5981
WESLEY LONG COMMUNITY HOSPITAL						
Beds in Service	164	164	164	164	164	164
Occupancy (percentage)	79.88	85.41	87.99	87	74.85	71.51
Average Daily Census	131	140.06	144.29	142.68	122.74	117.27
Average Length of Stay (days)	5.07	5.5	5.59	5.28	5.6	5.19
Surgical Procedures	484	506	470	542	525	483
Emergency Dept. Total Patients	3920	3935	3565	3807	3804	3609
THE WOMEN'S HOSPITAL						
Beds in Service	134	134	134	134	134	134
Occupancy (percentage)	71.42	58.31	66.39	62.98	67.7	62.94
Average Daily Census	95.7	78.13	88.96	84.39	90.71	84.33
Average Length of Stay (days)	4.17	3.84	3.91	4.01	3.99	4.21
Births	530	485	485	511	530	433
Surgical Procedures	460	401	428	424	467	387
ANNIE PENN HOSPITAL						
Beds in Service	71	71	71	71	71	71
Occupancy (percentage)	48.97	49.57	50.55	56.15	44.98	43.43
Average Daily Census	34.77	35.19	35.89	42.00	31.94	30.83
Average Length of Stay (days)	4.50	4.53	4.95	4.75	4.76	4.56
Surgical Procedures	178	195	169	168	155	156
Emergency Dept. Total Patients	2326	2378	2170	2294	2268	2142
BEHAVIORAL HEALTH CENTER						
Beds in Service	80	80	80	80	80	80
Occupancy (percentage)	64.54	66.45	66.48	61.33	52.86	58.54
Average Daily Census	51.63	53.16	53.18	49.06	42.29	46.83
MOSES CONE SURGERY CENTER						
Total Patients	450	442	478	455	485	386
WESLEY LONG SURGERY CENTER						
Total Patients	247	221	215	265	246	222
CARELINK						
Number of Transports	555	511	548	619	528	528
Resource Line Physician Consults	178	185	192	195	170	167
Resource Line Patient Referrals	121	127	146	141	118	117

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

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The new Pediatric Emergency rooms are decorated with brightly painted murals featuring an air and space theme.

First Phase of New Emergency Department to Open at Moses Cone Hospital

The first phase of an expanded Emergency Department at The Moses H. Cone Memorial Hospital will open in late June.

The \$1.9 million project features a new entrance for the Emergency Department, new triage areas and a new, larger Pediatric Emergency Department.

The Pediatric Emergency Department has a separate waiting area and 12 treatment areas to serve children.

About 50 children a day are treated at the hospital's existing Emergency Department.

The renovation supports the concentration of Pediatric services at Moses Cone Hospital.

Watch for more information in the next issue of MDjournal.



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