



MOSES CONE HEALTH SYSTEM

The Women's Hospital of Greensboro

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A Publication for the Employees and Friends of The Women's Hospital of Greensboro

Viewpoint



856 women line up at the starting line for the Fifth Annual Women's Only Run

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Fifth Annual Women's Only 5K Walk/Run Raises \$6,366 for Mammography Scholarship Fund

On May 4th, 856 women participated in the Fifth Annual Women's Only 5K Walk/Run, raising approximately \$6,366 for the Mammography Scholarship Fund at the Breast and Ultrasound Imaging Center. This fund provides mammograms for women who are uninsured or ineligible for Medicaid and cannot afford a mammogram.

The race was sponsored by The Women's Hospital, Omega Sports, WFMY TV and KISS Country, with co-sponsorship provided by Powerbar, Jogbra, Thorlo, Saucony, FreeStyle, Susan Fixel, GW Magazine and Catering by Ellyn.

The Junior Woman's Club of Greensboro donated an additional \$5000,

which was raised at their Sixth Annual Junior Gala held in March. With funds raised by the Junior Gala, women who need further diagnostic procedures beyond a screening mammogram may have them.

Race participants were also invited to attend the Women's Expo, held at the hospital on Friday night, May 3rd. The Expo was free and open to the public and a light buffet dinner was provided for the women who were registered for the next day's race. Sixteen area caterers and restaurants donated food for this event: Catering by Ellyn, Ragazzi's, Ham's, Rockola Cafe, Cafe Pasta, Cafe Bruno, Best Bagels in Town, Carolina Country Bread Company, Great Harvest Bread Company,

Ghassan's, Liberty Oak, Deep Roots Market, Harris Teeter, Ganache, Pastabilities and Fresh Market.

Several other organizations were also represented at both the Expo and the race. These included the Breast Cancer Coalition, Triad Breast Cancer Benefit, Women's Health Initiative, American Heart Association, Moses Cone Health System's Regional Cancer Center, The Nutrition Management Center, The Women's Hospital's Breast and Ultrasound Imaging Center, The Women's Hospital's Midlife Woman Program, Mary Kay Cosmetics and GW Magazine.



The Women's Hospital's team of 88 walkers raised \$4,262.50 for the March of Dimes through Teamwalk Piedmont which was held April 13th.

Teamwalk Piedmont Raises Funds for March of Dimes

Several employees won prizes in The Women's Hospital's Teamwalk Piedmont Fundraising Competition. The winners were:

First Place — Sandra Shields, Lactation Consultant, raised \$500 and won a \$50 gift certificate to Market Street West.

Second Place — Jim Whiting, Executive Vice President, raised \$320 and won a \$25 gift certificate to Village Tavern.

Third Place — Sue Bell, Specialty Manager, OR, raised \$300.

Carolyn Gerringer, Greensboro Internal Medicine, raised \$205.

Susan Coble, Clinical Nurse Specialist, NICU raised \$115.

Elizabeth Ricks, RN, OR, raised \$115.

All third place winners won a \$10 gift certificate to Ham's. The March of Dimes also awarded special T-shirts to individuals who raised \$100 or more.

Thank you to everyone who participated in this year's walk.

Remodeling Process To Begin in May

In the next few weeks, The Women's Hospital will be embarking on several remodeling projects which will enable us to better serve both staff and patients.

The remodeling includes replacement of our corridor carpets (to be done at night), painting, wall covering and cabinetry in each patient room.

Mother/Baby Unit and Birthing Suites Remodeling – Monday, May 13

Beginning May 13, remodeling of patient rooms will begin on the Mother/Baby Unit followed by the Birthing Suites. During the ten to twelve-week project, scheduled to be completed by July 31, a block of three consecutive rooms will be taken out of service for renovation. Each block of rooms will take approximately four days. Care will be taken to inform patients of the construction as well as to minimize any noise.

Anesthesia Dressing Room – Thursday, May 16

The anesthesia dressing room will be relocated to the OR physician dressing room.

Mammography and Ultrasound Area Remodeling – Monday, May 20

The Mammography and Ultrasound reception and waiting areas will be closed on May 20 to allow for remodeling. During the project, both Radiology reception as well as the Radiology Waiting Area will be moved to the Outpatient Admitting and Waiting Area on the first floor.

Physicians needing access to the Diagnostic Radiology area will need to enter via the AICU corridor and through the CT door from May 20 through July 31.

Laboratory Renovation – Monday, May 20

The Laboratory will undergo expansion in the current entrance to the Lab and in the venipuncture area.

Outpatient lab patients will be registered at Outpatient Admissions on the first floor and will be directed to Maternity Admissions area for waiting.


Physicians needing consultation with Dr. Zirker or needing access to the lab will need to enter lab through the

AUXILIARY UPDATE

The newly-enlarged, Auxiliary-operated Gift Shop celebrated its Grand Opening on March 19, with a ribbon-cutting ceremony and congratulatory speech by Jim Whiting, Executive Vice President. We would like to extend our appreciation to Donnie Williams, Director of Plant Operations, and his staff for all of their hard work in getting us ready for opening day.

Thanks also to everyone who supported our Annual Flea Market on March 22nd. Alice Maddox, Gift Shop Manager, and her husband, Ken, and fifteen volunteers donated extra time to man the booths.

Be sure to stop by the Gift Shop to check out our specials for Mother's Day and National Hospital Week, May 12-18.

Mark your calendars for the Second Annual Gold Sale on September 20, 1996. This year, we are using a different jewelry company, so be sure to check out the high-class jewelry exhibits. 

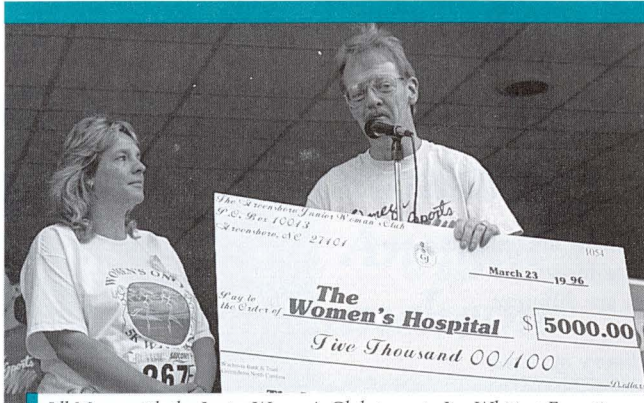
OB/GYN office corridor beginning on the Monday, May 20, through July 31.

Physician Lounges (OR and LDR), Waiting Areas, Staff Lounges (OR and LDR) and Nurses Stations – Monday, May 20

All of these areas will undergo renovation during this project. Prior to entering each area, employees will be notified of dates of construction and of temporary accommodations.

During these projects, every attempt will be made to make the process as smooth as possible and to continue to update staff and physicians on the progress through letters, *Viewpoint* and on the construction board located outside of the cafeteria.

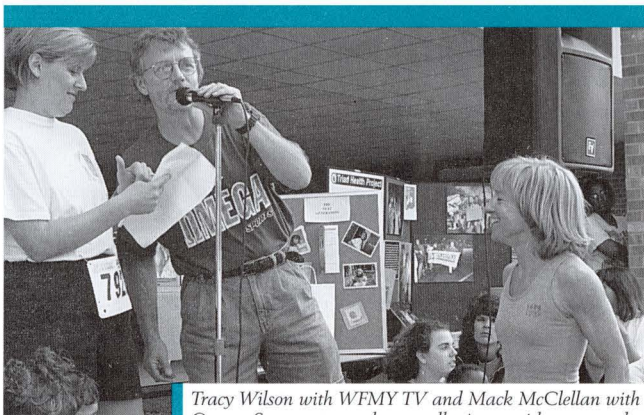
Employees Help Fight the Battle Against Breast Cancer in the Fifth Annual Women's Only 5K Walk/Run



Jill Moore with the Junior Woman's Club presents Jim Whiting, Executive Vice President, with a check for \$5000 for the Mammography Scholarship Fund. These funds will allow women who need further diagnostic procedures beyond a screening mammogram to receive them.



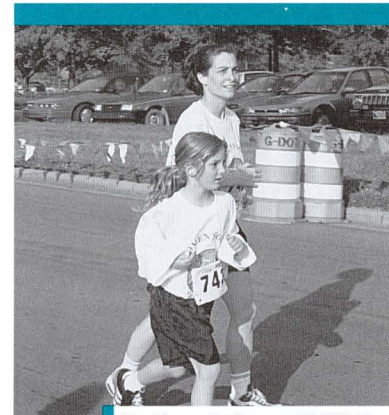
Jim Whiting presents the youngest participants, girls 10 and under, with a special award.



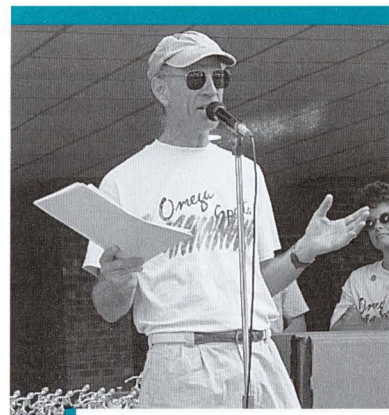
Tracy Wilson with WFMY TV and Mack McClellan with Omega Sports present the overall winner with an award.



Lora Mae Murrow, Ultrasound Tech, (left) and Carla Waldron, Transcriptionist, both in Radiology, walk to help raise funds for the mammography scholarship fund.



Dr. Sherry Dickstein, OB/GYN, and her daughter run the 5K race.



Dr. Joseph Halperin, Medical Director, Moses Cone Regional Cancer Center, speaks to the crowd about their work with breast cancer research.



Dr. Vanessa Haygood, (right) OB/GYN, walks with two friends.

Managed Care is Changing How Providers Work Together

Managed care is not only changing the way we deliver care, it's also changing how hospitals, physicians and other healthcare providers work together. To meet the increasing demands to reduce costs and improve quality, providers are developing networks, known as *integrated delivery systems*.

In a town meeting on April 8, Moses Cone Health System President Dennis Barry described the components of an integrated delivery system to The Women's Hospital employees. He compared our system to integrated delivery systems in more mature managed care markets and described some of the changes we can expect in the future.

What is an integrated delivery system?

An integrated delivery system is a network of physicians (primary care and specialty), hospitals and other healthcare providers (home care, free-standing rehabilitation centers, laboratories, etc.) who come together to provide a continuum of services for a defined population of patients. As a system, these providers contract with third-party insurers, such as health maintenance organizations (HMOs).

Integrated delivery systems can be large and include all kinds of providers. The providers can be linked through contracts, legal entities, ownership, etc. The system may also own or partner with an HMO.

It's important in an integrated delivery system for key providers (hospitals and physicians) to align their financial incentives and share the financial risks and rewards of providing care.

"The goal becomes to optimize the well-being of the system," Barry explained. "There is a system's view that must be adopted. If the system does well, the individual pieces of the system will do well. It's a whole new way of thinking."

In our current system, the financial incentives for hospitals and physicians are not yet the same. We get paid a fixed amount for 75 percent of our inpatients which encourages us to find more efficient, cost-effective ways to deliver

care. However, many area physicians are still paid on a fee-for-service basis, so their incentives are different.

Integrated delivery systems offer benefits

In an integrated delivery system, providers share financial incentives as well as financial risks. This encourages hospitals, physicians and other healthcare providers to integrate their services and work together to improve the efficiency and effectiveness of delivering healthcare services. Through the efficient management of patient care and the sharing of financial risks, providers can better control the delivery of health care

"Whoever holds the responsibility of the financial risk of providing care to a defined population of patients for a set amount of dollars also holds the ability to control the system," Barry said.

An integrated delivery system focuses on keeping people well. When providers are responsible for delivering care to a defined population of patients for a set amount of money, they are no longer primarily interested in diagnosing and treating illnesses. Instead, they also become focused on prevention or early detection of those same illnesses. By preventing or detecting an illness in its early stage, providers can significantly decrease the cost of care.

To better control healthcare costs, an integrated delivery system encourages providers to deliver only care that is necessary and appropriate. In the past, our system has tended to encourage the use of more services rather than less. Under an integrated delivery system, there is a danger of delivering less care than needed. This we need to guard against. Managing quality outcomes over time is essential.

Integrated delivery systems models


Integrated delivery systems come in many shapes and sizes. Some examples include:

Management Services Organization (MSO): An MSO can help physicians operate their practices more efficiently and cost-effectively. It contracts with physician practices to provide

TOWN MEETING SET FOR JULY 22

Join Moses Cone Health System President Dennis Barry for a presentation on "Succeeding in the Transition" on July 22 at 1 p.m. in Classrooms 1 & 2 of The Women's Hospital. This presentation is the third in a three-part series of town meetings on managed care topics.



Dennis Barry's presentation on "Integrated Delivery Systems" is available on videotape through LearningTogether, a video series for Moses Cone Health System employees. To reserve the LearningTogether kit for your next staff meeting, call ext. 8173. Videotapes are also available to view at home or in the Medical Library. 

management and administrative services such as managed care contract negotiating, billing, information systems installation and support, collections and more. An MSO may also purchase the hard assets of a physician practice.

Moses Cone Health System recently created an MSO — Piedmont Practice Resources (PPR). PPR has contracts with four physician practices and is currently working with six other practices.

Physician Organization (PO)/Independent Practice Association (IPA): POs and IPAs are physician-owned, legal entities. They are usually created to network their services and contract with third-party insurers. Examples of POs and IPAs in our community include: Guilford Primary Care Associates (IPA), Piedmont Physicians Network (PO); and EagleNet (IPA), which is made up of primary care physicians from Guilford

The Women's Hospital Auxiliary Volunteers Honored at Annual Volunteer Luncheon

The Women's Hospital's 205 volunteers were honored for their hard work and dedication at the Annual Volunteer Appreciation Luncheon held on April 25th at Koury Convention Center.

In 1995, The Women's Hospital Auxiliary....

- Contributed more than 21,000 hours of service
- Donated more than \$32,000 to hospital programs such as the NICU, Junior Luv Buckles program and nursing scholarships.
- Made and distributed more than 600 layette items and more than 200 Christmas stockings for babies born during the holidays, as well as staffed the Baby Picture Program, Junior Luv Buckles and the Antenatal Cart Program, in addition to many other programs and services throughout the year.



Husband and wife volunteers, Ruth and Clayton Steed, each contributed more than 700 hours in 1995.



Alice Maddox, Gift Shop Manager, (left) volunteered 2,000+ hours in 1995, Marion Thomas, (center) gave 1,100+ hours of her time and Edna Tyson volunteered 500+ hours last year.



Ginger Penley, Director of Volunteer Services, (middle) greets Nelda Thomas, (left) who received her two-year service pin, and Emily Bagley, who contributed more than 100 hours in her first year of service.



The Graytones, a barbershop quartet of senior citizens, serenaded guests at the luncheon.

Managed Care *from page 5*

County and surrounding counties.

Physician Hospital Organization (PHO): A PHO, the most common type of integrated delivery system, is a legal entity that brings physicians and hospitals together to integrate their delivery systems, contract jointly, and share financial risks and incentives. Moses Cone Health System is a joint partner in two PHOs: Greensboro HealthCare Network and Piedmont Behavioral Health Services.

We partnered with Eagle Primary Care Associates, a group of 34 primary care physicians from five area practices, in January to create Greensboro HealthCare Network. In July 1995, we formed a partnership with 14 private psychiatric practices to create Piedmont Behavioral Health Services.

Moses Cone Health System is also working with Triad Health Alliance to create a "super" regional PHO. Triad

Health Alliance consists of Moses Cone Health System, Carolina Medicorp, Inc. (Forsyth Hospital) and High Point Regional Hospital.

This article is part of an ongoing series on managing healthcare changes. Look for articles relating to these changes in future issues of Viewpoint.

Creating Lifetime Customers

Good customer service — it's something that most of us take for granted. As healthcare workers, we know that good customer relations is essential, so when we receive less than adequate service ourselves, we are shocked. When you have been dissatisfied with service at a certain restaurant or store, for example, how many times have you told your family, friends and co-workers about your bad experience and advised them not to shop or eat there? One dissatisfied customer can do a lot more damage to a company's image of quality in the community than one satisfied customer can do a company good.

Customer focus and satisfaction have become even more crucial with the arrival of managed care and the changing healthcare marketplace. In a managed care environment, customer focus and pleasing our customers becomes even more important — since a dissatisfied customer, or group of dissatisfied customers, can return to their employer or HMO complaining about their care and treatment and can potentially affect contracts for hundreds or thousands of potential patients.

Customer focus is also extremely important from the perspective of total quality management. One of the key concepts of total quality management is the definition of quality — quality is defined by the customers, and your image in the community is created by satisfied customers spreading the word.

A key to maintaining and improving customer satisfaction is knowing how we are currently doing. One way the hospital does this is through patient satisfaction surveys and through the Patient Helpline. Based on these two mechanisms, we are doing very well in pleasing our customers; on our patient satisfaction surveys, 98-99 percent of all our patients indicate that they would return for care or refer someone they know to our hospital. But there are always a few negative comments — these are our challenges and give us an opportunity for improvement. Based on patient surveys, the areas where we need improvement include:

- Violation of patient confidentiality
- Not keeping patients/families informed

- Not displaying a caring attitude
- Keeping patients waiting (without an explanation)
- Not explaining procedures

Our challenge is finding ways to improve satisfaction and alleviate these problems. Currently, we are doing this through various TQM teams dealing with customer satisfaction issues, as well as when we follow-up on patient satisfaction survey comments and work as departments to improve satisfactions scores.

"Many improvements have been made using results of patient satisfaction surveys," said Ginger Penley, Director of Volunteer Services and Patient Relations. "Patients often make good suggestions and offer constructive criticism through these surveys." For example, the installation of a phone in the surgical waiting area was the result of a patient's suggestion to provide a direct link so family members can check on a patient's status when volunteers are unavailable. Other examples of improvements that have been implemented as an outcome of patient comments include the availability of headphones and music tapes for pre-operative and post-operative patients; extending the Baby Photo program to seven days a week; and adjusting the cafeteria's hours for both patients and employees.

Other ways we can continue to improve our customer relations is by practicing the PLEASE and CPR models, and discuss problem areas with other employees and within departments.

"When we held the guest relations refresher courses, we realized that this wasn't new information and that most employees were aware of what good customer relations entailed," added Ginger. "We also wanted employees to recognize that patients are not their only customers — that we are each other's customers and the more we help each other, the more the patients and the hospital benefit as a whole."

Customer focus and keeping customers satisfied is not only the "nice" thing to do — it's a business imperative. To remain strong in this changing healthcare environment, customer focus is the cornerstone of the hospital's financial well being.

Follow the PLEASE Model when dealing with customers

- P — Present time — give the customer or co-worker undivided attention
- L — Listen to your customer, acknowledge what they say and how they feel
- E — Empathize, put yourself in your customer's shoes
- A — Ask questions to pinpoint the exact problem
- S — Summarize and take responsibility for the problem without accepting the blame
- E — Extra effort to do more than your customer expects

The CPR model goes hand-in-hand with the Patient Bill of Rights

- C — Confidentiality
- P — Privacy
- R — Respect

Spotlight on Customer Relations

Dear Mr. Barry:

There are many times when consumers don't receive the service they feel they deserve and more importantly, there are probably more times when the same consumer receives exemplary service and doesn't appreciate it or take time to make note of it. I would like to relay a very positive experience that my wife and I had at The Women's Hospital.

Our first child was born November 19, 1995 at The Women's Hospital and subsequently was moved to the Neonatal Intensive Care Unit due to a bout with pneumonia. After a seven-day stay, we all went home happy and healthy. The care that both our son and we received from the staff was outstanding. From the bright face that greeted us at 4 a.m. that chilly morning to the staff nurse that walked out the door with us on our way home, we were treated with compassion and professionalism. While the experience of having a child is like no other, the experience of not being able to take him home on schedule is equally unique.

As our son was not born until 11 p.m., we went through two shifts in labor and delivery. Our first nurse, Karen Farmer, was extremely helpful in letting us know what to expect and readily fielded our many questions and comments. She was very efficient and did the "little things" that made our experience easy.

A fairly recent import to the Triad area, Kris Daily, was the nurse on duty at the time of delivery. Not only was Kris a pleasure to be around, she demonstrated good skills and professionalism at all times. Kris got us through the toughest part of delivery and if I'm not mistaken, she had to work beyond her normal shift to do so.

Another critical person that helped us in the labor and delivery stage was Eric, the nurse anesthetist. Eric was first and foremost professional, but also soothing and humorous. By the time we left labor and delivery, we affectionately referred to him as the "Candy Man." Your staff in the Mother/Baby Unit was great, but I'm unable to recall the individuals that took care of us. I hope they get the recognition they deserve.

If you have ever experienced it, the NICU can be an overwhelming thing. All of the doctors, staff nurses and Nurse Practitioners we encountered were as good as the folks on the second floor. The individuals that stick out in my mind are Dr. Davey and Dr. Carlos; nurses, Stacy, Jody; a male Army nurse whose name we can't remember, and a tall, slim young lady who worked the same shifts as Stacy.

Being in the service business myself, I can truly appreciate not only competent employees, but ones that appear to enjoy their work and perform their duties in a positive and caring way. The Women's Hospital promotes a warm and personal atmosphere that can only be promoted by people who care. You should be proud of these people and their skills. I can only hope they will get the recognition they deserve from the appropriate people on your management team.

Keep up the good work!

Sincerely,
Julian and Eileen Weston

NEWS NOTES

Organization Acquires VHA Membership

Moses Cone Health System recently made the transition from Sun Health/AmHs to membership in Voluntary Hospitals of America (VHA). VHA Carolinas-Tennessee is a Regional Health Care System of VHA Inc., a national network of more than 1,300 healthcare organizations. VHA and its regional systems provide information, products and services to help organizations improve performance in three areas: community health, clinical effectiveness and operational efficiency. Representatives from VHA will begin working with our organization in the near future in developing a business plan.

Physicians and Staff Attend OR/Surgical Instrument Fair

The Women's Hospital physicians and surgical staff attended an OR/Surgical Instrument Fair on April 12. This was the first instrument fair at the hospital and vendors were invited to display new

gynecologic surgical products. "The purpose of the fair was to give surgeons and OR staff input on new instruments for the 1996/97 budget," explained Sue Bell, Speciality Manager, OR, "As technology changes and new procedures are developed, we felt this was a great way to involve the multi-disciplinary team and maintain a competitive edge in gynecological surgery."

Ethics Committee Offers New Dates for Decisions Program

Decisions, a free, one-day program designed for The Women's Hospital clinical staff and physicians, will be held once a month throughout November at The Women's Hospital. *Decisions* encourages participants to address difficult questions in ethical dilemmas when caring for different patient populations. CEU's are awarded to Nursing through the Nursing Education Dept. and AHEC Category 2 CME's are awarded to physicians through AHEC and UNC-Chapel Hill.

Dates for 1996 are:

June 4	October 1
August 6	November 5
September 3	

Topics to be discussed:

- Basic ethical principles and ethics and the law
- Maternal Fetal Conflict — *A pregnant woman who abuses cocaine*
- Issues of Informed Consent — *Pregnancy in a mentally handicapped woman*
- Weighing Benefits and Burdens — *A tiny newborn*
- Decision-making in Hard Cases — *Determination of death in a newborn*

For more information and to register, call Janice Lambert or Bob Hamilton in Chaplaincy Services at Moses Cone Hospital at extension 7950.

MAKING ROUNDS

Department: **Radiology**

Reported by: **Carrie Richards**

Please welcome **Carol Martin**, Ultrasonographer, **Kristin Isler**, Ultrasonographer, and **Wendy Summers**, X-ray Technologist.

Department: **Respiratory Therapy/EKG/EEG**

Reported by: **Jackie Fulp**

Congratulations to **Amy Black**, RRT, and her husband Steven, on the birth of a daughter, Katie Elizabeth, on January 8.

Please congratulate the following individuals for passing their Perinatal/Pediatric Specialty Boards: **Tim Bell**, RRT, **Terry Martin**, RRT, and **Beci Joiner**, RRT.

Department: **Neonatal Medicine**

Reported by: **Allison DuBuisson**

Congratulations to **Harriet Smalls**, NNP, who has been accepted for the joint MBA/JD program at Wake Forest University.

Department: **Mother/Baby Unit and Central Nursery**

Reported by: **Kathy Lawson**

Welcome to the following new employees: **Melania Austin**, NT, **Kim Haufler**, NT, **Arlene Kimp**, NT, **Kelly Lemons**, RN, **Diana Mebane**, RN and **Alesia Montanti**, NT.

Congratulations to **Kathy Morrison**, RN, on the birth of a daughter on March 16, 1996.

Department: **Operating Room**

Reported by: **Wendy Bass**

A big welcome to **Shirl Satterfield**, RN, who recently transferred from Moses Cone Neuro OR and to **Robyn Thomas**, Surgical Technologist.

Please congratulate **Karen and Danny Carter** on the birth of their daughter, Chelsea Lake, on March 22, 1996.

Department: **NICU**

Reported by: **Joyce Mabe**

Welcome **Andrea Aiken**, RN, **Renne Litke**, RN, and **Amy Poole**, RN.

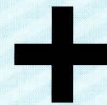
Congratulations to **Susan Jones**, RN, and her husband Randy on the birth of a daughter, Kaitlin, on March 24, 1996.

James R. Whiting
Executive Vice President
The Women's Hospital of Greensboro

Eileen Kerr
Director of Public Affairs

Cristi Phillips
Editor

Viewpoint is a monthly newsletter published by the Public Affairs department of The Women's Hospital of Greensboro. For more information, call 574-6532.



Give the Gift of Life!
Red Cross Blood Drive
Tuesday, May 28, 1996
12:30 p.m. - 5 p.m.
Classrooms 3 & 4
The Women's Hospital



MOSES CONE HEALTH SYSTEM

**The Women's Hospital
of Greensboro**

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