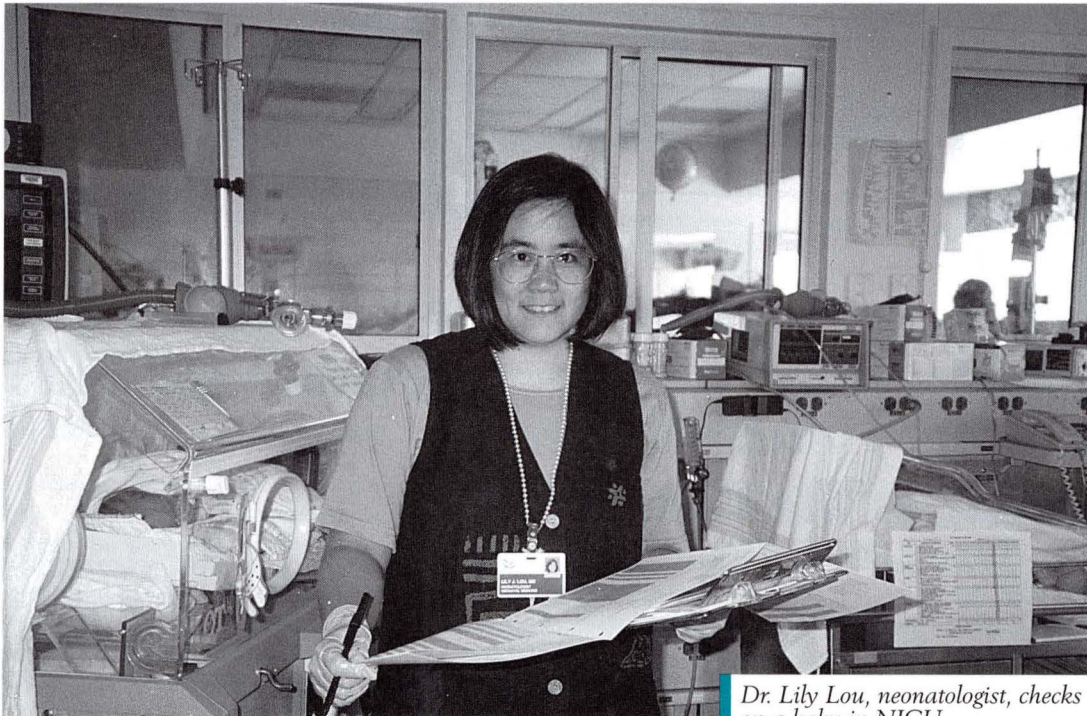




Viewpoint



Dr. Lily Lou, neonatologist, checks on a baby in NICU.

INSIDE *Around the Hospital*

- 3 Teens Spend their Summer Helping Others
- 5 United Way Campaign Update

Managing Care

- 4 Health-care Providers Assume Financial Risks

Quality Plus

- 6 Plant Operations and Safety/Security Employees Learn New Defense Techniques
- 7 TQM Team Successfully Reduces Number of Heels Sticks in NICU

Two New Physicians Join Neonatal Staff

With the addition of two new physicians, the Neonatal Medicine staff at The Women's Hospital is now able to provide 24-hour, in-house coverage — a tremendous benefit for NICU patients and their families. The two new neonatologists, Dr. Annavic Dimaguila and Dr. Lily Lou, began working in Neonatal Medicine in July. Both physicians join Dr. Laurence Ransom, Dr. Andrew Davey, Dr. Rita Carlos and Dr. McCrae Smith as part of the Neonatal Medicine team, making a total of six full-time neonatologists on staff at The Women's Hospital. Both physicians bring with them a wealth of experience, knowledge and skill that will be an asset to the Neonatal Medicine team.

Dr. Annavic Dimaguila comes to The Women's Hospital after completing a

fellowship at Rainbow Babies and Children's Hospital in Cleveland, Ohio. Originally from the Philippines, Dr. Dimaguila attended medical school at the University of Santo Tomás in the Philippines, where she specialized in pediatrics. She came to the United States to do her pediatric residency at Beth Israel Medical Center in New York. While finishing her fellowship at Rainbow Babies and Children's Hospital, Dr. Dimaguila also worked with medical students and residents as part of the teaching program with Case Western Reserve. "While I was working as a pediatric intern, I had the opportunity to work with premature infants and conduct a research study in neonatology," she said. "That is when I realized I wanted to focus on neonatology

as a career." Currently, Dr. Dimaguila is busy getting acclimated to her new job, as well as trying to plan a wedding.

After spending four years as an assistant professor in pediatrics at Yale University, Dr. Lily Lou loaded her three cats into her car and drove from Connecticut to North Carolina to begin her position as a staff neonatologist at The Women's Hospital on July 1st.

Dr. Lou grew up in the San Francisco Bay area of California and attended college at the University of California at Davis, where she majored in genetics. At that time she had a strong interest in molecular biology, but wasn't sure if she wanted to go into research or the clinical side of medicine. She took a job with the

Two New Physicians Join Neonatal Staff *from page 1*

National Institutes of Health in Washington D.C. where she worked in genetic research for four months. From there she worked in the lab of molecular biology at Duke University and then decided to attend medical school at the University of North Carolina at Chapel Hill. After finishing medical school, Dr. Lou chose to do her residency in pediatrics at the University of Minnesota. "It was the first time I had ever experienced winter!" she declared.

She completed a neonatal fellowship at Yale University, where she remained for four years as faculty in pediatrics. "I performed research in gene regulation in

embryologic development, specifically in patterning genes," Dr. Lou explained. She said she is still interested in continuing some of her research activities, but has decided to focus more on the clinical aspect of neonatology. "While I was at Yale, I taught, conducted research studies and also attended in the neonatal intensive care unit at Yale," she said. "I decided I didn't want to entirely give up clinical neonatology for research, so I decided to pursue a job where I could focus on the clinical aspects and continue to have direct contact with patients."



Dr. Annavic Dimaguila, neonatologist, looks at X-rays in NICU.

Moses Cone Health System: Committed to the Community

The Piedmont Triad is a unique area of North Carolina and many factors contribute to the high quality of life we enjoy. As an integral part of its mission, Moses Cone Health System takes seriously its role and responsibility to contribute to and improve that quality of life.

One way we achieve this is by providing a wide range of quality inpatient and outpatient healthcare services, without regard to an individual's ability to pay. In FY 95, Moses Cone Health System provided \$12.4 million in charity care. This includes providing free care to patients who cannot pay, reducing charges for patients in need of financial assistance and accepting reimbursements for Medicaid patients at rates below our costs.

"Another way Moses Cone Health System contributes to the quality of life is by providing a variety of services and programs beyond traditional hospital acute care," said Kate Ahlport, Vice President, Community Health. Some examples include:

- Providing seminars, health fairs, health screenings and hundreds of classes designed to improve the health of the entire community.

- Contributing to the improvement of the quality of health care through the continued training of physicians, dentists and other healthcare professionals to better enable them to deliver care to members of our community.
- Being a founder and an ongoing partner in Hospice at Greensboro and HealthServe Medical Center.

In June, Moses Cone Health System issued a Community Benefits Report to community leaders, elected officials, physicians' offices and staff, area clergy and health and human services organizations. "The purpose of this report was to provide a vehicle to help members of the community understand the many benefits Moses Cone Health System provides to the community beyond inpatient and outpatient health care," Ahlport said. "The contributions Moses Cone Health System made to the community in 1995 that can be quantified totaled \$17.7 million. However, that is a conservative figure—it is impossible to capture and accurately reflect a value for each and every community outreach and educational activity."

The report included a summary of corporate donations to community organizations such as Habitat for Humanity and Guilford County Coalition on Infant Mortality, the number of health professionals who received medical training and education through our organization, information on health education and outreach programs, and a summary of the many donations and services hospital volunteers provide, such as the Junior Luv Buckles program and support of UNCG nursing scholarships.

As part of Moses Cone Health System, The Women's Hospital plays an important role in providing services to the community. The Women's Education Center holds seminars and half-day programs on a wide range of health topics important to women, such as disease prevention, menopause and nutrition. *Women's Health Matters*, the quarterly newsletter of The Women's Hospital, is sent to more than 28,000 women in Greensboro and surrounding counties and features up-to-date information on women's health. The Women's Health

Continued page 3



Valeria Pritchett, Staff Educator, (center) demonstrates how to perform CPR to teen volunteers, Bethany Snell (left) and Laura Howell.

Teens Spend their Summer Helping Others

by Alexis Stephenson, Teen Volunteer, Public Affairs

Imagine you are in middle school or senior high, and summer is just around the corner. You find yourself dreaming of the hot, lazy days ahead....hanging out at the pool, laughing with friends, living carefree. That might describe the average teenager's prospect of summer, but not a particular group of 24 teens who volunteered this summer at The Women's Hospital.

Selected specifically for their interest in the medical field and past accomplishments, teens spent eight weeks assisting staff in a variety of hospital settings. Some of the departments that teens worked in this summer, such as the Baby Photo program, Public Affairs and Gynecological Oncology clinic, were new

additions to the teen volunteer program. This year's program was really able to expand because of the unique and diverse interests of the teens.

Lisa Andrews, a rising sophomore at Western Guilford High School and first year volunteer, had volunteered in previous programs with other hospitals but found The Women's Hospital program offered her a more personal experience. "I want to be labor and delivery nurse, so working with the car seat rental program and the antenatal cart was ideal for me," Lisa said. "It has allowed me a lot of patient contact, which was great because I enjoy working with people."

Like many of the other teen volunteers, Lisa spent her summer not only learning

AUXILIARY UPDATE

Mark your calendars for the Auxiliary's next Uniform Sale, **Thursday, August 8.**

The annual Gold Sale is set for September 20, 1996 from 7 a.m. to 4 p.m. in Classroom 1 with Goldn' Visions as the new jewelry vendor.

In addition to the nursing scholarships to which the Auxiliary annually donates funds, they have recently donated several other gifts to The Women's Hospital, including a refrigerator for NICU, a VCR for the Antenatal Cart, a 35mm camera to Public Affairs, and fans for the Exercise Room.

The Gift Shop is already busy planning the upcoming holiday season. The annual Christmas Open House is set for November 6, and this year will feature boxed holiday cards and 1997 calendars at 50% off.



about her career interest, but also gaining responsibility and valuable experience she can use in the future.

The teens weren't the only ones pleased with the program. Ginger Penley, Director of Volunteer Services, was thrilled with this year's program. "We have a very accomplished group of teens this year, as well as a very culturally diverse group," she said. Teens were also certified in adult and infant CPR for the first time this year, and many had the opportunity to shadow a discipline for a closer look into their anticipated profession. "The teens provide invaluable assistance to our hospital and contribute to the success of our institution," Ginger said.

Moses Cone Health System: Committed to the Community *from page 2*

Library also provides a resource to the community by housing books, journals and audio and video tapes on women's health, as well as an Infotrac computer. In addition, The Women's Hospital has an ongoing childbirth program, offering classes in prepared childbirth, maternity exercise and infant CPR. Other services include

InforMED, Lifeline, a breastfeeding and maternity hotline and a bi-weekly radio program on WSJS Radio.

These are just a few examples of the many services Moses Cone Health System provides to the community beyond the high quality of health services that has always been a hallmark of our organization.

Moses Cone Health System is dedicated to helping to build a healthy community in which we all enjoy a higher quality of life.

Copies of the Community Benefits Report are available in the Women's Health Library and Medical Library at The Women's Hospital.

Health-care Providers Assume Financial Risks

In a managed care environment, healthcare providers are paid a fixed amount for the care they deliver, regardless of the level of treatment. This differs from our traditional fee-for-service system in which hospitals and physicians are reimbursed for each service, no matter what they do. When providers accept a flat rate, they assume the financial risk of care. If the care they provide exceeds the fixed amount, they lose money. If the cost of care is below the fixed rate, providers make money. Therefore, it is necessary for providers to deliver the most efficient, cost-effective care possible.

The end of opposite incentives

Our healthcare system is working its way out of a pattern that has helped create cost increases. This pattern is one in which healthcare providers are given opposite incentives for the care they deliver. In the past, our system has encouraged the use of more services rather than less. No matter how professional, well-trained and conscientious a physician or hospital staff may be, the system **rewarded them** for treating illness. A physician was **rewarded more** when his or her waiting room was full of sick people. A hospital was **rewarded more** when its patients stayed longer.

Today, we are entering a new era of health care in which hospitals and physicians are being given **financial incentives to promote good health and provide high quality care**. This shift, which financially rewards providers more for efficient care and services, is changing the course of health care.

Financial incentives and risks vary

The most important task facing a hospital or physician who signs a managed care contract is finding ways to provide the best care at the lowest cost. If providers agree to a *per diem*, *per case* or *capitated* contract, they assume some or all of the financial risk.

In a *per diem* payment system, a provider is paid per patient per day. While a provider earns more money the longer the patient stays, per diem systems encourage providers to deliver only care that is necessary and appropriate.

In a *per case* system, a provider receives a flat fee for each case, based on estimations of average cost. If providers perform a procedure efficiently and discharge the patient at a below-average cost, they make a profit. If there are complications, and the patient's procedure ultimately exceeds the fixed rate, the provider suffers financially.

In a *capitated* system, a provider is paid per person, regardless of that person's health needs. At the beginning of each month, the provider receives a check (and not a penny more) no matter what services may be required for each person. In such a contract, it is the provider's loss if unnecessary procedures are performed, the most efficient methods aren't used or patients get sicker. Unlike our traditional fee-for-service system, the provider in a capitated contract benefits most when its patients are well.

Providers face tough decisions

To a provider, the prospect of assuming the financial risk is very complex. For example, when a provider calculates a premium as part of a capitated contract, that premium is based on the calculated cost of providing any number of services, from cardiac care to home care services.

In a capitation contract, the provider faces multiple decisions in determining how to disburse each premium. The provider must know how much to give for nursing care, home care, etc., until all of the services contracted receive some income from the premium. If a provider under-estimates how much income an area will need, the provider suffers financially.

Wellness is not a fad

Another change created by the managed care environment is the growing emphasis on wellness. Wellness is more than a faddish way of encouraging people to diet and exercise. It's a growing discipline in health care.

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 preventing**

or detecting early those same illnesses. By preventing or detecting an illness in its early stage, providers can significantly decrease the cost of care.

Healthcare providers who promote better health will no longer be paid for the number of sick people they treat, but for the number of healthy people who don't require expensive care.

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

Videos on the Town Meetings presented by Dennis Barry, Moses Cone Health System President, are available to view overnight or to show at your next staff meeting through the Medical Library or Staff Education.

Topics are:

- Managed Care Basics
- Integrated Delivery Systems
- Succeeding in the Transition

United is the Way: Together We Can Make a Difference

- Last winter, during the blizzard of '96 which knocked out power all over Greensboro, 166 people received shelter and hot meals at the Red Cross Emergency Shelter.
- Last year, 368 adults received one-on-one tutoring through programs offered through Reading Connections to improve their literacy skills and help them to get better jobs.
- Last year, 250 young men developed confidence, leadership skills and a positive attitude that will serve them for the rest of their lives through the Urban Emphasis Program of the Old North State Council - Boy Scouts of America.

These are just a few examples of the thousands of people who received help from one of the 37 community agencies supported by funds raised through United Way giving. Your contributions made a difference, one person at a time.

Each year, Moses Cone Health System participates in the United Way of Greater Greensboro's annual campaign to raise funds for its 37 agencies. These agencies provide health and human services to more than 100,000 people in Guilford County. That

means that one in three people benefit from a United Way agency. Agencies such as the Children's Home Society, YMCA, Hospice at Greensboro and Triad Health Project offer programs and services to thousands of people right here in our community.

The United Way Steering Committee is busy planning this year's campaign. Moses Cone Health System will officially kick-off its United Way Campaign on Monday, **September 16, 1996**. Individual department rallies will be held again this year and each department will set their own goal. Based on these figures, the organization will determine the overall goal.

"An important focus of our campaign this year is to increase participation from 51 percent to 65 percent," said Becky Knight, Associate Director of AHEC and Chairperson of the United Way Steering Committee. "By doing so, we will have the opportunity to bring information about the agencies' services to more of the Moses

Continued page 7

1996 UNITED WAY SCHEDULE OF EVENTS

September 16 - October 18
United Way Campaign

September 16
Moses Cone Hospital Car Wash

September 17
The Women's Hospital Car Wash

November
Finale & Employee Thank-you Party
TBA



| <i>A Yearly Gift of:</i> | <i>Will provide Services Such As:</i> |
|--------------------------|---|
| \$15 per week | 5 weeks of daycare for 7 children of low-income working families |
| \$10 per week | 4 days of protective shelter for 8 abused women |
| \$ 7 per week | 10 days of specialized preschool for children with multiple handicaps |
| \$ 5 per week | 6 weeks of tutoring for an at-risk student |
| \$ 4 per week | 13 nights of food and lodging for a homeless person |
| \$ 3 per week | 55 hot meals delivered to homebound seniors |



United Way Agencies

- | | |
|--|---|
| Adolescent Pregnancy Coalition of North Carolina | Guilford Native American Association |
| Adult Center for Enrichment | Hospice at Greensboro Mental Health Association |
| Alcohol/Drug Council of North Carolina | Old North State Boy Scouts of America |
| Alcohol & Drug Services of Guilford, Inc. | One Step Further |
| American Heart Association | Reading Connections |
| American Red Cross | The Salvation Army |
| Association for Retarded Citizens | Sickle Cell Disease Association of the Piedmont |
| Autism Society of North Carolina | Southeast Greensboro Youth Development Council |
| Central Carolina Legal Services | Summit House |
| Children's Home Society of North Carolina | Tarheel Triad Girl Scout Council |
| Epilepsy Association of Greater Greensboro | Triad Health Project |
| Family & Children's Services | United Child Development Services |
| Family Life Council | United Service Organization |
| Florence Crittenton Services | United Services for Older Adults |
| Greater Greensboro Cities in Schools | United Way of North Carolina |
| Greensboro Cerebral Palsy Association (at Gateway) | The Volunteer Center |
| Greensboro Education and Development Council | YMCA |
| | YWCA |
| | Youth Focus |

Satisfaction Between Departments Important to Customer Service

Meeting each other's needs within our organization as we seek to serve others is an important part of the *QualityPlus* program. Satisfaction between departments is crucial to our ability to meet the needs of the patients and physicians we serve.

In April, an interdepartmental survey was conducted throughout Moses Cone Health System. The purpose of this survey was to determine each department's key internal customers, measure their satisfaction and to put into place an action plan to address those needs which are not being met. Each department was asked to select their top customer departments to be surveyed. Individual departments also had the option of developing their own questions specific to their department.

Results of the 1996 survey show a system-wide actual average of 91.8 percent, slightly less than last year's rating of 92.0 percent and the FY 96 goal of 92.5 percent.

While the organization considers 91.8 percent a good rating, 10 of the 27 departments surveyed at The Women's Hospital scored 95 percent or better. Several smaller areas were combined and a few departments were excluded as not having internal customers. The median score for The Women's Hospital was 91.1 percent.

Many departments use the results of these surveys to identify both the areas where they are sufficiently serving their customers and those where they need to make improvements. Departments which scored below 90 percent are required to develop action plans for improvement, and departments under 84 percent will be asked to re-survey in September.

This year, Safety and Security had an increase in their interdepartmental satisfaction score to 95 percent. "We attribute this improvement to the many

changes we have made based on feedback from previous interdepartmental surveys," said Donnie Williams, Director of Plant Operations and Safety and Security. For example, there are now full-time security staff, a voice pager for quicker response time and increased lighting in employee parking lots, which have all contributed to the Safety and Security department's ability to better serve employees.

"The survey helped us to see which areas we needed to improve," Donnie said. "We were then able to make the necessary changes to do our best to help our customers feel safe in and around the hospital."

Plant Operations Employees and Safety/Security Officers Learn New Defense Techniques

Most of the time, when security is called upon to handle a disruptive situation, just the presence of a security officer is enough to gain compliance from the individual. But, in two percent of cases, the use of the "compliance factor" is not enough. These types of individuals can become aggressive and may try to physically harm security personnel or others.

As a way to provide training to handle these types of situations, The Women's Hospital's Plant Operations and Safety and Security staff attended a "Street Survival Workshop" in June. Led by David Spagnola, a black belt in karate and homicide and sex-crime investigator with the Greensboro Police Department, the workshop was held on-site at the hospital to teach security professionals alternative

ways to control aggressive contacts.

Instead of using karate or marital arts, which relies upon punching or kicking to be effective, Spagnola teaches proven techniques that are uncomplicated to learn, without the use of punches or kicks. Employees learned methods in stand-up defense, such as how to defend themselves against sucker punches, shoves to the wall and chokes. They also learned how to handle a situation that usually develops in all physical confrontations — ground fighting. Employees learned how to escape certain positions, but most importantly how not to panic and gain control of a larger, stronger contact.

"Our security personnel routinely carry pepper spray and know to call for back-up in a confrontational situation," explained

Jim Canada, Manager, Plant Operations. "But occasionally they may have to face a physically aggressive individual. This course prepared them for that and helped to build confidence that they can handle this type of situation."

Canada also said that these types of self-defense courses are helpful for everyone, especially women. If you are interested in finding out more about Spagnola's self-defense classes, contact Jim Canada in Plant Operations at ext. 6504.

TQM Team Successfully Reduces Number of Heel Sticks in NICU

The TQM Team focusing on reducing the number of infant heel sticks in NICU recently completed their work. Led by Beci Joiner, RRT, Director of Respiratory Therapy, and facilitated by Debbie Grant, Director of Projects, the team surpassed their goal of a 25 percent reduction by reducing the number of heel sticks by 37 percent during an average length of stay in NICU. This team is the first TQM team to focus on a clinical rather than a cost-savings issue.

When the team began their work in March of 1995, "We determined that the primary problem for the number of heel sticks was a lack of communication between the three main departments, Lab, Respiratory Therapy and Nursing, who were doing the heel sticks. Also contributing to the problem were standards and protocol issues in the NICU," Beci Joiner said.

To research and determine causes, the team gathered data to determine why a baby was being stuck at a certain time and which types of heel sticks were being done to which infants. Because there are three types of acuities or levels of illness for NICU babies, the number and types of

heel sticks for each type was different. "It was difficult to quantify, so it was helpful to have all necessary disciplines represented on the team," Beci said.

The team developed tools to help educate the Lab, Respiratory Therapy and Nursing departments on where to look for certain information on which infants needing heel sticks and also on how they could coordinate when to perform these tests to reduce the number of times they stuck the infant. "As a result of our team's work, communication and coordination between the three disciplines has improved significantly, and we can now be more successful when working on long-term projects," she added.

Work is still being done based on the protocol end of the team's recommendations for improvement. Lab standards are being reviewed and Lab, NICU and Respiratory Therapy are working on having a cross-trained position to decrease the number of people who perform heel sticks on the NICU babies.

The team originally set out to reduce infant heel sticks by 25 percent, but with their new strategies in practice, they exceeded their goal to a 37 percent

reduction in the total number of sticks during an average length of stay in NICU, which ultimately saves the infant 43 additional sticks.

"The team and all the staff in NICU, Lab and Respiratory Therapy are responsible for the success of this project," Beci said. "It is their change in practice that made this possible."

TEAM MEMBERS

Beci Joiner, Leader
Debbie Grant, Facilitator
LaVonne Beach, Coach
Sherri Elliott
Helen Mabe
Tammy Posey
Donna Kromer
Aimee McPeak
Dr. Rita Carlos

United Way *from page 7*

Cone Health System family, and in turn we can be a more informed resource to patients, families and friends."

A poster contest, held at the end of June, was open to children of all employees to design the logo to be used in United Way campaign materials. Congratulations to Brandon and Kelly Crockett, children of Lynn Crockett, Pediatrics, Moses Cone Hospital; Patrick Wang, son of Amy Wang, Physical Therapy, The Women's Hospital; and Daniel Kerr, son of Eileen Kerr, Director of Public Affairs, The Women's Hospital, whose designs will be used in promotional campaign materials. Honorable mentions in

the contest went to Tee and Calvin Cleveland, children of Beverly Cleveland, Director of Accounting Services, The Women's Hospital, and Thomas Myrick, son of Julie Myrick, Medical Library, Moses Cone Hospital. All artwork will be on display on all three campuses throughout the campaign.

This year's theme, "United is the Way: Together We Can Make a Difference," really emphasizes the importance of supporting the United Way. When you contribute to United Way, you are reaching out to the community to help those around you in need. Many of our friends and colleagues at Moses Cone Health

System have experienced the benefits of the United Way, either directly or indirectly. Whether it is through volunteering with a United Way agency, receiving assistance from one of the 37 agencies or by simply participating in the campaign, the United Way has touched all of us.

MAKING ROUNDS

Department: Operating Room

Reported by: **Wendy Bass**

Congratulations to **Corky McCorquadale**, LPN-ORT, on the birth of a great granddaughter, Ann Brunk, on June 17.

Department: Mother/Baby Unit

Reported by: **Kathy Lawson**

Please welcome **Mary Fitch**, NT-CN, **Sherry Bagwell**, NT, **Sharon Sett**, NT, and **Linda Somers**, NT.

Congratulations to **Shelly Peace**, RN II, on the birth of a son on June 5.

Department: Radiology

Reported by: **Carla Waldron**

Please congratulate **Cindi Reber-Bonhall**, Clinical Specialist, Ultrasound, on the birth of a daughter, Rachel Elizabeth, on June 2.

Department: Neonatal Medicine

Reported by: **Allison DuBuisson**

A big welcome to our two new neonatologists, **Dr. Lily Lou** and **Dr. Annavic Dimaguila**, and **Chris Rubino**, the new neonatal pharmacology fellow.

Congratulations to **Chris Shaffer**, who completed his fellowship in neonatal pharmacology and who will begin a new job as Assistant Director of Pharmacy Education and Research for AHEC.

Department: Medical Records

Reported by: **Paula Vosburg**

Welcome to **Jennifer Blackwell**, Clerical Assistant I.

Please congratulate the following employees on their recent promotions: **Angel Woods**, from Tech I to Coder I; **Kerri Stanley**, from Clerk I to Tech I and **Lorraine Ganshaw**, Coder to Floater.

Department: Women's Unit

Congratulations to **Lydia Duncan**, RN, on being selected as a Great 100 Award recipient. She was chosen from 62,000 practicing RN's in North Carolina.

Please congratulate **Kay Newman**, RN, Nurse Manager of Women's Medical/Surgical Care Unit and AICU, who received her master's degree in nursing from UNCG.

Department: Personnel

Reported by: **Susan Stevens**

Welcome to the following new employees: **Beverly Girard**, RN II, PACU; **Shirley Armstrong**, Food Services Technician, Nutritional Services; **Sherry Bagwell**, NT I, Mother/Baby Unit; **Jennifer Blackwell**, Clerical Assistant I, Medical Records; **Gloristine Brewster**, Environmental Services Technician; **Jean-Ann Trull**, RN II, NICU; and **Stephanie Vann**, Registration Representative, Admissions Services.

Congratulations to the following employees on their recent promotions: **Kerry Cothren**, RN III, NICU; **Tammy Winfree**, RN III, OR; **Mary Woody**, NT II, Maternity Admissions; **Denise Chafin**, Phlebotomist II, Lab; **Angela Pearson**, MT II, Blood Bank; and **Amanda Woods**, RN II, NICU.

Please welcome the following employees who recently transferred from Moses Cone: **Betty Baugess** to PACU and **Karen Farrell** to Radiology.

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.



MOSES CONE HEALTH SYSTEM

**The Women's Hospital
of Greensboro**

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