

New Hanover Health Network Community Report

NOVEMBER 2001

FOR SOUTHEASTERN NORTH CAROLINA



Bill Atkinson
President/CEO
New Hanover Health Network

The beneficiary of medical progress: You

When you grow as fast as this region has, sometimes you don't have a chance to stop, step back and look at how far you have come.

That's probably as true at New Hanover Health Network as anywhere in this corner of the state. In the past few years, we've treated record numbers of patients, merged with one hospital and partnered with others, finished the largest construction project in our history and added entire new services. This was no accident. Planning and foresight by our Board of Trustees, management of resources and performance by staff, physicians and volunteers are entirely responsible.

Let me invite you to take a look today at how our plan has unfolded. The pages of this Community Report are filled with techniques, tools and trends that either did not exist five years ago, or were not available here. Each of us is blessed to live here at a time when emergency medical assistance reaches you sooner, physicians have access to more knowledge and technology than any time in history, the clinical staff has more skills, and patients return home sooner, and healthier, than would have been imagined a few short years ago.

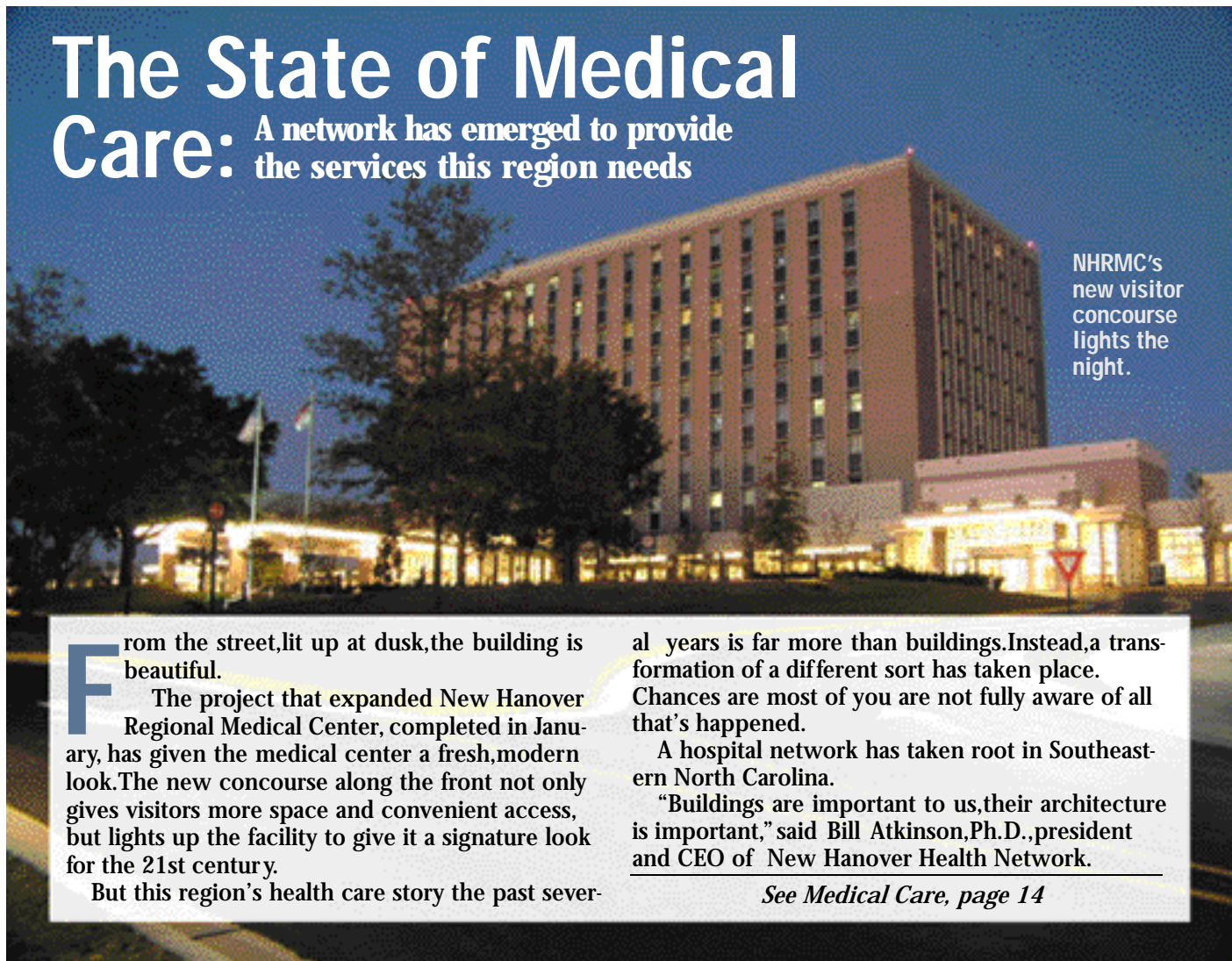
Today, a cancer patient has radiation treatment right here at home, in a community cancer center built specifically with that patient's particular needs in mind. A patient with an aneurysm has a procedure that reduces an eight-day hospital stay to one or two days. Instead of a heart transplant, a patient with chronic heart failure gets a new pacemaker that adds years to his life. A baby born weighing less than one pound not only survives, but celebrates her first birthday as a happy, healthy child. A young woman with a rare and deadly form of ovarian cancer not only survives, but leads a normal, active life - and even gives birth.

There's still much work to be done. This community is growing and expects its medical services to grow with it. We welcome the opportunity to meet that challenge.

Sincerely,

Wm. K. Atkinson

The State of Medical Care: A network has emerged to provide the services this region needs



NHRMC's new visitor concourse lights the night.

From the street, lit up at dusk, the building is beautiful.

The project that expanded New Hanover Regional Medical Center, completed in January, has given the medical center a fresh, modern look. The new concourse along the front not only gives visitors more space and convenient access, but lights up the facility to give it a signature look for the 21st century.

But this region's health care story the past sever-

al years is far more than buildings. Instead, a transformation of a different sort has taken place. Chances are most of you are not fully aware of all that's happened.

A hospital network has taken root in Southeastern North Carolina.

"Buildings are important to us, their architecture is important," said Bill Atkinson, Ph.D., president and CEO of New Hanover Health Network.

See Medical Care, page 14

AirLink's value? Ask those it's helped



A new era of air medical transport dawned on this region when AirLink launched on Aug. 31.

Peppered throughout the region, in places like Tar Heel, Nakina and Beulaville, are people who will tell you the same thing about AirLink.

They wouldn't be here without it. Or they wouldn't be the same without it. Or they wouldn't be holding their baby without it.

In its first two months of operation, Southeastern North Carolina's first helicopter service had made about 80 runs, picking up patients with heart attacks, patients in wrecks, patients with troubled pregnancies and at least one patient who lost a thumb and needed a quick reattachment.

The difference it's making? If you ask the patients, the answers are consistent. "A little girl being here," said proud father Kelly Johnson.

On Oct. 13, Terri Johnson's unborn baby at 31 weeks had a heart rate of 306 per minute, more than twice the normal rate. She went to Columbus County Hospital from her home in the tiny Columbus community of Nakina, then was transferred to New Hanover Regional Medical Center. As the baby's

See AIRLINK, page 14

The miracle of good health care

Tonya Fowler Corbett, diagnosed with a rare ovarian cancer, was not expected to live to graduate from high school. Instead, she miraculously survived the disease and a relapse. Then last year she gave birth to her own little miracle, 5-pound, 2-ounce Dallas Corbett.

Story, Page 4



 This report is made possible by the generosity of the New Hanover Regional Medical Center Auxiliary.

ADVANCING TECHNOLOGY

Intensivists, hospitalists offer another level of patient care

A new breed of doctor making the rounds at New Hanover Regional Medical Center represents the latest standard of care for today's critically ill patients.

Since 1998, "intensivists," or in-house physicians who specialize in care for critically ill patients, have been present at the medical center at all times, either providing care for their own patients or consulting on critical care of others. They also are in charge of patient emergencies within the medical center, which means a critical care specialist is never farther away than a staircase or an elevator.

Dr. Brian Legere, one of six intensivists with Coastal Pulmonary Medicine, said modern medicine allows patients to live longer and have once-complicated procedures done on an outpatient basis. As a result, patients hospitalized are sicker and often require a higher level of specialized treatment.

"Many of these patients in the past may not have lived to be seen by an intensivist," Dr. Legere said. "There's been huge advances from 20 to 30 years ago. These patients have many more needs. The equip-

ment is more advanced, with ventilators and management of respiratory illness."

Another physician specialty, hospitalists, was expanded from Cape Fear Hospital to New Hanover Regional in October 2000. These internal medicine physicians are based entirely in the hospital, so they're more accessible and can visit with patients more often.



Legere

Primary doctors in the community do not have to rely on intensivists or hospitalists for their hospitalized patients, but more are choosing to take advantage of this service, which frees them up to see more patients in their office.

Intensivists are cross-certified in internal medicine, pulmonology and critical care. Employers around the nation are beginning to insist on intensivist coverage before contracting with hospitals for their employees' care.

More than half of New Hanover Regional's patients in intensive care

units have an intensivist as an attending or consulting physician. Dr. Legere estimates that less than 10 percent of the nation's hospitals offer round-the-clock coverage by attending intensivists.

The network is studying the effect of intensivist coverage on patient outcomes, though Dr. Legere said the results tend to indicate shorter hospital stays, less expense from multiple physician consults, and better outcomes. Intensivists have probably had the most success with respiratory illnesses and bodily shutdowns from infection, he said.

The intensivists work with the Coastal AHEC physicians and residents and the Trauma Program in providing coverage for all emergencies. Coastal AHEC is the medical training program out of UNC-Chapel Hill based at New Hanover Regional. Dr. Legere said a primary advantage is rapid response to patient "codes," or patients with respiratory or cardiac distress.

"The doctors are catching on that we're there," he said. "When a patient crashes, instead of managing it by phone as they're driving in, we're there in minutes."

Stents usher in new era of vascular care

A new operating room that opened in March at New Hanover Regional Medical Center has done nothing less than revolutionize vascular surgery in this region.

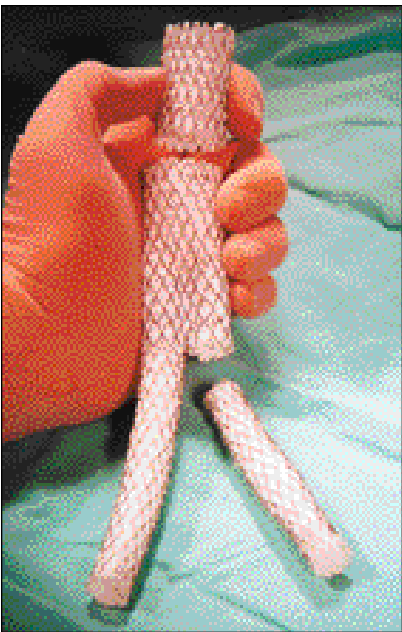
The "high-tech" operating room, provided at a cost of \$4 million, is one of the few of its kind found in a surgical setting. The room has specialized X-ray equipment that allows trained surgeons to implant stents to repair weakened blood vessels.

Patients who once had surgery requiring more than a week in the hospital and another six to eight weeks of recovery are going home the next day - and resuming their lifestyle within a couple of weeks.

Roy Clifton, semi-retired owner of Roy's Riverboat Landing, was mopping floors at his restaurant and lifting 60-pound pay phones within a month of having an aortic abdominal aneurysm repaired just below his heart. He's one of about 150 patients who have taken advantage of the new stent technology at New Hanover Regional.

"For a quote 'small town' to accomplish what they have, I think, is dynamite," Mr. Clifton said.

About a year ago, Mr. Clifton complained of back pains during a routine checkup. An X-ray discovered the aneurysm below the renal artery. A ruptured aneurysm, or a blood vessel that bursts, usually



Because of vascular stents such as this one, patients who once had surgery requiring more than a week in the hospital are going home within two days.

leads to death, but this one was not ready to be operated on.

The aneurysm grew, and by the time doctors decided to operate, Mr. Clifton faced a decision. He could have the procedure done the old way - being cut from the breastbone to the top of the pubic bone and having the surgeon access the

aorta from the outside. Or he could try a new technique that was two weeks old at New Hanover Regional.

Dr. David Weatherford, one of the vascular surgeons trained in the new procedure, advised Mr. Clifton that he was an ideal candidate for an endograft stent, an example of the latest standard of care to repair damaged blood vessels or aneurysms. Stents are devices that buttress a vessel, helping keep it open.

The technology available in the new operating room allows the surgeon to make two incisions, about 2 inches each, in the groin area, guide a wire to the aneurysm, and implant the stent. A computer screen providing a continuous X-ray view of the procedure allows the surgeon to monitor the procedure.

Mr. Clifton agreed to have this procedure. Thirty hours after it was done, he was home recovering.

Today, the 59-year-old grandfather of six works at his pay phone business and some at Roy's, which includes balancing the books. He said he's impressed that New Hanover Health Network could make this kind of commitment at a time many hospitals are struggling financially.

"This hospital has made a profit and is able to reinvest money into the community," he said. "That means an awful lot to me."

New device enables heart to beat in sync

Heart doctors at New Hanover Health Network are using a new device that is expected to improve the quality of life for thousands of people with congestive heart failure.

Insync, small enough to fit in the palm of a hand, is inserted in the upper chest, much like a pacemaker. It was approved by the Food and Drug Administration in late August. Since then, network physicians have been training with the new device and believe it will help many people suffering from heart failure that traditional medications are not treating effectively. The network is among the first to use the new treatment.

Cardiologist Hemal Nayak said Insync is a cardiac resynchronization therapy that can help improve the quality of life for 30 to 40 percent of the more than half a million Americans diagnosed with heart failure each year. It has already been approved for payment by Medicare.

The device uses three leads, different from the usual two in a common pacemaker, to control the synchronization of heart beats.

"Patients with heart failure have two bottom chambers that beat out of synchrony," said Dr. Nayak. "This causes a reduction of blood flow to the body."

With reduced blood flow, symptoms of heart failure begin to develop, such as shortness of breath, fatigue, weakness and swelling in extremities, he said.

Insync is placed through a small incision in the upper chest, like a regular pacemaker. Its leads are placed through incisions in three parts of the heart: the upper right chamber, the bottom right chamber and the third in a vein that runs over the lower left chamber. It is this lead that sets Insync apart from a regular pacemaker.

"Now, we're able to pace the right bottom, right upper and left bottom," said Dr. Nayak. "Before the additional lead, we weren't able to do that."

Pacing three of the four chambers of the heart restores the heart to an efficient beat, he said, resulting in greater blood flow to the body.

"Studies show that patients who are candidates have fewer symptoms of heart failure," said Dr. Nayak. "They are able to walk further and feel better."

Important to note, he said, is that long-term results have not been studied, so it is unknown if patients with Insync experience a longer life. But it is known that they have an improved quality of life.

Potential candidates are patients who have severe symptoms of heart failure, despite the usual treatments. All must consult a cardiologist. For a list of physicians who can advise patients about this procedure, Dr. Nayak suggests calling VitaLine at 815-5188 or toll free at (888) 815-5188.



Insync uses three leads, different from the usual two in a common pacemaker, to control the synchronization of heart beats.

BETTER OUTCOMES VIA TECHNOLOGY

Neonatal program enables mom to treat hospital like a 2nd home

When Sarah Konig gave birth to her son with low birth weight nine years ago, there wasn't much available to help her care for her child. When her daughter was born in September at 2 pounds, 7 ounces, neonatal care was much different.

Born nine weeks premature, Bryana spent her first few days in the Neonatal Intensive Care Unit, then moved to the Neonatal Transitional Care Unit, a step-down facility at New Hanover Regional Medical Center that is one of only a few of its kind in the country.

In this setting, family-centered care becomes a temporary way of life for parents who are encouraged to room with their babies, taking part in their care throughout the day and night. It's unusual for hospitals to provide this much space for parents to "nest" with their baby during recovery.

Mrs. Konig adjusted her schedule so she could spend nights with Bryana and still see her son when he got home from school each day. In the three weeks, Bryana gained nearly a pound, exceeding doctors' expectations.

"I was comfortable knowing I can be here, so if she needs something right now, I can get up and tend to her," said Mrs. Konig.

"The nurses teach you so much about caring for a preemie baby," she said. From getting the right car seat to proper positioning for better breathing, Mrs. Konig has learned parenting techniques and tips she hadn't considered.

"If we had known these things before, I feel like we could have helped our son so much more," she said.

The family-centered care provided in this environment had resulted in babies who feed better, gain weight at a steady pace and are discharged an average of three days sooner, said Barbara Buechler, Director of Women's and Children's Services for New Hanover



In the Neonatal Transitional Care Unit, family-centered care becomes a temporary way of life for parents like Sarah Konig who want to room with their baby while still keeping commitments outside the hospital.

Health Network.

The transitional care unit cares for Level II babies – ones who don't need the constant monitoring of an intensive care unit but still need some monitoring and help feeding. These babies are stable and growing, but aren't yet ready to go home.

In addition to feeding better, NTCU babies experience fewer cases of apnea and bradycardia, a sudden cessation of breathing frequent in newborns, Ms. Buechler said.

The unit accommodates 10 babies and one or two parents in private rooms, semi-private rooms or a three-bed ward. It can be expanded to 14 beds if needed. In learning to care for their baby, parents take on many rou-

tine tasks while having the support and guidance of a nursing staff just outside the door.

"Parents are not visitors here," said Ms. Buechler. "They are part of the health-care team. They're here providing care to their children."

The nesting arrangement has encouraged parents to visit more often and stay longer. For families who may have difficulty getting transportation to the medical center from surrounding counties, this arrangement has been ideal.

"We know that if we can get parents here, then we can improve their baby's outcome," Ms. Buechler said, "and we can help parents feel comfortable after taking their baby home."

Newborns say early hello via the Internet

Babies born at New Hanover Regional Medical Center will be taking part in a new experience within hours of birth: Their first press conference.

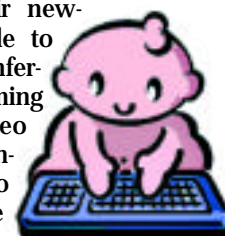
The medical center will become the first hospital in the state to offer parents a chance to introduce their new babies to friends and loved ones around the world in a live "netcast."

Using BabyPressConference.com, parents and their newborn will be able to host a press conference with streaming audio and video technology that enables viewers to see and hear the parents and their newborns. The live-action conferences are private and only accessible to those on a pre-determined guest list.

"New Hanover Regional Medical Center believes in making a mother's stay as enjoyable as possible," said Carolyn Andrews, Birthplace Manager. "BabyPressConference.com allows the parents to show off their new baby to relatives in other states, friends overseas and co-workers back at the office."

Expectant parents must register at BabyPressConference.com and supply a guest list of e-mail addresses. Shortly after the baby is born, parents and their newborn will use a kiosk equipped with a computer and camera to communicate with their guests. Invited participants receive a password and an explanation of the process. Then they can type their questions and watch the parents respond live in full-motion video on their computer monitors.

The kiosk is on a second-floor unit at New Hanover Regional. A CD recording of the broadcast will be available for purchase if desired. New Hanover Health Network Auxiliary has paid for the Internet setup costs and will receive a portion of proceeds from CD sales to be used for buying equipment for the birthplace.



Orthopedic trauma patients are on the move quickly

On the day after life-threatening injuries or compound fractures, today's orthopedic trauma patients can expect to get out of bed.

The latest trend in orthopedic trauma injuries is rapid stabilization of fractures, using a variety of pins, nails, plates and clamps, said Richard Moore, orthopedic surgeon with Wilmington Orthopaedic Group who practices at Cape Fear Hospital. Patients are able to begin therapy the day after injury, ultimately reducing complications, which in turn reduces hospital length of stay, recovery time and lost work time.

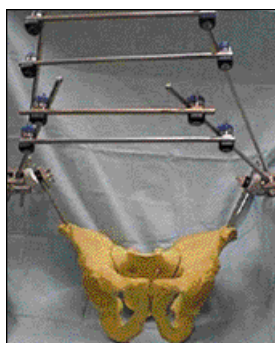
"The days of traction are over," said Dr. Moore, former director of Duke University Medical Center's Orthopedic Trauma Service.

Instead, fractures are stabilized with devices such as external fixators, or pins placed through the skin into the fractured bone, then connected by a frame. The fix-

ator idea isn't new, but the technology that allows patients almost immediate mobility and recovery upgrades every year.

Another stabilization technique is intermedullary "nails," which fit inside hollow long bones, keeping them from rotating, shortening or deforming in any way during recovery.

"The constantly evolving techniques for stabilization of complex fractures allows patients to mobilize more rapidly, cutting down on potential complications," Dr. Moore said. "The shorter the



Clamps are allowing patients mobility sooner.

stay, the faster the recovery and the earlier return to a productive lifestyle."

A specialized device known as a Ganz Clamp can close an "open book" pelvic injury within minutes, preventing an internal injury from pouring blood into that cavity. The clamp attaches on either side of the pelvis and closes it, Dr. Moore said. Another technique using pins and a frame accomplishes the same goal, though it takes slightly longer.

"For patients with pelvic injuries, there are new fixators that can be applied in the trauma bay of the ER," Dr. Moore said. "They provide immediate stability to the fractures and prevent life-threatening blood loss."

The longer patients stay in bed, the more susceptible they are to pulmonary or other complications such as blood clots or pulmonary embolism.

"Our goal is mobility while healing," Dr. Moore said.

SPECIALIZING IN SAVING LIVES

Katia Campbell, a UNC-Wilmington professor in literature and language, was diagnosed with breast cancer after a routine mammogram in December. She has now finished her final treatment of radiation therapy at the Zimmer Cancer Center.



Advancements winning battle against once-deadly cancers

When the Zimmer Cancer Center was conceived, designed and built, its planners had people like Katia Campbell in mind.

A UNC-Wilmington professor in literature and language, Dr. Campbell was diagnosed with breast cancer after a routine mammogram in December. After an initial surgery elsewhere, she brought her treatment to the Cancer Center, which opened last year.

Since then, she has been able to see her surgeon, medical oncologist and radiation oncologist, receive chemotherapy and radiation treatment and benefit from art therapy. All under one roof.

"It is extremely trying for anyone, at whatever age, to learn they have cancer," said Dr. Campbell, 47. "I'm in the middle of my adult life, full of energy – a very trying time."

"Those folks, that kind, caring group of people, they carry you through it. You establish friendships. Everyone knows you by name."

In its first full year of service, the Cancer Center took a major step forward by adding a full-time medical director and a full-time medical oncologist.

Dr. Cyrus Kotwall, the medical director, is an Associate Professor of Surgery at UNC-Chapel Hill and has been based at New Hanover Regional Medical Center for seven years. He works with specialists on the network's medical staff to provide a comprehensive range of treatments to cancer patients and facilitates advancements from national clinical trials available to patients.

The medical oncologist, Dr. Peter Ungaro, is a professor of medicine at the UNC-Chapel Hill. He began in June treating patients at the center full-time.

To meet growing patient demand, Dr. Ungaro cut back some of his teaching load supervising medical residents from UNC to see patient five days a week at the center.

"I'm anxious for patients to get the best possible care with the least amount of inconvenience," he said. "I think we have a mechanism for providing that."

At the Zimmer Cancer Center, a patient can be diagnosed with cancer, follow up with a medical oncologist, receive

'Those folks, that kind, caring group of people, they carry you through it.'

Katia Campbell

Cancer survivor, UNCW professor

chemotherapy and radiation therapy, and consult with a surgeon. Or they can take part in national cancer trials, learn proper dietary habits, study literature on cancer, meet with support groups, benefit from non-traditional therapies such as music, art and horticulture, and receive counseling on handling the emotion, social and financial aspects of dealing with cancer.

Radiation therapy, in the form of a new linear accelerator, returned to the hospital this fiscal year. The Elekta Linear Accelerator's high-energy X-rays automatically lock onto a tumor's parameters, almost eliminating the impact on "good tissue" surrounding the tumor. The accelerator also includes a multi-leaf collimator, which shapes the beam to miss critical organs that may be in the radiation's path.

Technicians spend less time setting up the therapy, so patients are finished in a fraction of the time. Because of the exact nature of the treatment, patients feel better and are less nauseous.

The Cancer Center is also taking part in 15 clinical trials, including major ones studying the effectiveness of some breast cancer drugs and chemotherapy for breast and lung cancers. Since 1996, the program has taken part in 60 treatment and prevention studies.

These services came together at the right time for Dr. Campbell, who finished her radiation therapy in October and has an outstanding prognosis.

"I have had a remarkable experience," she said. "For me, cancer has not been a negative experience. It's been a time to reconsider a lot of things. I've enjoyed very much the freedom it has brought."

Miracle becomes reality: Woman beats ovarian cancer and has a baby

Among the advancements in technology and patient care at the Zimmer Cancer Center, the highlight this past year may well have been a birth.

Not just any birth. A rare and miraculous one, only the second of its kind known to have occurred in the world.

Tonya Fowler Corbett overcame a rare, and almost always fatal, form of ovarian cancer to give birth to Dallas Corbett on Nov. 27, 2000. At age 23, Ms. Corbett is one of two women in the world known to have given birth after recovering

from Stage III Juvenile Granulosa Cell Tumor of the Ovary, an exceedingly rare form of cancer. "Stage III" in this case meant the cancer had spread into the abdomen and was on its way to the rest of the body.

"Oh Lord, yes, I feel lucky," she said. "All that time I was asking 'why me, why me.' Then you have him and it's all worth it."

Ms. Corbett's case is reported in April's *Gynecologic Oncology*, a review journal distributed worldwide.

"The vast majority of patients with an advanced state of Juvenile Granulosa Cell Tumor of the Ovary die in less than a year," said Dr. John Powell, a gynecologic oncologist with the Coastal Area Health Education Center based at New Hanover Regional Medical Center.

Dr. Powell, a professor at UNC-Chapel Hill and one of the nation's leading gynecologic oncologists, has published about 100 articles in review journals since 1968, including about 40 in his six years at New Hanover Regional.

To the doctors, nurses and staff at the Zimmer Cancer Center, Ms. Corbett is more than a miracle patient. She's a survivor, a fighter, a realist, and to many, their baby.

"She's been like a gift to us," said Debbie Boedeker, a nurse case manager at New Hanover who has been part of Ms. Corbett's care from the start.

While a junior in high school, a malignant tumor caused Ms. Corbett to lose an ovary. Malignant tumors reappeared a year later on her liver and spleen. Chemotherapy twice left her with no hair. She persevered despite little support from her parents, often relying on extended family or her boyfriend's mother. She sometimes had to hunt for rides to the hospital for chemotherapy.

"She was just precious," Ms. Boedeker said. "Anything we could do for her to let her see how special she was, we were happy to do."

Dr. Powell devised a new form of chemotherapy to treat Ms. Corbett, using drugs in combinations that had

n't been tried before. But later, in the September after she graduated from high school, she felt a lump in her upper abdomen. A CT scan confirmed the worst – grapefruit-sized tumors on the liver and spleen. Dr. Powell operated the next day, then devised

another new chemotherapy.

"We were worried," Dr. Powell said. His nurses cried. Sometimes at night Ms. Corbett shook so much she couldn't sleep.

Her last treatment was in February 1997. Three years later, she told Dr. Powell she was pregnant.

After five years, Dr. Powell says a recurrence is unlikely. But there are no promises. Ms. Corbett says she takes it day by day, knowing every headache or stomach ache could be a tumor.

"I grew up fast, and not just because of the cancer," she said. "It makes you more thankful for things. I don't take anything for granted. Just because I'm better now doesn't mean I won't be. Something could be taken away from you as fast as it's given to you."

Tonya Corbett is one of only two women in the world known to have given birth after recovering from this type of ovarian cancer.

Tonya Corbett and her son, Dallas.



NEW & ON THE HORIZON

Digital X-rays among new advancements in Emergency Department

The era of X-ray film is closer to the end at New Hanover Regional Medical Center.

The new Emergency Department, which opened in January, includes Computerized Radiography and provides digital X-ray images that can be reviewed at the physicians' computer screens in the ED.

Physicians can manipulate the image in many ways, rotating or zooming in on images or even reversing the contrast of the film to get a better view. Not only does this lead to faster and more accurate diagnoses, but if ED physicians need to consult a radiologist, they can both access the X-ray image on their computer screens and discuss the same image while in two different places. The computer images remain on the hard drive for a year or more, allowing physicians to recall a patient's history.

Computerized Radiography is just one technological advance of the new ED, which almost doubles the size of the previous one. The ED now has a "tracking board" at New Hanover Regional and Cape Fear Hospital, which is a computer screen that shows which patients are in which beds, why they came to the ED, how long they have been there, the nurse and doctor treating them, and the result of lab tests. Staff can divert patients to open beds at either hospital during busy times.

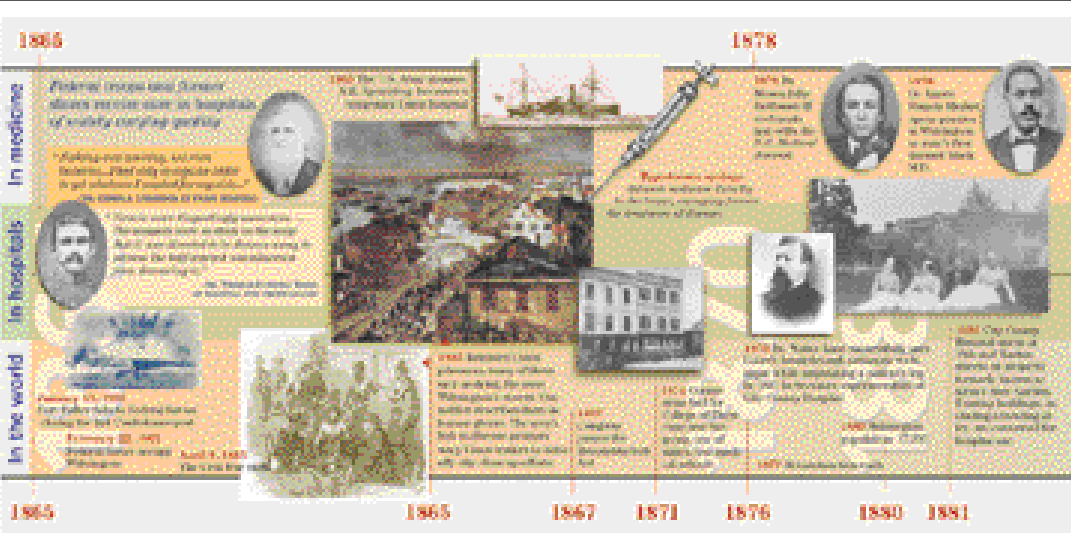
Changes in the layout allow patients, families and visitors to walk in and immediately find a facilitator or registrar in the new lobby who helps them check in and begin getting the treatment they need. Other new features include rooms for patients with airborne diseases, such as chicken pox or tuberculosis. They have negative air pressure to prevent the spread of diseases.

The new department also has a separate conference room for families in crisis. The ED's rooms are arranged in four pods, three with six rooms and one pediatric pod with four rooms, complete with children's toys. There are also two trauma rooms and a room for psychiatric patients.

NEW CONSTRUCTION

These services were also either added, renovated or moved with the completion of the largest construction project in New Hanover Regional's history in January:

- Visitor concourse, providing five new entrances, additional waiting areas and more comfort and privacy for patients and visitors.
- Kona Coast Bakery & Café, offering deli-style sandwiches and gourmet coffee.
- A new gift shop, with almost double the space as before.
- A courtyard dining area outside the main cafeteria.
- New information desks, staffed by network volunteers.
- New Admitting Department, near the main entrance.
- New patient discharge area, with its own concourse access.
- Return of Alper Fountain in front of the medical center.



This panel is the third in a series, 'Healing Through Time,' which is on permanent display along the concourse at New Hanover Regional Medical Center. This particular one depicts medical care during Federal occupation following the Civil War.

History project along concourse gives medical, world perspective

The first white and black licensed doctors in North Carolina. One of the state's first nursing schools. The birthplace of this state's public health. The home of Civil War hospitals for Confederate troops, Federal prisoners and freed slaves. And the catalyst for perhaps the most successful civil rights movement in New Hanover County's history.

The history of health and hospitals in this area is as rich as anywhere in the state. To help celebrate that history, New Hanover Health Network is creating an exhibit that, when completed, will run the length of the new concourse at New Hanover Regional Medical Center.

Healing Through Time: A History of Medicine in the Lower Cape Fear focuses on two areas: A 13-panel timeline along the back wall of the concourse, and eight museum-type display cases centered in the larger alcoves along the front. The history exhibit will also include a display at Cape Fear Hospital.

Janet Seapker, retired executive director of the Cape Fear Museum, is the exhibit's curator. It should be completed in the next few months.

Healing Through Time will feature many notable events in this region's health history, including Armand J. DeRosset becoming the state's first licensed doctor in 1735 and James Francis Shober become the first licensed black doctor in 1878. James Walker Memorial Hospital, which opened in 1902, began graduating RNs from its nursing school in 1903.

Display items will include a James Walker Memorial nurse's uniform in mint condition from the early 1900s, artifacts from black-owned Community Hospital, and the saddle Dr. Bertram Williams used as he rode his horse through a wooded area on South 17th Street 40 years ago to inspect the future site of what is now New Hanover Regional Medical Center.

A central feature of the exhibit will be the opening of New Hanover Memorial Hospital on June 14, 1967 and the behind-the-scenes struggle to build it. As consultants noted that hospital facilities in the area had become out of date, no fewer than four proposals to build



Doug and Jackie Craig of Supply take in the 'Caring for Children' display, which includes a curiass respirator, used in the 1930s to help children breathe; a bassinet from James Walker Memorial Hospital; and a microscope from Babies Hospital, among other items.

a consolidated new hospital died.

A bond issue for a new hospital in 1958 was defeated by an almost 2½ to 1 margin. The vote finally passed in 1961 – by 272 votes. At the same time, voters decided not to fund the operation of the hospital. Today the medical center still receives no local tax support.

The first patients were seven prematurely born babies, transferred from James Walker Memorial in cardboard boxes. When the move was complete, a segregated James Walker Memorial Hospital and black-owned Community Hospital had come together under one roof during the height of the civil rights era – without bloodshed, demonstration or coercion – in a crowning achievement for race relations in this region.

ON THE WAY

In the coming months, New Hanover Health Network is working on these service expansions:

- A pediatric surgery department, with accompanying pediatric intensive care unit. This will allow parents to receive care for their critically ill or injured children in their home community.
- A PET, or Positron Emission Tomography, scanner, which can help differentiate between benign and malignant lesions, often eliminating the need for biopsies. The scanner's angles allow physicians to pinpoint and measure tumors as small as 7 millimeters.
- An additional 24 to 36 beds on the second floor at New Hanover Regional, expanding Women's and Children's services and creating room for other patient services.

GROWING AND KEEPING THE WORKFORCE

Mentors helping new nurses grow in their jobs

Right after her first experience as a Registered Nurse with a patient in cardiac arrest, Tami Stubbs was, in her words, a basket case. She stepped out of the Intensive Care Unit, looked up, and found someone who didn't exist two years ago - her mentor.

Debbie Coston, a critical care nurse at New Hanover Regional Medical Center for 24 years, was there to offer Ms. Stubbs a shoulder.

"We just always seem to find each other at the right times," Ms. Stubbs said later.

For the past two years, 60 nurse mentors at New Hanover Health Network have been available for new nurse graduates, offering advice, counsel and encouragement. About 70 new graduates have mentors.

The program is a cornerstone of the network's retention and recruitment efforts, having gained state, local and even worldwide attention. It was created in 2000 to curb the turnover rate among new nurse graduates, 34 percent at the time. In the first year, the rate dropped to 8 percent, saving about \$550,000 in turnover costs.

"I am in awe of the wonderful, professional men and women participating in the program, but I'm awestruck by the outcomes they've been able to produce," said Tonda Verdejo, Vice President of Workforce Development. "It's truly their doing."

Steve Pajerski and Donnie Turner's pairing resulted in an immediate and enduring friendship between the two. Steve is a UNC-Wilmington graduate who started as a Registered Nurse in surgery a year ago at NHRMC. Donnie, the only male nurse mentor, has been an RN for six years and was previously a paramedic.

"Right off the bat, I felt he was someone I could trust," Mr. Pajerski said. "He was someone I could go to, and it felt good that he had been through this before."

Ms. Stubbs says that through her relationship with Ms. Coston, she is more certain than ever of her desire to be a nurse.

"Seeing her has made me realize this is something I want to do and can do," she said. "She's helped me realize I want to do it forever."

Because of stories like these, the mentoring program has exceeded all expectations.

"It's just a real high to think that you see an idea take form and actually grow into a life of its own that becomes such a positive for the profession," said Ms. Verdejo. "It is so rewarding and very satisfying to be able to keep new nurses, not only in the network, but in the profession."



Pajerski

Network aids creation of evening nursing schools

When New Hanover Health Network officials toured area community colleges for help solving the industry-wide nursing shortage, they discovered a surprising fact.

There isn't a shortage of those interested in a nursing career. The serious shortage exists in the capacity of community colleges to educate them.

As a result, the network in August became the only hospital network in the state that is subsidizing an evening and weekend nursing program at a community college. With a \$75,000 commitment from the network to help hire faculty members, Cape Fear Community College is expanding from 30 nursing students to 90, selecting those students from 141 applicants.

The community college approached the state for permission to expand, and successfully gained a \$280,861 grant from the Kate B. Reynolds Charitable Trust based on New Hanover Health Network's request for a larger labor pool.

The program is the third evening nursing program based at a community college in the state. The network typically hires about 90 percent of CFCC's graduates.

Additionally, New Hanover Health Network led the effort, through its membership with the Coastal Carolinas Health Alliance, to assist in the development of an evening and weekend nursing program at Southeastern Community College in Whiteville that should begin in 2002.

The network also turned to Cape Fear Community College for help in creating a sonogram program exclusively for network employees, helping address a nationwide shortage of Ultrasound Technicians. The network will pay employees' tuition and salary during the three-semester course, then guarantee employment upon completion. Six NHHN employees from various departments have been selected as the first students.

Along with the sonogram school, the network offers em-



Amy Bass, a nursing student at Cape Fear Community College, discusses a patient order with Dr. James McCabe, a nephrologist. Ms. Bass is among the first evening nursing students at CFCC.

ployees other opportunities for career mobility and improvement. In-house training programs are provided to meet the need of high-demand positions, often at an accelerated rate to more quickly produce working graduates. Schools offered so far include those for MRI technician, Certified Nursing Assistant, Histology, and Coding and Medical Record Transcription.

Workforce issues become a top network priority

As with hospitals across the nation, the need to recruit and retain nurses and other clinical employees has become a primary issue facing New Hanover Health Network. In response, the network has made a huge commitment, launching a task force that has been given the authority to identify what it will take to bring in employees and keep them here.

The first two weeks of the Recruitment, Retention and Recognition Task Force brought immediate results, with more to follow soon. So far, the group has hired six recruiter assistants, serving as initial points of contact for job applicants and ensuring applicants get a return call with 24 hours. A newly hired data analyst is analyzing the speed, efficiency and effectiveness of the network's online recruiting process, and nine focus groups of 85 employees have provided feedback on how the network can best promote itself to attract more candidates and retain current ones.

For Fiscal Year 2001, New Hanover Regional Medical Center and Cape Fear Hospital hired 1,029 people, a net gain of 240 employees. The hospitals hired 240 nurses for a gain of 38. At the end of the year, employee and nursing turnover was the lowest it has been in a year and a half.

But the network acknowledges it



Advertisements are part of New Hanover Health Network's nationwide recruitment effort. This one was placed in West Virginia after layoffs there.

must continue to make progress on this issue. Here are some other efforts, short-term and long-term, to bolster the workforce:

■ The network's Web site, www.nhbn.org, includes a software program that allows anyone from around the world to apply for network jobs. New Hanover Health Network is one of

the few health care providers taking advantage of this program, typically used by corporations such as IBM and United Airlines.

■ Targeted recruiting advertisements have been placed in areas around the nation where hospital layoffs or industry closings have just occurred.

■ The Bridging Program re-recruits employees who recently left the network, offering to re-instate their level of pay and benefits if they return within a year of resigning.

■ The network is working with New Hanover High School to develop a "health care academy" for county high school students interested in a health care career.

■ The New Hanover County Board of Education offers an apprenticeship program to 12th-graders. The network has contracted with students to work in pharmacy and finance. Both accepted full-time jobs after completing their apprenticeship.

■ With input from New Hanover Health Network, the Greater Wilmington Chamber of Commerce has launched a workforce initiative in which area businesses work together to recruit new employees in hard-to-fill positions, collaborating not only on new employees moving to the area, but their spouses who also need a job.

NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION

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Foundation sets record for fund-raising

The New Hanover Regional Medical Center Foundation exceeded its fund-raising goal this year in the largest single-year campaign in its 10-year history.

The FY 2001 total of \$1.62 million raised surpasses the previous record by \$170,000 and tops this year's goal by \$100,000.

Foundation Executive Director Kevin Callanan credits network employees for contributing more than \$150,000 to the 2001 total. By involving more employees and giving them a choice on which service they wanted to support, the campaign easily exceeded the previous employee campaign, which raised less than \$40,000.

During 2001, more than \$530,000 was invested in programs to support cancer research, such as the Pink Ribbon Project, and in other hospital programs such as mobile cancer screening through the Coastal Care Van, the Healing Arts Network, the Neonatal Intensive Care Unit and various cardiac programs.

Since its inception in 1991, the NHRMC Foundation, through the efforts of hundreds of community volunteers and the leadership of its Board of Directors, has generated more than \$11 million in contributions and grants in support of the programs and services of New Hanover Health Network.

Because of the foundation's work and the generosity of this community, cancer patients can receive diagnosis and treatment in a freestanding center designed just for them. Foundation funds allow someone recovering from illness or injury to practice everyday skills, such as dressing, climbing into a car or walking on the beach, at the Easy Street center within the Coastal Rehabilitation Hospital.

Foundation funds provided premature babies the most advanced care in their fight for life, purchased a playroom for the pediatrics unit and bought equipment for the cardiac rehabilitation program. Money donated to the Foundation allowed a library to be built where patients and families could learn about their health in everyday language.

The Foundation's goal for FY 2002 is to raise \$1.75 million, or 15 percent more than 2001.

"We've just hit the tip of the iceberg," Mr. Callanan said.

For more information about helping the various programs supported by the Foundation, please call (910) 815-5002, or contact the NHRMC Foundation at 2259 South 17th Street, Wilmington, N.C. 28401.

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NETWORK'S REACH

Cape Fear purchase enabling network to meet more needs

In three short years, the only question left regarding New Hanover Health Network's purchase of Cape Fear Hospital is what would the network have done without it.

The number of patients needing hospitalization has surged 13 percent in three years and surgical procedures have increased 18.5 percent. Practically every month, new records are set for patients, inpatient and outpatient procedures and emergency department visits.

The network's primary service counties are three of the state's eight fastest-growing counties. The growth has been especially strong among the elderly population. More residents of Southeastern North Carolina are staying home for treatment, particularly for cardiac, cancer or orthopedic care, and struggling hospitals in the region have reduced services, sending more patients to Wilmington.

Without Cape Fear, the network as a whole would have chronic space problems, which in turn would have created clinical and other quality of care issues as well.

"All you have to do is walk the halls and see the numbers of patients using the facility to sense that this has been a good thing for New Hanover Health Network," Cape Fear Site Administrator Donna Bost said.

Though Cape Fear's primary focus has shifted to its Orthopaedic Specialty Center, the hospital's overall services have kept pace. The hospital has almost 20 percent more patient discharges than three years ago and an average census of 14 percent more. Emergency Room visits have grown 7 percent.

Prompted by the consolidation of orthopedic services at Cape Fear, surgical procedures have had the most profound growth. Inpatient sur-

geries have increased 22.4 percent and outpatient procedures by 60.4 percent. The network has added an operating room and 130 hours surgical hours a week at Cape Fear.

Orthopedic procedures alone have grown 25 percent in the past year as the center continues toward its goal of becoming one of the nation's centers of excellence. The center has 24 orthopedic physicians who are either board-certified or eligible in orthopedic surgery. Most are fellowship-trained in specific areas such as hand, foot and ankle, spine and joint replacement.

Competing physicians from the private community have come together with staff to streamline and standardize equipment, scheduling, forms, protocols and pain management.

One group of physicians created a universal data form for all practices to use during pre-registration, reducing some pre-testing appointments and dropping same-day surgery cancellations to less than 1 percent. Another group used volume buy-

ing to make better use of space and increase savings, reducing some orthopedic tools from five vendors to one.

Another group found ways to increase operating room productivity and reduce turnover times, and a fourth group implemented new pain protocols, reduced recatheterizations and reduced nights spent in the intensive care unit after surgery.

The benefactors from these improvements have been patients. Some 96 percent of orthopedic patients rank their care as good or excellent.

"Everything, from pre-check-in the week before through my stay in the hospital, was all done in an orderly, simple manner," said Leon Skinner, who had knee surgery. "They have easy-to-follow directions, and you don't have to go all over to get anything accomplished. I never felt lost in the shuffle."

CAPE FEAR HOSPITAL: THE NUMBERS			
	1998	2001	Percentage change
Discharges	3,516	4,220	20
Average Daily Census	42	48	14.3
Emergency Room visits	20,402	21,989	7.8
Inpatient surgeries	2,025	2,494	23.2
Outpatient surgeries	2,550	4,084	60.2

Trauma Center success story: Level II status

The Trauma Center based at New Hanover Regional Medical Center maintained its state certification as a Level II center in FY 2001, one of 10 certified trauma centers in the state.

Gaining re-certification is particularly notable given that, as the state tightened its guidelines, three of its largest and most respected medical centers recently either had their trauma centers placed on probation or discontinued the service.

A state-designated trauma center has board-certified surgeons, nurses and other staff available 24 hours a day. The center includes the Emergency Depart-

ment and its medical director who is board-certified in Emergency Medicine, and an operating room suite that can be accessed at any time. The Trauma Center has its own medical director, Dr. Thomas Clancy, who is a board-certified trauma surgeon, and has a Trauma Coordinator, Sue Ballato, RN. The center maintains a Trauma Registry, a log of all cases to ensure injured patients are transported to the appropriate hospital for their level of injury.

In 2000, some 814 trauma patients were admitted through the Trauma Center. Seventy percent were male; 37 percent were be-

tween ages 17 and 35. Nationally, trauma is the leading cause of death for anyone 44 and younger. The trauma cases in 2000 included 340 motor vehicle accidents, 183 falls, 58 gunshot wounds, 47 assaults, 17 burns and 16 stab wounds.

About half of the victims who were tested had drugs or alcohol in their system. Also, about half had no insurance. New Hanover Health Network receives no local tax subsidy to help reimburse for the care of those who cannot pay.

Most trauma is preventable, and the Trauma Center sponsors many outreach programs to help reduce injury.



With the help of board-certified emergency room physicians such as Dr. Ed San Miguel, Pender Memorial Hospital continues to thrive.

Pender Memorial's milestone anniversary reflects turnaround

Hospital success stories in rural areas have been hard to come by in recent years.

As the federal government drastically reduced Medicare payments, a national shortage of nurses rapidly increased the cost of labor. Rural hospitals have taken damaging or fatal blows.

The 86-bed Pender Memorial Hospital stands as a shining exception to that trend.

In its first full year with New Hanover Health Network, the hospital gained national accreditation, turned its finances from negative to positive, reduced employee turnover by almost half and forged new relationships with its community. Most of all, the hospital has regained its stature as a source of pride throughout Pender County.

At no time was that more clear than on the hospital's 50th anniversary celebration in May. Doctors, staff and community leaders all acknowledged how far it had come in recent years.

"I think there was a time when we thought the hospital possibly might not reach a 50th birthday," said Pender County Commissioners Chairman Dwight Strickland. "With the way it's being operated now, there's a good possibility it will reach a 100th birthday."

Evidence of this new era at Pender Memorial comes in a variety of ways. It exceeded budget expectations by \$167,000 in FY 2001. Just two years ago, the hospital lost \$71,000.

Much of the financial success can be attributed to Pender Memorial gaining federal designation as a Critical Access Hospital, the seventh in the state to enter the program designed to benefit rural hospitals. To qualify, a hospital must maintain an average census of acute patients of less than 15. The designation does not affect Pender's 43 skilled nursing beds. If that criteria is met, Medicare will reimburse a hospital for its actual cost of treating patients, rather than setting a standard fee for each diagnosis. This designation is budgeted to add about \$280,000 to Pender Memorial's net income in FY 2002.

With stable finances, Site Administrator Matt Mendez has been able to invest in other areas - most notably the hospital's employees. In 20 months, the staff has received three raises after receiving none the prior five years. Turnover has dropped substantially, especially among nurses.

Positive attitudes bred by this success gave birth to the "Barn-Raising Committee," fashioned after rural communities helping a neighbor in need. The volunteer committee, often led by Mr. Mendez in rolled-up sleeves, paints, cleans, makes tablecloths, and hangs wallpaper during off hours.

The same board-certified emergency physicians who staff the Emergency Departments at New Hanover Regional Medical Center and Cape Fear Hospital also treat patients at Pender Memorial. It's rare for a rural hospital to offer board-certified Emergency Department physicians.

Because of the growth, the hospital will soon break ground on a \$1.35 million expansion of the Emergency Department and Surgical Services.

Pender Memorial is an exception to a national trend of struggling rural hospitals.

REACHING OUT

Callers find comfort in free advice from VitaLine nurses

This year, New Hanover Health Network stepped up its commitment to strengthen and expand VitaLine, securing grant funding to sustain the 24-hour telephone service that places callers in touch with a Registered Nurse who can advise them on health concerns.

About 50,000 callers a year now take advantage of the free service. Nurses with decades of emergency medical experience have been able to either direct callers to immediate emergency care or offer practical first-aid advice that can be carried out at home, preventing an estimated 900 unnecessary Emergency Department visits a year.

VitaLine is one of the brightest stars among the network's community outreach programs. The network provides about \$20 million a year in charity care to anyone who needs it, regardless of race, creed or religion, and has removed emergency medical services, a \$4.1 million service, from New Hanover County's tax responsibilities. The network receives no local tax support to help offset these costs.

VitaLine began in 1996 as a way for anyone, rich or poor, insured or not, to gain free advice, often empowering those who provide health care at home. More than one-third of its callers has no health insurance, and many more have limited access to health care. Many come from areas where there are not enough doctors.

The program's \$400,000 cost is largely sponsored by a grant from The Duke Endowment received this year. Some people owe their lives to the advice quick-



For a parent who awakens in the middle of the night to find a child with a fever or other worrisome symptoms, VitaLine continues to serve an important role in community health care.

ly given by VitaLine's nurses. There's also young mothers who call in the middle of the night when their child has a fever, teen-agers who call when they're alone at home after school and elderly residents who call when they need someone to listen.

VitaLine's number is 815-5188 or toll-free at 1-888-815-5188.

Other outreach efforts

■ The Coastal Care Van, a 40-foot-long mobile health clinic, is available for cancer screening throughout the community. A Susan B. Komen Breast Cancer Foundation-NC Triangle Affiliate grant helps support the van. Since April 1998, it has screened more than 5,000 people. Seventeen early cases of cancer have been detected. To schedule the van, call 815-5844.

■ The Parish Nurse Program, funded by a \$467,000 three-year grant from The Duke Endowment, emphasizes healthy living by placing a nurse on the staff of a faith community. The nurse provides health information to members and develops education and screening programs that will help them take responsibility for their health. Ten churches in New Hanover, Brunswick and Bladen counties take part in the program.

■ The Healing Arts Network, sponsored by the network and grants from the N.C. Arts Council and the Cape Fear Medical Foundation, provides therapy beyond the scope of medical care for seriously ill and terminally ill patients. It includes music, expressive therapy, massage, storytelling, horticulture and other therapies.

■ This year, the network integrated the Coastal Consumer Health Library into the main branch of the New Hanover County Public Library. The library, opened in 1998, allows visitors to find medical information they need in everyday language, helping them make better decisions about their health.

ON LINE / www.nhnh.org

Looking for a friend's newborn baby? How about the latest medical breakthroughs on a health topic that concerns you? New Hanover Health Network's Web site provides the latest information from the network, as well as up-to-date health news from around the world and an on-line medical encyclopedia for visitors to research health topics. Here are some of the ways the Web site is serving needs of Southeastern North Carolina:

RECRUITMENT: The site continues to include one of the network's most effective recruiting tools. Job applicants can apply from anywhere in the world for an open job, or post their resumes for future job openings.

ON-LINE NURSERY: Family members or friends around the world can click on babies recently born at New Hanover Regional Medical Center, view a color photograph, and post a message for the new parents.

WEB ALERT: Fill out a form on which health topics interest you – such as diabetes, cancer or high blood pressure – and the site will automatically send an email when new information has been posted. More than 20 topics are offered, and the network welcomes suggestions for more.

NEWS SERVICE: New Hanover Health Network posts 10 to 20 new stories from Reuters Health Information each week that summarize articles found in the world's leading medical journals. Besides those with chronic illnesses, pregnant women and parents can learn about children's health studies and product recalls. The Web site also posts recent news releases. Interested visitors can sign up to receive automatic e-mail notifications when news releases and newsletters are posted.

NETWORK SERVICES: Patients and visitors can find detailed information about network services, as well as maps to each of network facility, visiting hours, gift shop information, and information for patients with special needs.

PHYSICIAN DIRECTORY: A listing of area doctors, including educational background on the physicians and maps to their offices.

Network continues outward reach, expanding partnerships in region

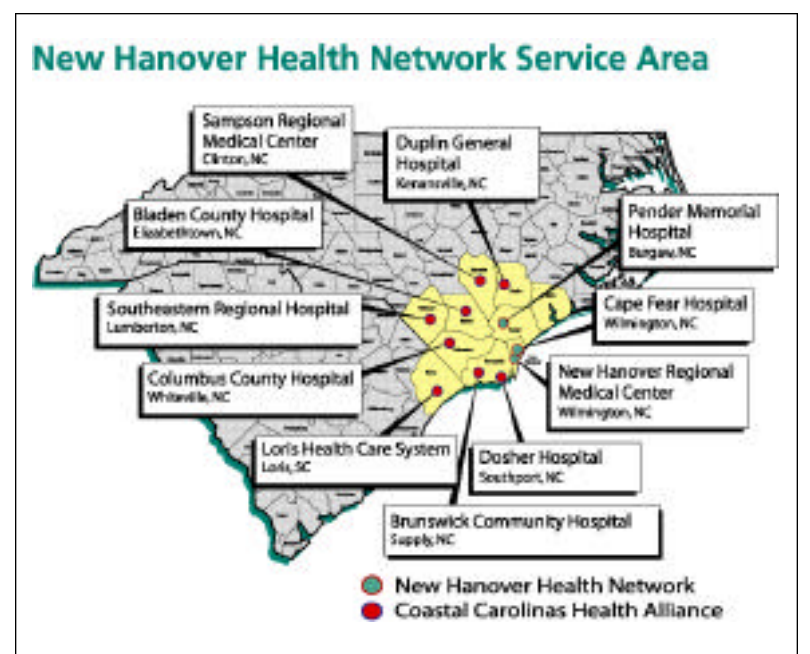
New Hanover Health Network continued to expand its relationship with community hospitals throughout the region in the past year, even forming formal ties for the first time with a South Carolina hospital.

In the last five months, the Coastal Carolinas Health Alliance, a network of hospitals in this region, added Loris (S.C.) Health-care System and Sampson Regional Medical Center as its ninth and 10th members.

New Hanover Regional Medical Center is the primary referral hospital within the alliance. Membership doesn't necessarily mandate that referrals for specialty services come to New Hanover Regional, but does indicate a growing bond with hospitals in the region on a number of issues.

Alliance hospitals work together on cost savings and quality improvement projects. Its members have saved more than \$1 million over the past two years through their participation, helping reduce the overall cost of health care in the region. The savings for member hospitals have far exceeded membership dues paid by alliance members.

Examples of how alliance membership saves money include having New Hanover Regional perform laundry services for member hospitals, hiring one



temp agency to get an alliance-wide discount rate, selecting one pharmacy wholesaler for the alliance, and selecting one compliance hotline.

The Loris system includes 105-bed Loris Community Hospital, just south of Tabor City, and Seacoast Medical Center, an ambulatory surgery and 24-hour emergency care center that opened last year in Little River, S.C.

Sampson Regional Medical Center is a 146-bed hospital in Clinton. Officials there agreed to join the alliance in October.

The Coastal Carolinas Health Alliance includes the hospitals of New Hanover Health Network - New Hanover Regional Medical Center, and its Cape Fear Hospital campus, in Wilmington and Pender Memorial Hospital in Burgaw.

Other hospitals are Dosher Memorial Hospital in Southport, Brunswick Community Hospital in Supply, Columbus County Hospital in Whiteville, Bladen County Hospital in Elizabethtown, Duplin General Hospital in Kenansville, and Southeastern Regional Medical Center in Lumberton.

MEETING THE REGION'S NEEDS

NHRMC Auxiliary provides 100 beepers for families in surgical waiting areas

Family and friends awaiting the outcome of surgery at New Hanover Regional Medical Center gained a little freedom this year, courtesy of the NHRMC Auxiliary.

The Auxiliary contributed 100 restaurant-style beepers, allowing those waiting for word on surgical outcomes of loved ones to travel anywhere in the medical center and receive a page when information is available.

Instead of remaining in a Surgical Waiting area that has become more crowded as surgical volume has grown, family and friends can visit the Kona Coast Bakery & Café, the cafeteria, the Gift Shop, the Alper Fountain in front of the hospital, or the newly completed concourse, which includes the hospital's history display, *Healing Through Time*.

The \$14,000 given for beepers is just part of an overall contribution to New Hanover Health Network by auxiliaries and volunteers that totals more than \$1.7 million, including the value of volunteer hours.

A staff of about 900 volunteers at New Hanover Regional and Cape Fear donated more than 100,000 hours of service, with duties such as staffing the Information Desk, discharging patients



Auxilian Mary Lee explains use of the beepers to Lolita Sneed of Leland, who is awaiting the outcome of her mother's surgery.



The beepers allow family members to visit other areas of the hospital during surgeries.

and delivering mail and flowers. The value of those hours is placed at more than \$1.5 million.

and delivering mail and flowers. The value of those hours is placed at more than \$1.5 million.

The auxiliary, which raises money for NHRMC, contributed \$213,000 to network services. Those contributions included \$37,000 for renovations to the Surgical Waiting room, \$35,000 for Emergency Department renovations, almost \$114,000 in renovations and loans for the Hospital Hospitality House, reading material for oncology patients, six wheelchairs, a computer for the Coastal Area Health Education Center and television set for the Cardiac Rehabilitation program.

The Cape Fear Auxiliary bought two transport chairs for Cape Fear Hospital

and supported causes such as the Family Birthplace, the Festival of Trees, March of Dimes and Thanksgiving dinners for the Domestic Violence Shelter. The auxiliary helps oversee a program that provides physicals for middle school and high school girls involved in athletics.

On Christmas morning, the Cape Fear volunteers delivered teddy bears to all patients. Extra teddy bears were given to the Domestic Violence Shelter on Valentine's Day.

The revival of the volunteer program at Pender Memorial continued, as a group of 15 greeted patients and offered clerical support. A gift shop cart opened in October.

Coastal Rehab boosted by 3-year accreditation

Coastal Rehabilitation Hospital earned three-year accreditation from a national accrediting agency in January, placing it among other rehab facilities that provide a high standard of care for patients.

"This is the gold standard for accreditation for rehabilitation facilities," said Cheryl Harris, director of Coastal Rehab.

In the past year, the rehab hospital has enhanced its program for spinal cord injury patients, moving them into a smaller unit where they receive more individualized attention. Ms. Harris said this has made a huge difference in being able to meet the needs of these patients.

Two specialty outpatient clinics started this year, one for brain injury patients and one for stroke patients. These patients attend support group meetings once a month where they have the opportunity to ask questions, get help with medications, and learn about community resources that can make life easier. These groups also provide a long-term resource to the patients.

More than 1,000 people received inpatient care at CRH in the past fiscal year. More than 3,000 others were treated in the rehabilitation services outpatient facilities.

Man's best friend gives The Oaks new way to help

The Oaks Behavioral Health Hospital implemented a new form of treatment in May, giving patients a new "best friend" in therapy. Two dogs have been put to work in patient areas, bringing comfort and companionship to patients who are having trouble relating to other people.

"We see people who haven't responded well to other things respond well to this," said Chris Ward, Oaks Director.

A little more than a year ago, The Oaks implemented a six-bed Crisis Intervention Unit that focuses on patients who will be returned to the community within a few days. This program has helped reduce patients' length of stay, Ms. Ward said.

Three months ago, a Dual-Diagnosis Group was begun for patients suffering from alcoholism and psychological problems. This is a comprehensive way to work with patients who have several needs, said Ms. Ward.

The behavioral health hospital, averaging 30 to 35 patients daily, began contracting with Press Ganey Co. to perform patient satisfaction surveys every quarter. The first set of results is expected in January.

Hospice reaches even farther with Palliative Care

Hospice of the Lower Cape Fear leaders prepared to launch a new effort to expand services to patients who are not quite ready to be declared as terminally ill. Palliative Care is for patients whose diseases do not respond to cures and need

See HOSPICE on next page

Local UNC affiliate program graduates 13 residents

New Hanover Health Network's relationship with UNC-Chapel Hill continued to develop this past year, as UNC professors affiliated with the Coastal Area Health Education Center assumed major leadership roles in network clinical services.

Dr. Cyrus Kotwall, an Associate Professor of Surgery at UNC-Chapel Hill, advanced oncology care at the Zimmer Cancer Center through his role as medical director. The center also added a full-time medical oncologist, Dr. Peter Ungaro, who is a professor of medicine at UNC-Chapel Hill. Both physicians are continuing teaching duties through their positions with Coastal AHEC.

Also, Dr. Thomas Clancy, a board-certified trauma surgeon, helped New Hanover Regional maintain its certification as a trauma center while continuing duties as a UNC professor in AHEC's surgery residency program.

Coastal AHEC is one of nine teaching programs throughout the state affiliated with UNC. Physicians in the private community work with the AHEC faculty to supervise more 56 residents. In the past year, Coastal AHEC graduated

Coastal AHEC is one of nine teaching programs throughout the state affiliated with UNC.

13 residents from programs based at New Hanover Regional, including six in internal medicine, three in obstetrics/gynecology and two each in surgery and family medicine.

Residents in family medicine completed rotations at Penslow Medical Center, a clinic in rural Onslow County. While training much-needed primary care doctors, Coastal AHEC residents provided medical services to an area that has a shortage of physicians.

Coastal AHEC faculty and residents published or presented more than 165 research projects in the past year. Among them was case study of a young woman who gave birth after recover-

ing from an exceedingly rare form of ovarian cancer - one of two known women in the world to do so. Her physician, Dr. John Powell, is a full professor at UNC and has published about 100 articles in peer review journals since 1968, including about 40 in his six years with Coastal AHEC.

Coastal AHEC's teaching program also offered more than 500 continuing education programs to health professionals in public health, mental health, nursing, allied health, pharmacy, medicine and dentistry.

Also in FY 2001, the Fales Library at AHEC received a grant from the Cape Fear Memorial Foundation to double the size of the library's computer lab. The library began marketing and teaching subscribers about the new statewide AHEC Digital Library.

Among other grants received by Coastal AHEC was a \$50,000 award from the Cape Fear Memorial Foundation to check for developmental problems among children who have reached school age after being in the Neonatal Intensive Care Unit after birth.

Medical Care

Continued from page one

"But what we remember is what happens in those places, the very people who work there, who visit there, who get what they need there, and the missions hatched in those buildings."

This is where the network is making a profound difference in how people in this region live. The pages of this Community Report bring you tools, techniques and technology that were either unavailable a few years ago, or were only available somewhere else.

To Dr. Atkinson, the network is more about a public health mission that can be carried out only through the combined resources a health network offers. The days are over in which people either treated illness at home or at the hospital. To preserve quality of life, intervention has to take place in between, he said.

"Now we know that anything and everything in life impacts health," Dr. Atkinson said. "From crime to poverty, to early detection and early technology ...

what happens on the other side of a discharge yesterday wasn't a concern of the hospital. Today it is. It's a thing called life, and the economy."

An important lesson learned, he said, is the value of time. Early intervention saves lives. Quick administrative action opens beds and adds services. Patients going home earlier from procedures that once required long hospital stays means they return to a productive life much sooner.

The value of time drives many of the services New Hanover Health Network has stepped forward to provide. A network can integrate emergency medical services into the overall hospital setting, offering medical expertise previously unavailable. Today, an ambulance in New Hanover County, on average, will respond two minutes faster than it would have three years ago. For someone in cardiac arrest, that translates to a 20 percent better chance of surviving.

A network can connect a region to its own air ambulance service for the first time, often making a difference in heart attacks, traumas and even troubled preg-

nancies. A network can lobby for public buildings and law enforcement officers to have automatic external defibrillators. Today, a 14-year-old student at Ashley High School is alive because a New Hanover County Sheriff's deputy used a defibrillator to shock his stopped heart.

And a network can partner with a region's hospitals, taking leadership in a hospital alliance that now stretches to South Carolina and forming relationships that were not imagined a few years ago. Today, hospitals come together on causes as diverse as sharing laundry costs to expanding nursing schools in the region. The network has adopted the strategy of supporting its alliance partners, with the belief that strong community hospitals will only strengthen the specialty services at the region's primary referral medical center.

"The network that has formed has knitted together individual efforts that, in and of themselves, were good efforts," Dr. Atkinson said. "Now we can extend those efforts in a depth and breadth and is unparalleled in our history."

AirLink

Continued from page one

heart and lungs began to fill with fluid, doctors realized the baby's best chance was quick intervention from specialists at UNC-Chapel Hill. Her doctors were concerned and anxious. One told the family that the baby may not survive long enough to make the transfer.

After about an hour on AirLink, instead of almost three hours on the ground, pediatrician specialists at UNC Hospitals injected medicine directly into the fetus - a rare procedure - to address hydrops, or the accumulation of fluid throughout the baby's body. The baby stabilized, and three days later, an emergency operation delivered Victoria Brooke Johnson at 4 lbs., 12 oz.

Victoria is in New Hanover Regional's Neonatal Transitional Care Unit and is expected to make a full recovery.

"By driving, that would have taken about three hours," said Ms. Johnson, holding and feeding 12-day-old Victoria. "That gave the doctors another two, two and a half hours. They had more time to work with her than they would have had otherwise."

Lucy Monroe, 70, had a heart attack the middle of the night on Oct. 20 in her Tar Heel home. At Bladen County Hospital in Elizabethtown, she went into cardiac arrest. AirLink was called at 5:20 a.m. and landed in Elizabethtown at 5:45 a.m. After an hour working with the patient, the AirLink crew had her on the ground at New Hanover Regional in 24 minutes - where she went straight to a cardiac care unit where a cardiologist intervened with a stent, opening a vessel to allow better blood flow.

A few days later, she and her husband of 48 years gently grasped and clasped each other's hands as they discussed the medical care they received. Getting quick access to a cardiologist and a stent made the difference, Mrs. Monroe said.

"That and the Lord," she said.

Ronnie Humphrey, a 51-year-old hog farmer from Beaulaville in Duplin County, was loading hogs Oct. 9 in Bladen County, when he collapsed with a heart attack. After doctors stabilized him at Bladen County Hospital, he was brought

to New Hanover in AirLink in 25 minutes.

He was home a few days later.

"They put a stent in me that same night," he said. "When that blood starts pumping in you, you feel better."

The father of two and grandfather of four said he didn't know about the helicopter service until his heart attack.

"I'm just glad it was there," he said. "If it hadn't have been, I wouldn't be here now, I don't think."

Testimonies such as these should become even more common as AirLink continues its service. So far, about one-third of the runs have been cardiac events, one-third have been traumas and another third have been neurological, pediatric, obstetric and other emergencies.

In at least two cases, AirLink has landed on the scene of accidents. A woman trapped in a car near the South Carolina line below Calabash was, because of AirLink, being treated at a trauma center within 22 minutes of dispatch.

AirLink is a BK-117 helicopter built for emergency medical rescue, with clinical services complementing its safety features. CJ Aviation Inc., the vendor providing the service, operates 68 helicopters in 30 areas, including Duke University Medical Center and UNC Hospitals, as well as in Atlanta, Pittsburgh and Tampa.

The air service cost New Hanover Health Network nothing. CJ Aviation provides the helicopter at no cost and bills for the flights. The New Hanover Region-

THE DIFFERENCE TIME MAKES

Hospital	AirLink transport	Ground transport*
Bladen County	25 minutes	1 hour, 15 minutes
Brunswick Community	13 minutes	40 minutes
Columbus County	23 minutes	1 hour, 15 minutes
Dosher Memorial	10 minutes	40 minutes
Duke University Med. Center	68 minutes	2 hours, 45 minutes
Duplin General	27 minutes	1 hour, 30 minutes
Grand Strand (Myrtle Beach)	31 minutes	1 hour, 30 minutes
Loris Community	29 minutes	1 hour, 30 minutes
Naval Hospital (Camp Lejeune)	25 minutes	1 hour, 30 minutes
N.C. Baptist Hospitals	78 minutes	4 hours, 30 minutes
Pender Memorial	12 minutes	40 minutes
Sampson Regional	30 minutes	1 hour, 30 minutes
UNC Hospitals	67 minutes	2 hours, 45 minutes

*Ground times are provided by NHHN's VitaLink mobile transport unit



Terri Johnson says AirLink quite possibly is why she has Victoria Brooke to hold now.

al Medical Center Foundation covered all other start-up costs. The network staffs AirLink with existing staff members who cross-trained eight months for air rescue.

The service has not only made a difference among patients, but among staff as well.

"It's very frustrating transporting some of these patients by ground when you know you can only do so much," said Eveline Saltmarsh, AirLink's director. "It makes a big difference knowing you're doing everything you can."

Hospice

Continued from preceding page

aggressive control of pain and other symptoms. A patient receiving palliative care is offered clinical, psychosocial and spiritual assistance, and is made aware of end-of-life planning options such as advance care directives.

A team of Hospice and New Hanover Health Network staff members is working to begin the program, probably by the end of this year.

Hospice's daily census grew by 13 percent in FY 2001 and its EduCare program reached 3,135 people through events it sponsored. EduCare is a community program that teaches ethical and practical end-of-life issues such as living wills, advance care directives and powers of attorney.

Hospitality House has 15-year anniversary

Hospital Hospitality House celebrated 15 years March 3. Since opening, Wilmington's "House with a Heart" has provided more than 83,000 overnight accommodations to people from every state and 19 foreign countries.

Hospitality House, which is always open, averages 34 guests and usually has a waiting list. Three paid staff members and 65 active volunteers, many of whom have been with the program since it opened in 1986, operate the program. In the past year, volunteers donated 12,092 hours to the success of this program.

The program serves family members of critically ill loved ones in area hospitals, as well as cancer patients from Southeastern North Carolina receiving treatments in area facilities. It offers a respite from the hospital environment, as well as lodging, kitchen, showers, and laundry facilities.

Teen health access expanded at center

Wilmington Health Access for Teens, a nationally recognized model for providing health care services for teenagers in need, broke ground in August on a \$750,000 addition to its offices at Oleander Drive. The addition will provide space for meetings, educational classes and administrative offices.

WHAT opened in 1997 with grant support from New Hanover Health Network, The Duke Endowment, and the Robert Wood Johnson Foundation. Serving New Hanover, Pender and Brunswick county teens, it provides routine health care treatment for acute and chronic conditions, psychosocial health care, and referral for non-medical services that will enhance the adolescent's life and health.

This year, visits surpassed 8,000, and total visits since opening are more than 22,000.

THE NUMBERS

Financial investment reflects important role of employees

Because of their financial success in FY 2001 – a remarkable performance given reductions in government funding – New Hanover Regional Medical Center and Cape Fear Hospital have been able to invest \$16 million in its workforce in FY 2002.

Not only does the upcoming \$400 million budget recognize and reward employees for their role in the financial success, but the additions come at a time when growing labor shortages nationwide are making it more difficult to find and retain caregivers.

In FY 2001, the hospitals earned more than \$14 million on operations, or about 19 times as much as anticipated. This success is largely attributable to unprecedented patient volume, and the staff's ability to absorb that volume. Admissions have grown 13 percent over three years; surgeries have grown 18.5 percent.

The financial performance is particularly impressive given that New Hanover Health Network is still in the process of losing \$60 million over a five-year period because of the Balanced Budget Act.

For the upcoming budget year, some \$4 million has been invested in market adjustment raises for all employees. Another \$5 million is set for merit raises for all employees, ranging up to 5 percent. Holiday pay was extended to three additional holidays, and employees who must respond rapidly while on call also receive extra pay.

FY 2002 BUDGET HIGHLIGHTS

	In millions
Gross patient charges	\$815.7
Deductions from charges	\$414.7
Total operating revenue	\$405.5
Total operating expenses	\$397.4
Indigent care	\$20.1
Bad debt	\$25.2
Operating gain	\$8.1
Operating margin	2%

New Hanover Health Network expects to spend \$13.2 million on medical equipment in FY 2002.

The budget also sets aside \$3.5 million to add more patient beds and another \$4 million to hire the equivalent of 216 full-time employees. The network now employs a staff of more than 4,300.

The network expects to provide \$20 million in indigent care in FY 2002 and write off another \$25 million in bad debts. The proposed operating margin of 2 percent would be the third-smallest in a decade. On a cash-flow basis, it costs about \$943,238 a day to operate NHRMC and Cape Fear.

Pender Memorial Hospital finished FY 2001 more than \$175,000 ahead of budget and expects that success to continue in FY 2002. The hospital anticipates market adjustment raises for some employees.

HEALTH NETWORK BOARD OF TRUSTEES

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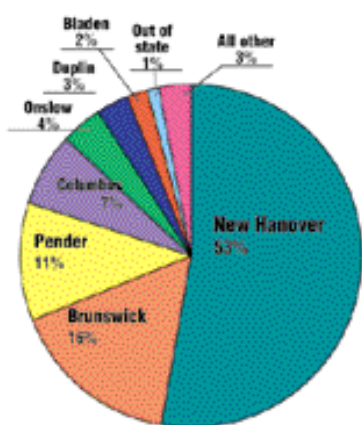
Haywood 'Woody' White

William Wright

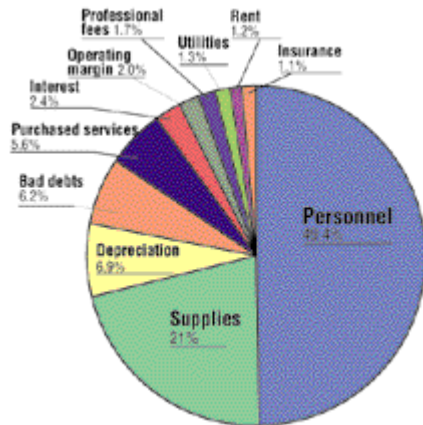
NEW HANOVER NETWORK STATISTICAL GLANCE	
based on FY 2001 data	
GROSS REVENUES	\$802.6 MILLION
NHRMC/Cape Fear	\$780.9 million
Pender Memorial	\$21.7 million
DAILY COST OF OPERATION	\$949,007
NHRMC/Cape Fear	\$918,724
Pender Memorial	\$30,283
INDIGENT CARE	\$18.6 MILLION
NHRMC/Cape Fear	\$18.7 million
Pender Memorial	\$143,228
LICENSED BEDS	855
NHRMC	628
Cape Fear	141
Pender Memorial*	86
ADMISSIONS	32,517
NHRMC	26,825
Cape Fear	4,347
Pender Memorial	1,345
BIRTHS	3,487
AVG. DAILY CENSUS	463
NHRMC	403
Cape Fear	48
Pender Memorial**	12
AVG. LENGTH OF STAY	
NHRMC	5.4
Cape Fear	4.2
Pender Memorial**	3.5
ED VISITS	85,197
NHRMC	52,351
Cape Fear	21,989
Pender Memorial	10,857
INPATIENT SURGERY	11,422
NHRMC	8,888
Cape Fear	2,494
Pender Memorial	40
OUTPATIENT SURGERY	14,571
NHRMC	10,219
Cape Fear	4,084
Pender Memorial	268
CLINIC VISITS	67,617
NHRMC	57,364
Cape Fear	9,928
Pender Memorial	325
EMS TRANSPORTS	12,370
VITALINK TRANSPORTS	4,363
VITALINE CALLS	49,891
MEDICAL STAFF	
NHRMC/Cape Fear	449
Pender Memorial	58
EMPLOYEES	4,352
NHRMC	3,511
Cape Fear	568
Pender Memorial	273
RNs	1,137
NHRMC	947
Cape Fear	144
Pender Memorial	46
VOLUNTEERS	895
NHRMC	750
Cape Fear	130
Pender Memorial	15

* includes a 43-bed Skilled Nursing Facility
** only includes acute care patients

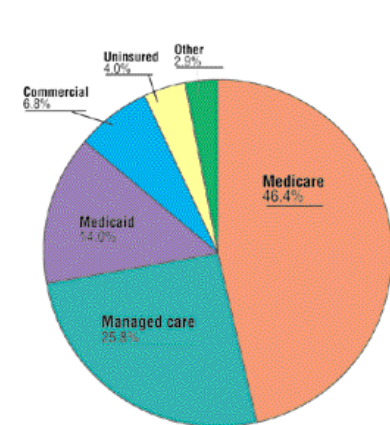
WHERE PATIENTS LIVE



HOW THE MONEY IS SPENT



HOW PATIENTS PAY



INFORMATION

New Hanover Health Network, based in Wilmington, N.C., is the state's ninth-largest hospital network, serving 11 counties. Here's how to reach us:

NEW HANOVER REGIONAL MEDICAL CENTER	
General switchboard	343-7000
Information Desk	343-7038
Admitting	343-2590
Emergency Department	343-2440
Family Birthplace	343-7392
VitaLine	1 (888) 815-5188
Patient Advocate Line	343-7771
Chaplain on call	343-7014

CAPE FEAR HOSPITAL	
General switchboard	452-8100
Admitting	452-8370
Emergency Department	452-8112
Orthopaedics Specialty Center	452-8560
Patient Advocate Line	343-4888
Chaplain on call (pager)	341-6610

PENDER MEMORIAL HOSPITAL	
General switchboard	259-5451
Emergency Department	259-5451 Ext. 226
Skilled Nursing Facility	259-5451 Ext. 381, 382

OTHER MEDICAL FACILITIES	
Coastal Rehabilitation Hospital	343-7845
The Oaks Behavioral Hospital	343-7787
New Hanover Regional EMS	343-4800
Zimmer Cancer Center	342-3000
Outpatient Rehab Center	452-8104
Hospital Hospitality House	763-3039
Hospice of Lower Cape Fear	772-5444
NHRMC Foundation	815-5002
Ethics Committee	815-5188

Additional copies of this annual report may be obtained by calling New Hanover Health Network's Public Affairs Department at 343-7095.

YEAR IN REVIEW

Health Network keeps preparing for tomorrow

Oct. 16 The linear accelerator begins operation at the Zimmer Cancer Center as one of the most advanced models in North America, returning radiation therapy to New Hanover Regional Medical Center.

Nov. 8 Open MRI service comes to Cape Fear Hospital, giving patients a more comfortable and convenient option to traditional "closed" MRI testing.

Nov. 15 Cape Fear switches key patient vital signs to electronic medical records, allowing physicians or staff to review the information from any computer at New Hanover Regional and Cape Fear.

Dec. 1 New Hanover Health Network becomes the first hospital in the state to begin the Problem Pathogen Partnership Initiative, a program to reduce and control the transmission of resistant organisms. The network joins the University of Virginia medical school as program pioneers.

The nurse tracker system enables nurses to be located more quickly.



Dec. 3 A new nurse tracker system is installed at Cape Fear. Nurses wear locator tags, which transmit to sensors throughout the unit, allowing unit clerks to locate them at any time to better assist patients.

Dec. 21 A network effort to provide Christmas for those in need benefits 45 area families.

Jan. 4 On her way to the grocery store, Grace Hanafey, a critical care nurse with 30 years' experience, finds a 57-year-old man passed out in his car. Using skills from an advanced lifesaving course, she administers CPR, keeping him alive until paramedics arrive and stabilize his heart back into rhythm. "I don't know how Lord is was me she was working on that day," Harvey Hales says later.

Jan. 8 A "seasonal unit" for extra patients during the winter viral season opens at NHRMC, and is immediately full. The six beds are still open.

Jan. 12 The new visitor concourse opens at New Hanover Regional Medical Center, ending the largest expansion project in the hospital's history. Along with the concourse comes a new expanded Emergency Department, new Information Desk, new gift shop and new Admitting Department. The Alper Fountain returns to the medical center's main entrance.

Feb. 8 Debra Coston, a 24-year NHRMC veteran, and Barbara Jordan, who has worked at the medical center 25 years, are chosen as two of North Carolina's "most excellent registered nurses."

Feb. 15 The network's Trauma Program maintains its full level of accreditation from the state, one of 10 state-certified trauma programs.

March 1 The network implements a new visitation policy designed to protect patients' privacy and their comfort. The key points include a maximum of two visitors at the bedside and visiting hours from noon to 8:30 p.m.

just please. **2**

March 1 The financial recovery of Pender Memorial Hospital continues as the hospital is designated as a "critical access hospital," which means it will gain as much as \$300,000 a year more in Medicare reimbursement.



Bonczek

March 5 The network takes a new approach to nurse leadership by hiring Mary Ellen Bonczek. More than managing the daily operations of the network's nurses, her task is to champion the practice of nursing and set standards and goals that will improve patient care. An immediate goal is to have New Hanover Health Network join the nation's short list of nursing magnet hospitals.

March 12 The Kona Coast Bakery & Café opens in the new concourse at NHRMC, offering visitors and staff a new option of deli-style sandwiches and gourmet coffee.



March 12 A "high-tech" operating room opens at New Hanover Regional, allowing trained surgeons to monitor their work on an X-ray screen as they repair aneurysms and weakened vessels using stents, the latest in technological advancement. New Hanover is one of the nation's few hospitals providing this service in its operating room.

March 15 Two paramedics at New Hanover Regional EMS, believing they were going to transport a laboring mother to the hospital, instead successfully deliver Morgan Bailey Oxendine in her mother's bedroom at 4:46 a.m.

March 22 New Hanover Regional EMS announces that the switch of paramedics to 12-hour shifts, along with more coverage, equipment and training, has led to a two-minute drop in average response time, from eight minutes to six minutes. For someone suffering cardiac arrest, medical intervention that arrives two minutes quicker improves survival by 20 percent.



Seymour Alper, instrumental in New Hanover Regional's opening in 1967, was part of the ceremony in April that celebrated the latest expansions.

April 19 In what is almost certainly a first, representatives of New Hanover Regional Medical Center, Cape Fear Hospital, Pender Memorial Hospital, Community Hospital, James Walker Memorial Hospital and Babies Hospital come together to celebrate the past at a concourse opening event, and together become part of the same future.

May 5-7 Coastal Classic Celebrity Golf Tournament raises about \$170,000 for the Coastal Heart Center.

May 13 Tonya Corbett celebrates her first Mother's Day with her son, Dallas. Tonya, the second known woman in the world to give birth after a rare form of ovarian cancer, received her treatment at New Hanover Regional.

May 18 In preparation for the new AirLink air ambulance service, members of the flight crew travel to Cherry Point to practice crash-landing over water. Group members are strapped inside a steel drum, dropped into a pool and flipped over. Then they must get out – blindfolded.

May 20 Pender Memorial celebrates its 50th anniversary, and the fact that it is as healthy as it ever has been.

June 1 Dr. Peter Ungaro begins as medical oncologist at the Zimmer Cancer Center, joining Dr. Cyrus Kottwall, the center's medical director appointed in September 2000, giving the center a full-time medical staff.

June 19 The network's Nursing Congress votes to pursue magnet nursing designation, a designation that would identify New Hanover Health Network as one that promotes quality patient care through providing excellence in nursing services. Just 37 hospitals nationwide have achieved nursing magnet status.

July 1 After being bitten by a rattlesnake, Kathleen Roberts of Shallotte takes advantage of a relatively new orthopedic specialty at Cape Fear Hospital – a hand specialist. Her arm is saved and she's gardening in 10 days.

July 9 The largest group of new nurses in the network's history begins orientation. Some 78 new graduates

were hired after May graduation.

July 9 Sixteen mentors are added to the Nurse Mentorship Program, bringing the total to 60 experienced nurses willing to help nurse graduates adjust to their new careers. In the first year of the program, turnover among new nurse graduates drops from 34 percent to 8 percent.

July 20 The N.C. Board of Community Colleges approves a sonogram school at Cape Fear Community College specifically for employees of New Hanover Health Network. To help fill a shortage in Ultrasound Technicians affecting hospitals around world, the network creates a program that will pay employees a full-time salary, tuition and other costs during the three-semester program, and guarantee a job upon completion.

July 26 NHRMC's lab earns the "Accredited with Distinction" designation from the College of American Pathologists.



Under the watchful eyes of physical therapist assistant Ruth Gritzmacher, Macel Rice works on her situps – all 50 of them. She's 103 years old.

July 31 On the road from recovery from an illness, Macel Rice does 50 sit-ups as part of her therapy at Coastal Rehabilitation Hospital. The staff is amazed by her. Ms. Rice is 103 years old.

Aug. 9 Responding to record demand for inpatient and outpatient surgery, New Hanover Regional announces a plan to expand its operating room capacity by another 110 hours a week.

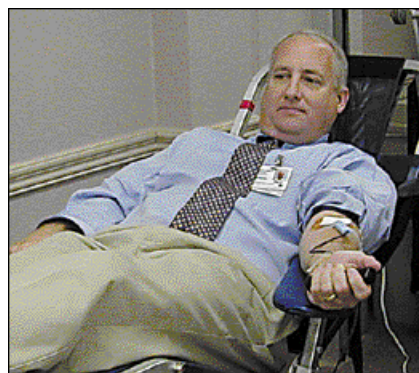
Aug. 22 Classes begin at Cape Fear Community College for nurses on weekends and evenings. The nursing program is expanded at the request of New Hanover Health Network, which reports that there is no shortage of nurses in Southeastern North Carolina – but a shortage of space to train them. The network subsidizes CFCC's program with \$75,000, becoming the only hospital network in the state currently subsidizing an evening and night nursing program. By doubling its day nursing program and adding the evening program, Cape Fear triples its class size from 30 to 90 – and every slot is immediately filled.

Aug. 27 New Hanover Regional Medical Center adds a multi-slice CT scanner, adding testing capability and performing routine tests about four times as fast.

Sept. 2 Geraldine Howard of Whiteville is short of breath and prays for help. AirLink arrives, making her the first patient to be transported by the new helicopter service. She later says she believes the service saved her life.

Sept. 21 A 14-year-old at Ashley High School suddenly collapses, only to be saved by a New Hanover County deputy with an automatic external defibrillator, which shocks the boy's heart back into rhythm – further validation of New Hanover Health Network's effort to place AEDs with law enforcement officials and in public buildings.

Sept. 28 In response to the terrorist attacks on America, 95 network employees volunteer to give blood during an impromptu drive arranged by network officials.



New Hanover Health Network CEO and President Bill Atkinson is one of 95 employees who give blood as part of the network's response to the tragic events in New York and Washington.