A Year of Achievement
Your hospital makes strides in quality, care
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Radiation Oncology
A long-awaited dream draws closer to reality
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Physician Directory
A comprehensive guide to local doctors
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Committed to the pursuit of excellence

The 2009 Annual Report & Guide to Doctors and Services is provided to give our community the latest information about our organization. This unique healthcare reference source consists of our Annual Report and our medical staff directory.

This year and the coming year present many challenges as we all face the economic downturn. Like the patients we serve, we are affected by the economic situation. Our financial report (page 20) shows that we've experienced a negative impact. Our income statement was less than optimal this year, and much of the impact came from three sources: investments were down; unpaid debts owed to the hospital were larger than expected; and we saw a sizable increase in the demand for charity care. Nevertheless, during these demanding economic times, our staff and Board remain dedicated and steadfast in our pursuit of quality care delivered in a friendly, safe, and caring environment.

As part of our culture of sensing others’ needs, we have implemented a structured Service Improvement Program this year. Erin Tallman, Vice President, Patient Advocacy and Service Improvement, will be guiding us through this journey to make Onslow Memorial Hospital a better place for us all. I express my thanks for your support as we continue on our journey toward excellence.

Sincerely,

Ed Piper, Ph.D., FACHE
President & Chief Executive Officer

About this publication

We hope our 2009 Annual Report & Guide to Doctors and Services will serve as a handy resource for you in the months to come.

Pages 4 to 21 serve as our organization’s Annual Report. In this portion you will find information about our hospital leadership; recognition of important clinical achievements made this year; plans for a new Radiation Oncology Center; details on the fine work done by the OMH Auxiliary; and a report on Onslow’s financial health.

Page 4 includes a brief guide to healthcare services available at OMH. For more information on these services, please visit www.onslow.org.

Pages 22 to 31 serve as our annual physician directory. On these pages you will find contact information for many of the dedicated local doctors who serve our community in a wide variety of specialties. We are proud of our physician partners and we encourage you to keep this directory with your phone book as a resource to assist you in meeting the healthcare needs of your family.

This is a great time to be here in Onslow County. For our patients and for all of us at Onslow, a new era has begun.
LEADERSHIP

Onslow County Hospital Authority

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President and Chief Executive Officer

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Senior Vice President Nursing and Clinical Services

Crystal Hayden, RN, MSN
Senior Vice President Chief Nursing Officer

Sue Kegley, MHS
Senior Vice President Director, Human Resources

Roy Smith, MBA, CPA
Senior Vice President Chief Financial Officer

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Director, Public Relations/Marketing

Daniel T. Waller, MBA, FACHE
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Clinical achievements
Another year of progress at your hospital

In this year’s Annual Report & Guide to Doctors and Services, we wish to recognize the significant efforts and achievements of a number of OMH departments. Teams within the hospital work diligently every day to improve the quality and safety of healthcare in Onslow County. Their achievements are something to celebrate.

OMH earns Mentor Hospital status

ACHIEVEMENT: OMH has the honor of being a mentor hospital for the nationwide 5 Million Lives Campaign.

WHEN THE PROCESS BEGAN: Early 2007, shortly after the national campaign’s startup.

SIGNIFICANT DATES: Selected to make an educational presentation at a December 2007 conference of the Institute for Healthcare Improvement; recognized by IHI in July 2008 as a mentor hospital in two important areas.

SOME OF THE KEY PLAYERS: ICU nurses, floor nurses, and respiratory care providers.

BENEFIT TO PATIENTS AND THE COMMUNITY: Locally, there has been a dramatic reduction in bedsores among hospitalized patients, and increased early intervention to prevent ICU admissions. In addition, hospital workers all over the country now have the chance to learn from Onslow’s successes.

In 2007, Onslow Memorial Hospital joined the prestigious Institute for Healthcare Improvement to take some important steps to improve the health of the community it serves. OMH was so successful in its endeavor that it has been asked to help other hospitals across the nation improve the care they provide.

It’s all part of the 5 Million Lives Campaign: an effort to protect patients from 5 million incidents of medical harm nationally during a 24-month period, from December 2006 to December 2008. Twelve specific interventions were part of the campaign, with hospitals encouraged to focus on the ones that would make the biggest impact for their patients. For Onslow, that focus was on improving its Rapid Response Team, and concentrating on preventing pressure ulcers, or bedsores, in hospitalized patients, according to Crystal Hayden, Senior Vice President and Chief Nursing Officer.

“We were actually ahead of the curve a little bit, because we had implemented our Rapid Response...
Team in December 2005,” Hayden said. “When we joined the campaign, we were in a position to be already monitoring our successes and identifying things to make our program more successful.”

A Rapid Response Team is made up of an Intensive Care Unit nurse and a respiratory therapist. Their role is to be on the spot when a patient’s condition first begins to take a turn for the worse.

Hayden explained it this way: One ICU nurse and one respiratory therapist per shift are designated as the Rapid Responders. Each has a pager and is on call in case of adverse developments in hospitalized patients. “When a patient is not in a critical care area (such as Emergency or Intensive Care), and the floor nurse sees a physical change that indicates the patient has had a change in status, she immediately calls the Rapid Response Team,” Hayden said. “Now both nurses are working together, using each of their different skill sets.”

The floor nurse can contact the patient’s physician while the nurse trained to deal with critical care situations can perform interventions to prevent the patient’s condition from deteriorating. When there are breathing issues involved, the respiratory therapist provides help as well, applying oxygen or giving a nebulizing treatment, for instance. This care right at the patient’s bedside keeps the condition from worsening and often prevents an unneeded transfer to the ICU.

Such programs don’t develop overnight. Onslow’s effort involved refining and formalizing order sets for early identification of certain conditions and a list of interventions the nurses are to make when the conditions present themselves. Re-education of staff was another vital component.

Because of the Rapid Response Team’s success, the number of codes outside the critical care areas have been reduced by more than half, said Jo Malfitano, Performance Improvement and Accreditation Manager. Plus, in 67 percent of cases, the patient can stay in his or her room and avoid a worsening condition and a transfer to the ICU.

Preventing pressure ulcers involves a different approach, Hayden said — one that begins the minute a patient is admitted to the hospital. Four measures must be taken during the patient’s stay: Nurses must inspect the skin daily for signs of bedsores, manage moisture, work to optimize nutrition and hydration, and minimize pressure.

When these procedures were put into place and embraced by the hospital staff, the results were dramatic. In March 2007, the rate of pressure ulcers developing in hospital patients was 20 percent. By November, that number had dropped to zero.

“And we sustained that through May of 2009 — we remained at 0 percent, with the exception of one quarter, with a rare spike to 6 percent,” Hayden said.

The Institute for Healthcare Improvement took notice, selecting OMH to mentor other hospitals in both pressure- ulcer prevention and Rapid Response Team formation. Being listed on the Mentor Hospital Registry indicates a willingness to provide support, advice, clinical expertise and tips to hospitals seeking help with their implementation efforts.

“As a mentor hospital, we are listed on the IHI website. The listing includes our profile information and states the interventions we are recognized for,” Hayden said. “It also includes contact information so that other institutions can call us directly” for help in bettering their programs.

That’s not the only method OMH is using to help to educate other healthcare providers. “We were asked by IHI to be the key speaker on a WebEx — it’s like a conference call with a PowerPoint presentation – to teach about pressure-ulcer prevention on Oct. 30, 2008. As a result of that presentation, we have been contacted by about a dozen hospitals requesting support and recommendations, and we’ve participated in three different conference calls with other hospitals to share our expertise.”

IHI has requested permission to post Onslow’s greatly improved statistics on the results portion of its website, share Onslow’s story on the registry portion of the site, and highlight OMH’s successes in its annual report.

In addition, Onslow was invited to present an educational display about its Rapid Response Team at the institute’s December 2007 convention in Florida. A five-member team put together and exhibited the display for the benefit of other hospitals, and it was very well-received, Hayden said.

All of that promotes positive change on a huge scale. But Hayden said the real focus is on a much smaller scale: helping the individual patient. That can’t be accomplished without teamwork.

“The improvements we’ve made in clinical care aren’t reflective of one person, one idea, or one campaign,” Hayden said. “It’s a team approach whereby everyone on the team puts the patient first, and what’s best for the patient is the priority.”
ACHIEVEMENT: Onslow has revised its stroke awareness protocols for the Emergency Department and has hired a stroke nurse coordinator.

WHEN THE PROCESS BEGAN: 2006, with data collection from the North Carolina Stroke Care Collaborative.

SIGNIFICANT DATES: Protocols were enacted in 2007; protocols were revised in 2009 to reflect current standards; notification of grant funding for a community stroke program was received in June 2008; a stroke nurse coordinator was hired April 13.

SOME OF THE KEY PLAYERS: OMH Interdisciplinary Stroke Team (see below).

BENEFIT TO PATIENTS AND THE COMMUNITY: Expedited assessment and better care of stroke patients, plus the opportunity to learn how to increase the chances of surviving stroke.

Performance Improvement and Accreditation Manager Jo Malfitano (left) was instrumental in securing the grant funding that brought Stroke Nurse Coordinator Norman Taylor II to Onslow.

Stroke is the third-leading cause of death in the United States, and it is the No. 1 cause of serious long-term disability.

A stroke occurs when blood flow to part of the brain stops or is dramatically reduced. The good news is that 80 percent of strokes are a type that can be treated by thrombolytic drugs—medications to dissolve clots that are blocking the flow of blood in the brain. But for this to happen, time is of the essence.

Recognizing the warning signs of stroke and seeking treatment early can greatly reduce a person’s chances of suffering permanent damage. But it is a sad truth that, of those people at risk for stroke, only 18 percent know what the signs and symptoms are, and what to do if they are experiencing these symptoms.

“The window for stroke care is three hours from onset of symptoms,” said Nancy Pate, Clinical Care Coordinator in the OMH Emergency Department. “If a patient has had an ischemic area (an area of reduced blood supply) in the brain longer than three hours, those cells are dead. Also, the risk of adverse reaction from clot-busting medications begins to get greater than the benefits after three hours.

“Ignore that three-hour window, and that’s it,” she said. “You can’t get brain cells back.”

Rehabilitation therapies can do wonders with a patient’s remaining brain function after a stroke, but early intervention is by far the most important factor. With this in mind, Onslow Memorial Hospital began work three years ago to form an interdisciplinary team to improve stroke care.

It’s been a steady march forward, according to Jo Malfitano, Performance Improvement and Accreditation Manager. She said Onslow’s team began collecting data in January 2006, seeking ways to develop best practices — recognized evidence-based standards for care.

“It’s an opportunity for us to have a framework — what we need to do for our patients when they come in” with signs of stroke, she said. “This team has been so committed. It’s a wonderful mesh of interdisciplinary professions coming together to brainstorm — Emergency Department, Radiology, Rehabilitation, Speech Therapy, Pharmacy, Dietary, Discharge Planning, EMS, Laboratory, and the Education Department, in addition to nurses and physicians.”

The result has been better screening policies. Because a prompt diagnosis makes all the difference, the hospital staff is trained to detect early signs of stroke and then follow procedures to expedite the stroke patient’s assessment and care. Symptoms such as headache, confusion and slurred speech “are immediately brought to the attention of a physician,” Pate said.

In stroke cases, the national benchmark is to have a CT scan performed and the results in the physician’s hands within 45 minutes. In January, this goal was achieved in 100 percent of stroke cases at Onslow — every single patient who met the timing criteria for receiving thrombolytic drugs. Having a new CT machine located right in the Emergency Services and Surgical Pavilion has greatly streamlined that process, Malfitano said.

But efforts must go beyond paramedics and the Emergency Department, she said. “We are now taking this information out into the community, so they can identify risks of stroke, recognize the signs and symptoms, and then call 911.”

Last year OMH applied for and received $266,000 in grant funding from a collective partnership of the North Carolina Collaborative Stroke Registry, the North Carolina Stroke Association, and the Kate B. Reynolds Charitable Trust. The goal: to hire a stroke nurse coordinator, someone who works both in and out of the hospital to promote stroke awareness and care.

On April 13, Norman Taylor II, BSN, stepped into that role. His background in Intensive Care and Emergency
nursing, his past service in the Navy Nurse Corps, and his personal passion for stroke prevention and care made this Onslow County native a perfect fit for the job, Malfitano said.

Taylor is partnering with community health organizations to educate people about risk-factor screening, symptoms, and the importance of seeking immediate medical help when stroke is suspected. His first chance to get the word out came in his first month on the job, when he was asked to do a presentation for about 150 employees of the Onslow County Department of Social Services.

“It was a great opportunity to speak with a large, healthy population,” Taylor said. “We are about primary prevention; we want to keep them that way. And people who are educated about the signs and symptoms of stroke have a greater chance of survival.

“North Carolina is suffering from stroke very heavily — the state has the fourth-highest rates in the nation, and the eastern counties are the ‘belt buckle’ of the Southern stroke belt,” Taylor said. That’s why he was so encouraged that, in his first audience, “You could tell there was a desire to learn.”

He credited Ed Piper, Ph.D., President and Chief Executive Officer, for his efforts in this endeavor. “Dr. Piper really has supported Jo Malfitano’s work to get this program up and alive in Onslow County,” Taylor said.

And OMH isn’t stopping there. In the upcoming months, Onslow will be participating in the North Carolina Stroke Association’s Beyond the Hospital program. It follows up with stroke patients three months after their hospital discharge, to make sure they understand the signs and symptoms of stroke. This is important because previous stroke patients are at significant risk for having another stroke, Malfitano said.

“We’re constantly reviewing our data to improve what we are doing,” Malfitano said. “We still have a lot of work to do. We’ve come quite a ways from where we were, and it is an ongoing process.”

For more information about stroke signs, symptoms and risk factors, go to www.onslow.org and click on Stroke Awareness.
Joint Commission accreditation

**ACHIEVEMENT:** A successful January 2009 survey by the Joint Commission, an independent and nationally recognized organization for hospital accreditation.

**WHEN THE PROCESS BEGAN:** A constant state of readiness is required — since 2006, Joint Commission inspections have been unannounced visits lasting up to a week.

**SIGNIFICANT DATES:** Received an impromptu visit on Jan. 26, 2009; submitted final evidence of standards compliance April 1; received notification of full certification April 4.

**SOME OF THE KEY PLAYERS:** Onslow’s Joint Commission Core Team (see below).

**BENEFIT TO PATIENTS AND THE COMMUNITY:** Assurance that Onslow is nationally recognized for its dedication to meeting performance standards, and is committed to providing safe, quality care.

In January, Onslow Memorial Hospital received full accreditation by the Joint Commission — a distinction that puts OMH in league with the nation’s top hospitals.

The Joint Commission is an independent not-for-profit organization that evaluates, accredits and certifies healthcare organizations, with the goal of improving the safety and quality of healthcare in the United States.

Accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. It signals that a hospital has procedures in place that allow it to do the right thing for patients at all times, in key areas such as patient treatment, infection control and patient rights.

Hospitals that desire the distinction of accreditation must be evaluated by the organization every three years, and an unannounced visit is included in the process. In January, two Joint Commission surveyors arrived with less than 45 minutes’ notice, then stayed for five days, observing and evaluating the people and processes at OMH. They were accompanied by a third surveyor, who spent a day inspecting the facility itself regarding life-safety issues.

The surprise arrival “requires us to be in a constant state of readiness,” said Jo Malfitano, OMH Performance Improvement and Accreditation Manager.

The surveyors employ a tracer methodology. This means patients are followed from arrival to discharge, with every step analyzed along the way. For example, if someone comes into the Emergency Department with appendicitis, a surveyor observes the communication among staff members and follows the patient on her path through the emergency department, surgery, recovery and discharge. A determination is made at every turn as to whether the hospital is adhering to national patient safety goals.

Malfitano was pleased to report the outcome of that grueling week. “They found no major problem areas, and very few minor issues for the hospital to remedy — all of which were dealt with before they even walked out the door.”

She gives much of the credit to the hospital’s Joint Commission Core Team, which did everything it could to prepare to meet this challenge. She said she worked closely with Penney Burlingame, Senior Vice President, Nursing and Clinical Services, Pharmacy Director Vincent Lee, Facility/Patient Safety Officer Steve Stevens, Infection Control Nurse Gloria Horne, Chief Nursing Officer Crystal Hayden, and Vice President of Patient Advocacy and Service Improvement Erin Tallman, among others.

Malfitano expressed special thanks to the Joint Commission Readiness Team, a group of frontline staff who served as ambassadors to share with their peers the process of the survey and the expectations behind the National Patient Safety Goals.

“We also have to thank (OMH President and CEO) Dr. Ed Piper, whose extraordinary leadership and support contributed significantly to the achievement,” Malfitano said. “He was involved in our plan of action, National Patient Safety Goals, staff education, reviews during department head meetings ... mechanisms that help us keep our communication going.”

And what has been the staff feedback? “They thought this was a great survey, one that was educational,” Malfitano said. “There was good interaction ... great dialogue between the staff and the Joint Commission surveyors.”

Most importantly, she said, the surveyors “were able to appreciate the great culture and passion among our staff and physicians for the five days they were here.”
**Vaccination rates**

**ACHIEVEMENT:** Major improvement in flu and pneumonia vaccination rates.

**WHEN THE PROCESS BEGAN:** Vaccination rates began being tracked in Fall 2006.

**SIGNIFICANT DATES:** In January and February of 2009, OMH reached 100 percent compliance in flu and pneumonia vaccination of patients with a diagnosis of pneumonia.

**SOME OF THE KEY PLAYERS:** Emergency physicians, Emergency nurses, floor nurses, and a database planning group.

**BENEFIT TO PATIENTS AND THE COMMUNITY:** Appropriate vaccination can reduce the incidence and spread of these illnesses, preventing hospitalizations and even deaths in susceptible populations.

The doctors and nurses in Onslow’s Emergency Department treat patients for all kinds of injuries and maladies. The patients leave with prescriptions, or stitches, or splints. And lately, many of them leave with something extra: a flu or pneumonia vaccination.

“In the United States, pneumonia is one of the most common causes of death,” said Gloria Horne, OMH Infection Control Nurse. “With a greater population of persons age 65 years or older, and a changing epidemiology of pneumonia, we are seeing the overall rates of death due to pneumonia increasing. Another factor that plays a key role in the increasing cases of pneumonia is the population with underlying medical conditions that increase the risk of respiratory infections.”

The Centers for Disease Control long has advised that certain population groups be given annual vaccinations because they are at higher risk of contracting pneumonia and flu, either of which can be deadly. Vaccinations are generally recommended for young children; the elderly; people with chronic conditions; and people who work daily with those high-risk populations — healthcare workers, schoolteachers, day-care providers, and the like.

But not everyone who should be vaccinated comes in to get a shot. If vaccination rates are to be improved, it is up to hospitals to lead the way.

As of January 2007, OMH had a 44 percent screening and administration rate for the pneumococcal vaccine, and a 31 percent screening and administration rate for the influenza vaccine. But since that time, nurses and physicians – including those in the Emergency Department – have taken on the challenge of greatly improving those numbers.

Their efforts have paid off. Vaccinations of at-risk patients has grown dramatically in just two years. And by January 2009, a milestone was reached: Onslow now hits the 100 percent rate for screening and administration of both vaccines to its patients with a diagnosis of pneumonia.

What made the difference? Teamwork and communication, according to Horne.

“A group here began in Fall 2006 to look at strategies to improve our vaccination rates,” she said, noting that it was composed of staff nurses, discharge planners, patient educators, infection-control specialists, performance-improvement leaders and more. The group helped develop a patient database that tracks vaccination status.

Crystal Hayden, Senior Vice President/Chief Nursing Officer, said another major step was “bringing the Emergency Department on board — having the ED physicians and nurses helping to identify patients who need the vaccine, and then giving it to them there.”

Since some Emergency visits evolve into hospital inpatient admissions, it’s wise to offer and provide the vaccinations “when the patients first come into Emergency,” Hayden said.

It is hoped that the results will be fewer hospitalizations and deaths from these increasingly preventable ailments.
Vascular Laboratory accreditation

ACHIEVEMENT: Onslow’s vascular lab received accreditation in all three areas for which it applied.

WHEN THE PROCESS BEGAN: January 2008, with the hiring of an independent consultant to help with the process.

SIGNIFICANT DATES: Submitted completed forms and case studies to the Intersocietal Commission for the Accreditation of Vascular Laboratories in September 2008; received notice of full accreditation in spring of 2009.

SOME OF THE KEY PLAYERS: Under the leadership of Vascular Lab Medical Director Dr. Lennox Williams, the team includes neurologists; radiologists; the stress lab staff; echo vascular technicians; and the secretarial staff in Special Procedures.

BENEFIT TO PATIENTS AND THE COMMUNITY: The steps that must be taken to receive accreditation improve a hospital’s quality of vascular testing and diagnosis of disease.

Cardiovascular disease. Stroke. Deep vein thrombosis. They’re all major killers … but they’re not without warning signs.

Early detection of these life-threatening vascular diseases can be accomplished through noninvasive testing techniques performed in Onslow’s vascular laboratory. This year, that lab attained accreditation from the Intersocietal Commission for the Accreditation of Vascular Laboratories, a nonprofit organization that helps to set national standards.

The process of applying for and receiving accreditation is complex, said Darren Campbell, Manager of Noninvasive Cardiology and Special Procedures at OMH. “It sets up an ongoing quality assurance program for the vascular lab, to help standardize practices — consistent with ICAVL standards — to improve the quality of care.”

A vascular lab seeking accreditation must assess every aspect of its daily operations, using a book titled The ICAVL Standards. It spells out guidelines for testing, qualifications for lab staff, elements needed in reporting test results, standards for equipment, and so on. Measuring up involves “rewriting policies and procedures, and also checking and verifying the credentials of the lab techs — their licensure, education, hours of training, number of case studies completed, and more,” Campbell said. Some of those case studies must be submitted, in order to demonstrate “that all patients are getting the same standard of care, on current equipment, by properly trained vascular techs.”

Onslow’s Noninvasive Cardiology Department Vascular Lab attained full accreditation in three specialties:

- Extracranial Cerebrovascular Testing (Carotids), in which ultrasound technology is used to examine blood vessels that supply the brain. This can help diagnose problems in patients suffering dizziness or stroke-like symptoms.
- Peripheral Arterial Testing, in which ultrasound and blood-pressure cuffs are used to examine circulation in the blood vessels that supply the arms and legs. This detects disease of the arteries, which sometimes is signaled by pain in the limbs.
- Peripheral Venous Testing, in which the above tools are used to look for blood clots, primarily in the legs of people who have been immobile. Left untreated, these clots can break off and travel through the veins to the lungs, which can be fatal.

“Accreditation means the bar is raised higher,” Campbell said. “It causes us to have higher standards than a hospital without that distinction, and it validates the good job that we do.”
Patient satisfaction

**ACHIEVEMENT:** Positive results on patient satisfaction surveys.

**WHEN THE PROCESS BEGAN:** July 2007.

**SOME OF THE KEY PLAYERS:** All frontline staff—everyone who provides direct patient care.

**BENEFIT TO PATIENTS AND THE COMMUNITY:** Onslow’s continual improvement.

Patients of Onslow, your opinion matters!
Over the past two years, telephone surveys have been giving discharged patients a chance to speak their minds and rate the care they received at OMH. The results are helping Onslow to become a better hospital, said Tim Strickland, Senior Vice President/Director of Public Relations and Marketing.

**Inpatient Nursing**

This graphic shows that OMH is improving and is among the national leaders in the courtesy and respect shown to inpatients by nursing staff.

Professional Research Consultants Inc., based in Omaha, Neb., is a national healthcare research firm specializing in interviewing former hospital patients to obtain the patients’ perception of their care after the fact. The researchers believe it is important to know what patients are thinking, what their healthcare needs are, and how they define quality healthcare services. To collect this data, the company uses a statistically valid research methodology, speaking to individuals personally and encouraging them to share their opinions.

Representatives of the company place phone calls to patients a week after their hospital discharge, asking if they would like to respond to a brief survey. “We appreciate patients who take the time to complete these surveys. We take their responses very seriously,” Strickland said. “We rely on this information to help us improve our processes and our approach to healing. Ultimately, our goal is to be among the very best hospitals in the country.”

OMH staff members in each department are given an opportunity to review their survey results. Then, based on the feedback, the departments develop action plans designed to improve the quality of the care they are providing.

“For each question in the Patient Satisfaction Survey, we measure the percentage of patients who report that their experience was excellent,” Strickland said.

The trend over time has been upward, as evidenced by the charts shown on these pages. The blue bars on each chart represent the percentage of former patients that gave OMH a ranking of excellent in the category
listed at the top of the chart. The gray area shows the goal that Onslow was aiming to beat. And the black dots indicate how OMH compares with other hospitals in the nation — hospitals that are asking the very same questions of their former patients. For example, a dot on the “100.0” line indicates that Onslow received the highest review among all hospitals surveyed nationwide.

**Emergency Department**

This graphic shows how the new Emergency Department, opened Sept. 30, 2008, has enhanced patients’ privacy.

"Across the board we’re doing well in patient satisfaction, and in several areas, we find that we are among the best hospitals in the country," Strickland said. “But even though we’re doing well in certain areas compared with other healthcare organizations, we are never satisfied. There is always room for improvement.

“OMH strives for excellence. It’s not enough to just be good or even very good. We want to be excellent in all we do.”

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**Surgical Care Improvement Project**

**ACHIEVEMENT:** Success with the Surgical Care Improvement Project.

**WHEN THE PROCESS BEGAN:** October 2007, when an OMH team joined the statewide SCIP group.

**SIGNIFICANT DATES:** Began seeing significant improvement in antibiotic delivery in late spring of 2008, and have sustained that improvement. In addition, team members presented data on their successes to SCIP participants from other hospitals at seminars in March 2008 and April 2009.

**SOME OF THE KEY PLAYERS:** A multidisciplinary team from OMH (see below).

**BENEFIT TO PATIENTS AND THE COMMUNITY:** Preventing complications following surgery helps those patients, and preventing the spread of antibiotic resistance helps the entire community.

It’s difficult enough facing surgery. The last thing any patient wants is to develop a postoperative infection during that critical recovery time.

According to the MedQIC website, about 15 percent of all hospital-acquired infections occur postoperatively and are a common complication of care. National and statewide groups have begun forming to reduce these infection rates, and a team from Onslow Memorial Hospital is right there with them.

The Surgical Care Improvement Project (SCIP) is a national partnership of organizations focused on improving surgical care. Its goal is to reduce the incidence of surgical complications nationally by 25 percent, by the year 2010.

Coincidentally, that’s the percentage of improvement OMH experienced between the first quarter of 2007 and the last quarter of 2008. The hospital saw a 25 percent rise in the appropriate timing of pre-surgery antibiotics. During that last quarter, in fact, antibiotics were delivered with perfect timing in 100 percent of cases.

That success can be chalked up to the efforts of the hospital’s SCIP team, which in October 2007 joined 48 other hospitals in the North Carolina SCIP Collaborative.

“We have a multidisciplinary team,” said Gloria Horne, who has served as Onslow’s Infection Control Nurse since 1992. She said the team includes representatives from Anesthesia, Intensive Care, Surgical Services, Infection Control and Performance Improvement.

“Being part of the Collaborative provides us with networking opportunities, benchmarks, and the chance to see data from other hospitals” that are part of this project, Horne said.

SCIP groups promote awareness of evidence-based medicine to encourage changes in hospital protocols. The national guidelines for postoperative infection control focus on three main elements:

- Selection of the best type of antibiotic for a specific surgery. In various types of surgeries — such as vascular, joint, colon and hysterectomy — certain antibiotics have been found to be more effective than others in preventing infection.
- Timing the administration of the antibiotic to maximize its effectiveness. Recent studies show that the medications are most effective when they are given to the patient one hour before surgery.
- Discontinuing the antibiotic promptly after surgery. Evidence-based medicine suggests that in most cases, just 24 hours of antibiotic treatment is enough to fight off surgical site...
infection — further days of treatment often provide no extra benefit, and could contribute to the development of antibiotic-resistant strains of bacteria.

“SCIP makes a difference in safe patient care,” Horne said.

She pointed to education as the most significant part of the process. Team members participate in teleconferencing and coaching calls with fellow members of the Collaborative at other hospitals, and occasionally meet for Face-to-Face Learning Sessions. They then share that information with surgeons, pharmacists, pre-op nurses — and even the patients themselves.

It’s important that patients have knowledge of proper wound care and antibiotic usage. “So, they get their education up front — before surgery, when they’re feeling okay,” Horne said. “We make sure they understand what goes on in surgery, and what to do at home afterward. We review it all later, too, before discharge.”

Onslow’s SCIP Collaborative participants were excited to see that 25 percent performance improvement, and others have taken notice, too. During its recent survey of the hospital for accreditation purposes, The Joint Commission recognized the SCIP team for its fine work.

“I appreciated the teamwork from beginning to end,” Horne said. “And next we may be branching out to certain outpatient surgeries.”

She also appreciates the culture at Onslow, the constant striving for improvement. “We’re really in the forefront in a lot of things we do around here,” she said.

Much-needed, long-anticipated Radiation Oncology Center soon to be a reality

By Jennifer Mackenzie, Contributing Writer

“Tell everybody that our goal is to see a Radiation Oncology Center building right here in Onslow County for the convenience and care of anybody that has cancer.”

These words, spoken by LaRue Hambrick, Radiation Oncology Center Project Chair for the OMH Foundation Board, convey the impassioned sentiment of all those at OMH and in the Onslow County community who have worked — and continue to work — to make the goal of a Radiation Oncology Center serving all Onslow area residents a reality.

From bricks and mortar ...

“The new Radiation Oncology Center building will be close to 10,000 square feet,” said Danny Waller, Senior Vice President/Support Services. “It will be one story with a brick exterior, and will share a dual entry with outpatient services.” Groundbreaking will be sometime later this year, and Waller is optimistic the Center will be open for patients within a year to 18 months.

“Right now,” Waller said, “we are looking forward to getting the shovel in the ground and getting this addition started.”

The design for the new building was created by S/L/A/M Collaborative, a multidisciplinary planning and architecture firm with offices in Atlanta, Boston and Connecticut.

“S/L/A/M did the new Emergency Services and Surgical Pavilion for us,” Waller said. “They do a lot of work for the Planetree™ hospitals, and so they understand how to create a very healing environment.” The Planetree™ model of care is known as a patient-centered, holistic approach that emphasizes physical healing in tandem with mental, emotional, spiritual and social healing.
“Cancer can strike anyone at any time,” said Tim Strickland, Senior Vice President/Director of Public Relations and Marketing. “There are very few people who have not been affected by cancer, either directly or indirectly.”

Hambrick, who served as Jacksonville’s Relay for Life Honorary Chair in 2008 and Honorary Co-chair in 2009, in addition to serving as the OMH Foundation Board Radiation Oncology Project Chair, knows the truth of this statement firsthand. A breast cancer survivor since 1999, Hambrick’s commitment to serving her community comes from the heart. “My mom and dad raised me to always participate with what’s going on in your community — they just always said, ‘Do your part.’”

Under Hambrick’s tireless leadership, the OMH Foundation Board conducted a M*A*S*H Bash fundraising event on Feb. 28, 2009, with guest star/speaker Jamie Farr. The evening brought in more than $200,000 in donations toward the Radiation Oncology Center — a figure Strickland calls “unheard-of for a brand-new event.” (See related story on page 16.)

The total cost of the Radiation Oncology Center will be $7 million, with half the funds coming from Pitt County Memorial Hospital, which along with the Brody School of Medicine has partnered with OMH to bring what Waller describes as “a desperately needed service for Onslow County.”

Until the doors of the new Radiation Oncology Center open, cancer patients in need of radiation therapy treatment have to travel significant distances to other North Carolina radiation treatment centers — which can often become an obstacle to receiving those needed services.

“When someone finds out they have cancer, that can be devastating news enough,” Hambrick said. “But then when they find out they have to drive somewhere else to get treatment, that can be so much worse because it puts a burden on their family too — and sometimes they just don’t want to do that.”

At OMH, it’s about the mission

Penney Burlingame, Senior Vice President/Nursing and Clinical Services, said the data have shown that local cancer patients requiring radiation therapy were being “grossly underserved.”

“In 2004,” she said, “only 25 percent of OMH cancer patients received radiation therapy — less than half of the national average, and the national average at the time was 52.3 percent. In other words, some 70 patients who could’ve benefited from radiation therapy [that year] did not receive it.”

Armed with this and other supporting data, OMH filed for a Certificate of Need in 2006. The North Carolina Certificate of Need law requires prior approval from the Department of Health and Human Services before a healthcare provider can acquire, replace or add to their facilities or equipment, except in specified circumstances.

In May 2008, OMH was awarded the CON for a linear accelerator — the equipment that delivers the radiation treatment therapy.

“It was clear after the feasibility study the hospital performed that this was a venture that was going to be all about the hospital’s mission — not about the hospital’s [operating] margin,” Burlingame said. “Our mission is to provide the people of our community with quality medical services, delivered in a friendly, safe and caring environment — that’s the exact mission.

“Any way you look at it, the Radiation Oncology Center was clearly about mission, not margin. We knew going in that this was not going to be profitable for awhile, but it was the right thing to do. We have such a great group of people who understand what we’re here for and really are quite passionate about caring for other people.”

Leading-edge technology

The OMH Radiation Oncology Center will have a high-quality linear accelerator and will benefit from the experience of the Brody School of Medicine, considered to be a world leader in radiation treatment technology, Waller says.
According to Waller, OMH will be using Siemens’ ONCOR™ Expression Linear Accelerator, considered by many to be unparalleled. The ONCOR model delivers both Image-Guided Radiation Therapy (IGRT) and Intensity-Modulated Radiation Therapy (IMRT).

“Image-Guided Radiation Therapy,” Burlingame explained, “acknowledges that a tumor, from one treatment to the next, can shift positions — perhaps very minute changes in position, but those changes can translate into significant unnecessary exposure to radiation. The benefit of IGRT is that you can have an updated determination of tumor position [each treatment session] and based on exact coordinates provided by the CT simulator, you can then deliver a pinpointed, specific dose of radiation therapy directly to the tumor without damaging healthy tissue.”

Intensity-Modulated Radiation Therapy is a procedure which delivers an increased concentration of radiation dose to the tumor, with a reduced dose to the surrounding tissue. The ONCOR™ Expression Linac uses a cinematic IMRT that fully automates the process, reducing a patient’s time on the table and increasing clinical efficacy.

In addition, the ONCOR™ Linac has a compact, open design to help patients feel more comfortable, enabling treatments to proceed more quickly with less patient stress. The Linac’s reduced physical footprint — Siemens says it is the smallest in the industry — also takes up less room in the treatment area, allowing for a more spacious healing environment.

Waller said that when completed, the Radiation Oncology Center will have one vaulted Linac treatment room, but “we’ve left space in the site plan so in the future, if we have the need, we can add a second vault [for another Linear Accelerator]. We have room to expand in order to continue to meet the needs of our community.”

Thanks to the many passionate community volunteers who have come together to raise funds and awareness, and to the many dedicated employees of OMH, the Radiation Oncology Center will soon break ground, becoming a visible reality and tangible message of caring for all those directly and indirectly affected by cancer.

OMH Foundation: A successful year of raising funds, friends and awareness

By Jennifer Mackenzie, Contributing Writer

“The word I use to describe it is ‘miraculous.’ To have a brand-new Foundation run a brand-new event and raise $200,000 is unheard of.” – Tim Strickland, OMH Foundation Executive Director

On Feb. 28, the OMH Foundation threw a party — a party with a great purpose.

The guest star and keynote speaker of the event was Jamie Farr, who played Cpl. Maxwell Q. Klinger on the 11-year run of one of television’s most beloved series — “M*A*S*H.” It was not just a meaningful coincidence that it was on another Feb. 28 (of the year 1983) that the 251st and final episode of “M*A*S*H” aired on CBS, drawing the biggest television audience in history (to that date).

“We chose the date because it was the 26th anniversary of the final episode, and we mentioned that when we talked to [potential sponsors],” Strickland said.

What began as a creative marketing hook soon became something more prophetic. Like the final “M*A*S*H” episode, the fund-raiser pulled in many fans. The attendance and financial response from the community surpassed all expectations. With more than 500 people filling Jacksonville’s American Legion Hall, the event raised $205,792 toward the Foundation’s fund-raising recipient: OMH’s new Radiation Oncology Center, scheduled to break ground later this year.

Aptly named the M*A*S*H Bash, the fund-raising event involved more than 50 volunteers from the civilian and military communities.

OMH Foundation:

Leading the charge was the Foundation Board’s Radiation Oncology Project Chair, LaRue Hambrick. “LaRue Hambrick and all the other volunteers were amazing,” Strickland said. “They are the ones who drove this and made it a success.”

“As Project Chair,” Hambrick said, “my No. 1 goal was to more than triple what they thought they could bring in, and to get as many people involved as possible.”
With a veritable force at their side — including Marines and Corpsmen under the direction of (retired) Marine SgtMaj Joe Houle and U.S. Navy LT Carmen Rowe — the 18-member Events Committee hosted an evening long to be remembered.

Foundation Board Chair Rik Pugh, who also served on the M*A*S*H Bash Committee, cites “passion and hard work” for the entire team's success. “We did it first-class,” he said, “and then people just gave — for the cause.”

The foundation's mission

“The OMH Foundation's mission is to generate financial and other public support for the mission of Onslow Memorial Hospital, through fund-raising and friend-raising activities,” Strickland said. Looking to the future, Strickland envisions the Foundation as “a significant driving force in expanding the availability of healthcare services in the community.”

Newly reorganized in 2007, the Foundation established the Radiation Oncology Center as the initial purpose of its fund-raising activities.

The reason, Strickland explained, “is that the Foundation Board felt that the Radiation Oncology Center would be a project that would benefit all Onslow area residents, either now or at some point in the future. Every family is affected by cancer at some point in time. "I personally felt that people would have a genuine, heartfelt desire to volunteer to bring such a good thing to pass. So we identified Rik Pugh as a potential Chair. He accepted that position, and then Rik and I worked on recruiting the other Board members.”

Looking ahead to Feb. 27, 2010

The bar is set high for 2010, but the Foundation is facing the challenge eagerly. “All the people who were on last year's Events Committee are coming back,” Pugh said, “so we have a whole year of experience behind us.”

As far as the theme for next year's party — we'll just have to wait and see. “But one thing is for sure,” Pugh said. “It’s going to be a first class event again — and nobody will want to miss it!”
Auxiliary brings results through total commitment

By Jennifer Mackenzie, Contributing Writer

With 23,000 hours worked and $60,800 raised in the past calendar year, OMH Auxiliary President Kay Brandon, LPN, cites “a total commitment” from her fellow volunteers as the No. 1 reason for the group’s success.

Although the Auxiliary is modest in size (15 men and 75 women), the dedication of its volunteers clearly makes a meaningful impact in the hospital.

“The visitors desk is one of the first impacts our volunteers make,” Brandon said, “and our Auxiliary members take pride in making a positive first impression.”

Another truly comforting first impression is made on all newborns (and their families) by a special group of Auxiliary members who have proved to be prolific hatmakers.

“We’ve got a whole group of women who knit or crochet those little baby hats, at a rate of 150 a month,” Brandon said with a laugh. “In fact, we’ve had such an abundance of hats this year that the members starting making blankets.”

Auxiliary volunteers also run every aspect of the OMH Gift Shop, a significant source of funding. “It’s a big job,” Brandon said.

As OMH Gift Shop Manager for the past four years, volunteer Judy Kight brings many years of professional retail experience to the task. “Judy puts a lot of hours each week,” Brandon said. “She works so well with her staff and is extremely dedicated.”

Proceeds from the Gift Shop, in addition to all the monies raised via the Auxiliary’s six annual fundraisers, are funneled directly back to equipment the Auxiliary purchases for hospital departments. “We’re able to purchase ‘nice to have’ things that the hospital might not ordinarily buy,” Brandon explained.

Each year, the Auxiliary also funds four $500 nursing student scholarships through Coastal Carolina Community College’s LPN and RN programs.

In April 2009, the Auxiliary was honored with The Golden Rule Award. Implemented by Onslow Community Outreach Inc. and sponsored by Jones-Onslow EMC, the local award recognizes volunteers in four categories for their outstanding service contributions. The Auxiliary won the group category.

“The Golden Rule Award judges mentioned the dedication of Kay’s group,” said Sandra Wyrick, Outreach Executive Director. “Of course the money they have made for the hospital is very impressive, but I think the fact that they are such a tight group, with so many friendships that tie them together, was also very apparent to the judges.”

Brandon, who will serve as Auxiliary President through May 2010, agreed with Wyrick’s assessment. “Our Auxiliary volunteers,” she said, “are some of the warmest, friendliest, most caring people I have ever met in my life.”
OMH financially healthy despite economic climate

By Keryn Thompson-Kolar, Contributing Writer

It’s becoming a standard greeting these days: “How’s the economy treating you?” Almost no one is left unscathed by a national economic downturn, and that includes organizations such as Onslow Memorial Hospital.

The 2008 Annual Combined Statement of Revenues and Expenses reflects the difficulty our nation is facing, said Roy Smith, Senior Vice President/Chief Financial Officer for the Onslow County Hospital Authority.

“We see the impact in several ways,” he said. “One is an increase in the number of uninsured or underinsured patients we are treating. Additionally, we are seeing more people using the Emergency Department as their primary source of medical care.”

In fact, Smith said, charity care last year increased by 27 percent to $3.87 million.

Tim Strickland, Senior Vice President/Director of Public Relations and Marketing, agreed with Smith on the importance of helping people who are unable to pay for their medical treatment.

“Onslow is self-supporting — it’s a 501(c)3 nonprofit hospital, with revenues coming solely from patient care,” Strickland said. “But we are a public hospital and will not turn away people in need. We have a strong commitment and mandate to serve our community in meaningful ways, and this includes the significant amount of charity care we provide.”

Inpatient volumes have held steady year to year, while outpatient volumes have continued to increase, especially in regard to the Emergency Department.

Ramping up for the opening of the new Emergency Services and Surgical Pavilion, which doubled capacity, affected the bottom line for 2008 as well. Nurses and other staff were hired in advance of the opening to allow time for training and orientation to new processes and equipment. Additionally, Onslow’s hospitalist program for inpatient care was expanded; the hospital’s role in ensuring the availability of on-call physician specialists critical to the Emergency Department increased; and salaries and health insurance costs rose. All of this contributed to higher operating expenses in 2008.

“Demand for skilled healthcare workers is growing faster than the supply,” Smith noted. “Hospitals are forced to adapt to that situation, and that, in turn, leads to greater expense. We have to constantly ensure that we are offering competitive wages and benefits to our employees, while at the same time making sure that we are serving as wise stewards.”

Regarding the new hospital wing, Smith said, “initially, the impact (on the hospital’s financial picture) was negative, because of expenses incurred during the startup phase. However, we expect the longer-term impact to be very positive” — more patients served in a much-celebrated, state-of-the-art facility.

A downturn in the financial markets hit just about every business hard, and OMH is no exception. Fiscal year 2007 saw more than $2.2 million in earnings from investments. This figure changed to a $1.4 million loss on investment earnings in fiscal 2008.

“Everyone is experiencing this,” Smith said. “No one is immune to it — corporations, hospitals, private individuals. Anyone who had funds invested in the stock market last year probably experienced losses on their investments.”

He said that despite the pressure on earnings in 2008, the Hospital Authority continues to be solid financially.

“We have a strong balance sheet — we have the ability to weather storms, so we’re not unduly concerned,” Smith said. “Notwithstanding the decrease in net income, the hospital is continuing to generate a positive income from operations, for the seventh year in a row.”

He said the Hospital Authority is continuing to invest in the community. In addition to the new Emergency Services and Surgical Pavilion, the Authority invested more than $7.5 million in new buildings and equipment in 2008. For the patients Onslow serves, that makes it a very good year.

### ONSLOW COUNTY HOSPITAL AUTHORITY: FISCAL YEAR 2008

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<th>Annual Combined Statement of Revenues and Expenses</th>
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<td><strong>REVENUES</strong></td>
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<td>Net patient service revenue</td>
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<td>(less provisions for uncollectable amounts of $22,969,108)</td>
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<td>Other revenue</td>
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<td>Total revenue</td>
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<td>Physician fees and purchased services</td>
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<td>Depreciation and amortization</td>
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<td>Interest</td>
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<td>Other</td>
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<td>Total expenses</td>
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<td><strong>OPERATING INCOME</strong></td>
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<td><strong>NONOPERATING INCOME — Net</strong></td>
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<td><strong>EXCESS OF EXPENSES OVER REVENUES</strong></td>
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</tbody>
</table>
Anesthesia

Kumar Swamy, MD
144 Memorial Court
Jacksonville, NC 28546
(910) 346-3976
Medical School: Mysore Medical College
Residency: Lincoln Medical Center, Wayne State University Hospital, St. Vincent’s Catholic Medical Centers

Anesthesia/Pain Management

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Internship: Health Science Center University Hospital
Residency: Duke University Hospital, Health Science Center University Hospital

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Emergency Medicine

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Hemant Sheth, MD
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Residency: Conemaugh Memorial Medical Center

Cardiology

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Fellowship: Saint Barnabas Medical Center

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Residency: University of Tennessee Memorial Hospital

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Internship: Washington Hospital Center
Residency: George Washington University

Andre Tse, MD
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Fellowship: University of Manitoba, Winnipeg, Canada

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Medicine

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Allergy

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Residency: Allegheny General Hospital

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Fellowship: Pitt County Memorial Hospital

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Fellowship: Pitt County Memorial Hospital

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Internship: Mercy Hospital
Residency: Moses Cone Memorial Hospital
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tr>
<td><strong>K.V. George Thomas, MD</strong></td>
<td>200 Doctors Drive</td>
<td>(910) 346-2263</td>
<td>University of Ibadan Medical College</td>
<td>Kottayam Medical College</td>
<td>University of Virginia Medical Center</td>
<td>University Hospitals of Cleveland</td>
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<tr>
<td><strong>Jose Ros, MD</strong></td>
<td>3245 Henderson Drive Extension</td>
<td>(910) 937-0008</td>
<td>University of Ibadan Medical College</td>
<td>Cebu Doctors’ College</td>
<td>Lincoln Medical &amp; Mental Health Center</td>
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<td><strong>Ibikunle Ojebuoboh, MD</strong></td>
<td>22 Office Park Drive</td>
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<td>Nassau County Medical Center</td>
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<tr>
<td><strong>Clarence Balenger, MD</strong></td>
<td>227 Memorial Drive</td>
<td>(910) 353-3624</td>
<td>Medical University of South Carolina</td>
<td>Medical College of Georgia</td>
<td>Medical College of Georgia</td>
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<tr>
<td><strong>Leon Davis, MD</strong></td>
<td>245 Memorial Drive</td>
<td>(910) 353-7741</td>
<td>Cornell University</td>
<td>Vanderbilt University Medical Center</td>
<td>Vanderbilt University Medical Center</td>
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<tr>
<td><strong>Leon Davis, MD</strong></td>
<td>245 Memorial Drive</td>
<td>(910) 353-4433</td>
<td>University of North Carolina</td>
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<td>Eisenhower Army Medical Center</td>
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<tr>
<td><strong>Abayomi Osunkoya, MD</strong></td>
<td>25 Office Park Drive</td>
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<td>Harlem Medical &amp; Mental Health Center</td>
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<td><strong>Khaled Jreisat, MD</strong></td>
<td>227 Memorial Drive</td>
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<td>Medical College of Florida</td>
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<td><strong>Franklin Dill, MD</strong></td>
<td>124 Memorial Drive</td>
<td>(910) 353-7741</td>
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<td>Vanderbilt University Medical Center</td>
<td>Vanderbilt University Medical Center</td>
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<td>University of Ibadan Medical College</td>
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</tr>
<tr>
<td><strong>Mingaros Cailing, MD</strong></td>
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</tr>
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**Nephrology/Internal Medicine**

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<tr>
<td><strong>K.V. George Thomas, MD</strong></td>
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**Obstetrics/Gynecology**

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Residency: St. Joseph’s Hospital and Medical Center  
Residency: University of Medicine and Dentistry of New Jersey

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Fellowship: Case Western Reserve University

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Fellowship: Arenson Associates of Chicago

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Fellowship: National Institutes of Health

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Fellowship: University of Massachusetts Medical School

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Residency: North Carolina Baptist Hospital
Fellowship: North Carolina Baptist Hospital

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Internship: North Carolina Baptist Hospital
Residency: North Carolina Baptist Hospital
Fellowship: North Carolina Baptist Hospital

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Internship: North Carolina Baptist Hospital
Residency: North Carolina Baptist Hospital
Fellowship: North Carolina Baptist Hospital

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Internship: Carolinas Medical Center
Residency: Duke University Medical Center
Fellowship: Duke University Medical Center

Pediatric Cardiology

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Medical School: University of South Florida College of Medicine
Internship: Children’s Hospital Medical Center
Residency: Children’s Hospital Medical Center
Fellowship: Children’s Hospital Medical Center

Ophthalmology

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Medical School: University of Amsterdam
Internship: Erasmus University Eye Hospital Rotterdam
Residency: University of Amsterdam, Wake Forest University

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Internship: Jackson Memorial Hospital
Residency: University of Alberta

Psychiatry

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Residency: University of Florida

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Residency: Creedmoor Psychiatric Center, Mary Hitchcock Memorial Hospital
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Radiology

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Residency: Duke University

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Internship: St. James Hospital and Health Center
Residency: St. James Hospital and Health Center

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Internship: Youngstown Hospital Association
Residency: Youngstown Hospital Association

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Residency: Baylor College of Medicine
Fellowship: University of Oklahoma

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Fellowship: University of Alabama Birmingham

Allied Health Professionals

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Lindsay Olsen, PA
Johnston Pain Management

EMERGENCY
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Allison Cheek, NP
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Jessica Crompton, PA
Onslow Memorial Hospital
Trina Deal, NP
Onslow Memorial Hospital
Deanna Gray, NP
Onslow Memorial Hospital
Deborah Hendrix, NP
Onslow Memorial Hospital
Nancy Melling, NP
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Penney Parker, NP
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OB/GYN
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SURGERY
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