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New philosophy improves outcomes
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Therapy on Four Legs
Program brings peace to patients
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When losing equals winning
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Introduction

I am proud to introduce our 2011 Annual Report & Guide to Doctors and Services. I thank our Authority Board, Foundation Board, executive and management teams, medical staff, employees and Auxiliary for their passion and loyalty to serve. In our service to others, we reaffirm our commitment: We are accountable to do no harm.

Over the past year, we have made major improvements in quality, safety, and the patient and family experience. In our commitment to accountability, we have become partners and sponsors with the Institute for Patient- and Family-Centered Care. Our culture now embraces the patient and family in a more collaborative team effort, in which the patient and family are treated with dignity and respect, are listened to, and are key participants in the medical treatment and care experience. We have created a Patient Service Navigator program to assist and help the patient and family through the patient-care experience.

A major accomplishment over the past year was the construction and opening of the world-class Onslow Radiation Oncology. I thank the Foundation Board for their efforts in raising over $500,000 toward this project; and I thank the many citizens, to include Louis and Doris Sewell and family, for their generous donations. Today, through the efforts of many, cancer patients in our community no longer have to travel out of town for radiation therapy.

This coming year, we are committed to Accountable Change for Excellence. This initiative is based on a methodology using Six Sigma and LEAN management to assist us in making significant change to address three major factors: cost, quality and safety, and patient and family experience. Also for the coming year, we have partnered with the Studer Group to assist us in implementing our strategic plan in this journey of Accountable Change for Excellence. This journey is a demonstration of our loyalty to better serve and to pursue excellence. It is our duty to reduce cost, improve quality and safety, and enhance the satisfaction of our patients, their families, and our staff.

I’m grateful to everyone at Onslow who has answered a calling of loyalty from the heart to serve in a place Where People Care, in a culture of sensing the needs of others, embraced by a philosophy of patient- and family-centered care.

Sincerely,

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

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About this publication

We hope our 2011 Annual Report & Guide to Doctors and Services will serve as a handy resource for you in the upcoming year. Pages 2 to 27 serve as our organization’s Annual Report. In this portion, you will find information about our new strategic plan; achievements in clinical quality and technology; a report on our financial health; and much more. Pages 28 to 39 represent our comprehensive Physician Directory, with biographical information about the many fine doctors who serve as members of our medical staff. We are proud to present this publication. To learn more about our place of healing and hope, we invite you to visit www.onslow.org.
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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, FACHE  
Senior Vice President 
Director, Human Resources

Roy Smith, MBA  
Senior Vice President 
Chief Financial Officer

Tim Strickland, MMC, FACHE, APR  
Senior Vice President 
Director, Public Relations/Marketing

Daniel T. Waller, MBA, FACHE  
Senior Vice President 
Support Services

Erin Tallman, OTR/L  
Vice President 
Patient Advocacy and Service Improvement

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Phyllis Livesay, Vice President

Ann Weaver, Treasurer

Shirley Pittman, Recording Secretary

Elizabeth Krentz, Corresponding Secretary

ANNUAL REPORT & GUIDE TO DOCTORS AND SERVICES 3
HOSPITAL SERVICES DIRECTORY

The following is a partial telephone directory of hospital services. The hospital’s main number is (910) 577-2345. For more information about OMH or these services, please visit www.onslow.org.

Admitting
Inpatients  577-2908
Outpatients  577-2221

Anesthesiology  577-2471
Auxiliary/Volunteers  577-2341

Billing  577-4703
Cancer Registry  577-2874
Cardiac Cath Lab  577-2590
Cardiac Rehab  577-2952
Cardiology  577-2827

Construction  577-2410
Case Management  577-2311
Education  577-2581
Emergency  577-2240

Endoscopy  577-2377
Foundation  577-2547
Gift Shop  577-2547

Guest Services  577-2836
Heartburn Center  577-2615
Human Resources  577-2291
Information  577-2345

Inpatient Services/Stations
2 South  577-2261
3 North  577-2896
3 South  577-2395
4 North  577-2420
4 South  577-2497
4 West  577-2201
Dialysis  577-2468
ICU  577-2551
IMCU  577-2508
Labor & Delivery  577-2231
Nursery/Neonatal ICU  577-2236
Pediatrics  577-2491
Pharmacy  577-2300

Wound Care  577-2579
Laboratory  577-2200
Onslow Diagnostics  577-2529
Lactation Specialist  577-2325
Lithotripsy  577-2877
Marketing/PR  577-4736
Medicaid Specialist  577-2367
Medical Records  577-2509

Minor Emergency Care  577-2875
Onslow Diagnostics  577-2900
Pathology  577-2286
Patient Advocate  577-4731
Purchasing  577-2378
Radiation Oncology  577-4900
Radiology  577-2274
Imaging Center for Women  577-2690
Rehabilitation Services
Cardiac Rehab  577-2952
Occupational Therapy  577-2372
Physical Therapy  577-2372
Speech Therapy  577-2372
Respiratory  577-2680
Security  577-2300
Sleep Lab  577-2536
(Before 4 p.m.)
(After 4 p.m.)  577-2621
Surgical Services  577-2255
Ambulatory Surgery  577-2485
(5th Floor)
Endoscopy  577-2377
Main OR (1st Floor)  577-2225
Post-op Recovery  577-2228
Surgicare  353-9565

Moving forward
Onslow unveils new mission, vision and strategic plan

By Keryn Thompson-Kolar — Contributing Writer

Our Mission: To provide excellent patient health services in a healing and family-centered environment.

What’s changed: An emphasis is now being placed on family-centered care — the need for healthcare providers to gain the full participation of patients and their loved ones by actively seeking their input. Healing depends on a united effort; it goes beyond hospital walls to a patient’s home environment and circle of support. Relationship building and improved communication will be vital in living up to this mission.

Our Vision: Onslow Memorial Hospital will be our community’s choice for health care.

What’s changed: Not the goal — Onslow long has sought to become the community’s Hospital of Choice. But specific ideas for how to achieve that are now being put into place, thanks to a new strategic plan. The planning process was completed with the participation of Onslow County Hospital Authority members, as well as physicians and executives who make up the Strategic Medical Advisory Committee.

Our Strategic Plan: Five goals to drive our performance.
1. Physician recruitment, retention and alignment.
It’s important to have “a sufficient number and mix of physicians,” said Penney Burlingame, Senior Vice President, Nursing and Clinical Services. “Currently the biggest challenge is a shortage of primary-care physicians. Our goal is to gain four primary-care physicians per year for the next several years.”

It’s a lofty goal, but it can be achieved: In 2010, OMH successfully recruited 22 physicians.
Location helps, as do new services such as Onslow Radiation Oncology and the planned surgicalist program, which will provide round-the-clock emergency surgical services. But Burlingame says it’s the people that matter most. Staff members and their spouses are taking an active role in recruitment by giving tours and receptions to make visiting physicians feel welcome.

Our goal is to gain four primary-care physicians per year for the next several years.
“They put their hearts and souls into it, and it shows,” she said.

An area that is often overlooked is retention of physicians. “It’s not enough to recruit them here, we’ve got to keep them here,” Burlingame said. This can be accomplished through better communication – “keeping our finger on the pulse of physician practices.” According to Burlingame, Physician Services Coordinator Vanessa Riley plays a role in this by making office visits, asking, “How can OMH help you in your practice?”

2. Emergency Department patient satisfaction.

Since opening the Emergency Services and Surgical Pavilion in late 2008, Onslow has seen a surge in patient volumes. This has led to efforts to improve processes and reduce the amount of time patients must spend there. The aim is to get the Emergency Department’s overall quality of care score at or above the 90th percentile, as rated by patients.

How will this happen? The strategic plan outlines four goals to meet: Door-to-provider time is at or below 30 minutes; the “left without being seen” rate is at or below the national average (currently 2 percent); patients’ length of stay is at or below 180 minutes; and a patient’s likelihood of recommending OMH to others is at or above the 75th percentile.

Getting there will require much effort on the part of Onslow’s staff — and that’s good news, said Crystal Hayden, Senior Vice President and Chief Nursing Officer.

“Based on internal and external interviews done during the strategic planning process in fall 2010, the staff was identified as a major organizational strength.”

For more information on recent and planned process changes in the Emergency Department, see the article on page 10.


By 2016, OMH wants its performance on clinical outcomes and publicly available measures to meet or exceed that of other regional hospitals. This can be done by hardwiring a culture of accountability, "ensuring that we have systems in place and that we can evaluate staff behaviors," said Jo Malfitano, Performance Improvement and Accreditation Manager.

Planned initiatives include investing in the continuing education of clinical staff, "to improve efficiencies and effectiveness in the workplace," she said.

In 2010, OMH received quality awards such as the Maternity Care Excellence Award and the Pediatric Patient Safety Excellence Award from HealthGrades, and the Get With The Guidelines Heart Failure Bronze Performance Achievement Award from the American Heart Association.

“We’re moving forward, picking up some momentum, but we’re setting the bar high. We want to commit to that level of excellence,” Malfitano said.

Malfitano credited the work of Dr. Ishwar Gopichand, Performance Improvement Committee Chair, for helping Onslow partner with physicians on protocols to improve performance on core measures of the Centers for Medicare & Medicaid Services.

“Everybody has to be on board,” Malfitano said. “Dr. Gopichand has been the cornerstone of ensuring compliance for staff and physicians.”

4. Service improvement.

Becoming the best provider of patient- and family-centered care in the region is an ambitious goal, but that’s where Onslow has set its sights. Erin Tallman, Vice President of Patient Advocacy and Service Improvement, is overseeing initiatives to improve systems and behaviors that impact care, and increase the staff’s level and quality of communication with physicians, patients, and families.

“It’s all about making sure that we have the right mindset as we take care of our patients,” said Tim Strickland, Senior Vice President, Public Relations/Marketing. “And then, it’s about empowering caregivers to develop efficient systems so our patients receive high-quality care in a timely manner.”
5. Market Position

The strategic plan calls for at least 56 percent of Onslow County residents to choose OMH for inpatient care by 2016, up from 2010’s rate of 50 percent. Another goal is to achieve an overall impression mean score of at least 70, as measured by an annual consumer assessment study.

“We’re ahead of schedule toward achieving 2016 goals because of initiatives already under way,” Strickland said. In January, for example, the overall impression mean score jumped to 66, within striking distance of the target.

Also, “we are seeing improvement in market share and are confident we will meet that (56 percent) goal by 2016,” Strickland said. “Onslow saw a significant uptick in patient volumes beginning with the holidays and continuing into spring. It’s evident that our improvements are making a difference in increasing demand for our services.”

It’s about empowering caregivers to develop efficient systems so our patients receive high-quality care in a timely manner.
More doctors.
More surgeons.
Another winning year for OMH Auxiliary

The OMH Auxiliary, currently a team of 80 dedicated volunteers, has received high marks once again. The North Carolina Hospital Volunteers organization has presented the Onslow group with the prestigious Five Star Award, the highest honor presented to hospital auxiliaries who accomplish a variety of criteria.

Auxiliary President Martha Danford said the Five Star Award is becoming increasingly selective, making winning it an even greater challenge and honor than in years past.

Danford, who has volunteered thousands of hours herself to OMH and has served as president seven times in the past 20 years, said volunteers put in countless hours of service, and do so for the pure joy of giving.

“We’re especially excited about the recipient of our Volunteer of the Year Award this year, Gwen Halsey,” said Danford. “Gwen has given 27,000 hours to the hospital since coming here in 1977. Needless to say, she is a very, very dedicated volunteer.”

Above and beyond daily service, the OMH Auxiliary also contributes a significant amount of funds to support quality local healthcare. This year, the group was able to give $49,660 to the hospital. Some of those monies were directed toward Onslow Radiation Oncology’s new mobile PET scanner. “We really wanted to do that this year,” Danford added, “because it’s such an important service to this Onslow community.”

Auxiliary funds are raised through the OMH Gift Shop, as well as several fund-raising sales events for hospital employees throughout the year.

In addition to funds given to the hospital, the Auxiliary also awarded four $1,000 scholarships to Coastal Carolina Community College students.

“It’s a tremendous amount of work that the volunteers do,” said Danford. “But it’s very rewarding. Every single day is a new experience at OMH. Personally, I worked in a paying job for many, many years, and knew I always wanted to volunteer when I retired. There are so many times you are able to help somebody in a truly meaningful way here.

“Volunteering allows you to give back to your fellow man. I enjoy it immensely and I wouldn’t take a dime for it. I know we all feel that way.”

Volunteer of the Year

Congratulations to Gwen Halsey (center), who was selected as the 2010 OMH Auxiliary Volunteer of the Year. Pictured with Gwen are past president Martha Danford (left) and Gwen’s son Donald Halsey. Gwen was honored during the 2010 OMH Auxiliary Christmas and Awards Luncheon at the Jacksonville Country Club. At the same event, Gwen was honored for reaching 27,000 total volunteer hours at OMH – close to a state record.

Onslow County Hospital Authority Chair Vanessa Ervin was on hand to personally thank the volunteers for their service.

The event was well-attended and the volunteers enjoyed the music provided by Patient Accounts Representative Ron Griffin.
Onslow Radiation Oncology (ORO), which opened its doors in August 2010, is already well on the road toward becoming a comprehensive cancer center. The goal is for ORO to provide traditional and nontraditional cancer therapies, according to Penney Burlingame, Senior Vice President, Nursing and Clinical Services.

This year in Onslow County alone, more than 500 people will be diagnosed with cancer; about half of those diagnosed will need radiation therapy treatment. Having the option of receiving state-of-the-art treatment close to home at ORO is a great benefit to these patients and their families.

Until the opening of the new Radiation Oncology Center, cancer patients in need of radiation therapy had to travel significant distances to other North Carolina radiation treatment centers – which often became an obstacle to receiving those critical services.

The 10,000-square-foot ORO facility includes a Siemens ONCOR Expression Linear Accelerator, considered by many in the healthcare field to be unparalleled. The ONCOR model delivers both image-guided radiation therapy and intensity-modulated radiation therapy.

At a cost of more than $7 million, Onslow Radiation Oncology is a joint venture between Onslow Memorial Hospital, University Health Systems Pitt County Memorial Hospital, and the Brody School of Medicine. Enthusiastically supported throughout the greater Onslow community, ORO was made possible in part by the overwhelming generosity of local residents and businesses who donated more than $500,000 through the OMH Foundation.

In addition, a mobile PET scanner has now been added.

“The PET CT is a good modality to create a baseline and determine how well treatment is working,” said Burlingame. “It provides additional information to complement treatment, and ensures we are providing the correct amount of radiation.”
Patient- and family-centered care

New philosophy driving excellence in patient outcomes

By Jennifer Mackenzie – Contributing Writer

Sometimes one little word can change an entire perspective. For Onslow Memorial Hospital, that small but powerful word is “with.”

“Our hospital is now embracing a philosophy of patient- and family-centered care, where we no longer do things to the patient,” said Ed Piper, Ph.D., President and Chief Executive Officer. “Instead, we do things with the patient.”

In early 2011, OMH joined in partnership with the Institute for Patient- and Family-Centered Care (IPFCC), which provides consultation, training and technical assistance to hospitals and healthcare facilities.

IPFCC advances the understanding and practice of patient- and family-centered care through its founding principle that “patients of all ages are essential members of the care team. … In reality, patients often include their family members as part of the care process, making both patients and families indispensable to the collaborative partnerships in healthcare.”

Patient- and family-centered care redefines the relationships in healthcare based on the following four core tenets:

Dignity and Respect. Healthcare practitioners listen and honor patient and family perspectives and choices.

Information Sharing. Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.

Participation. Patients and families are encouraged to participate in care and decision-making at the level they choose.

Collaboration. Patients, families, healthcare practitioners and healthcare leaders collaborate in all aspects of policy and program development, including education and facility design.

It is essential, said Dr. Piper, to reach a new understanding of who constitutes a patient’s family.

“The patient’s family may be a close friend, or someone who lives with the patient. They may not be married, but they may have a social or spiritual bond with this person they choose to define as their family,” Dr. Piper said. “As such, we fully accept and respect the family – as defined by the patient – as part of the patient’s care team in every area of the hospital, including the Emergency Department and the Intensive Care Unit.

“Both patients and their families share fully in decision-making and are guided on how to self-manage, partner with their clinicians, and develop their own care plans.”

As a means of eliminating patient and family barriers to timely and efficient care and identifying potential problems before they become complaints, OMH created the Patient Service Navigator position. In this new role, Jessica Collins-Hansley uses her expertise as a social worker to help patients navigate through the healthcare system, advocating on behalf of the patient and family.

The entire focus of patient- and family-centered care is about creating sensitivity and awareness to allow OMH staff to see through the eyes, and hear through the ears, of the patient and the patient’s family, explained Dr. Piper.

“Patients and families will tell you that you may think you know your hospital, but you don’t really know it until you become a patient, or a family member of a patient. That’s why we also created the Patient and Family Advisory Council.”

The Patient and Family Advisory Council includes past OMH patients and their family members, in addition to hospital Board members, an Auxiliary representative, a physician, employee representatives, and members of the Executive Team. Its mission is to comprehensively assess the experience of patients and their family members, and bring forth recommendations for improvements.

As Dr. Piper said, “The patient and the patient’s family must be at the very center, the heart of everything we do with them.”

“The patient and the patient’s family must be at the very center, the heart of everything we do with them.”
Patient volumes are up 22 percent since Onslow’s new Emergency Department opened in 2008. And the 60,000 patients treated annually are receiving better care than before, thanks to a process redesign initiated last fall.

Experts brought in from Team Health East “did a lot of brainstorming, flow charts … a step-by-step analysis of what patients encounter when going through the Emergency Department,” said Crystal Hayden, OMH Chief Nursing Officer.

Their assessments went to Onslow’s Emergency action team, made up of front-line staff, leadership, nurses, Lab, Radiology, Patient Access, Housekeeping and more. Its goal: to streamline Emergency care by identifying barriers to overcome and eliminating repetitive actions.

Late last year, OMH initiated a quick registration system, a Nurse First program and a split-flow model for seeing patients. Patients arriving in the Emergency lobby now are greeted by a nurse, who determines the level of care needed and then sends them to one of three areas: the main Emergency Department, for the most severely ill or injured patients; the SuperTrack Area, for clinic-type patients with less-severe conditions; and intake, for patients requiring lab work or a simple procedure.

Coming soon is the introduction of a Rapid Admissions Unit, a nursing team that works 24/7 to smooth the transition for Emergency patients who get admitted to the hospital. This eases the workload for Emergency Department and inpatient nursing staff, while providing the patient with an uninterrupted admissions process.

The changes to the Emergency Department are being felt.

“All of it) really has helped streamline the process,” Emergency Nurse Manager Christina Miller said. “As a result, we have seen a lot of very satisfied customers, and also very satisfied staff.”

Ultimately, Onslow aims to reduce the average length of stay in the Emergency Department and the percentage of patients who leave without being seen, so that the figures are well below the national average.

Staff training continues to be a key component of the new process.

“We have to focus on our service behaviors,” said Erin Tallman, Vice President of Patient Advocacy and Service Improvement. “We want to improve the perception our community has of us — to understand their expectations and exceed them consistently.”

“Our patients are well-informed and treated with compassion,” Hayden said. “People’s needs are really being met.”
The Onslow community stepped up again in support of Cowboy Up!, the OMH Foundation’s major 2011 fund-raising event.

Foundation Manager Ashley Hayes said a surge in community sponsorships, as well as increased efforts by OMH employees, made a significant difference in the event, which raised more than $200,000 for Onslow Radiation Oncology.

The funds were used to provide the infrastructure for a mobile PET scanner, an important diagnostic tool in caring for cancer patients. ORO, which opened in August 2010, is a joint venture between the Onslow County Hospital Authority, University Health Systems Pitt County Memorial Hospital, and the Brody School of Medicine.

“The community went above and beyond this year,” said Hayes. “We actually maxed out our available sponsorships and had to run our last ads in the newspaper with the banner ‘Sold Out’. Without this kind of community support, we wouldn’t be where we are today.”

Recognized at the event were Louis and Doris Sewell, who pledged $100,000 in 2009 in support of ORO. Sponsors for 2011 at the $10,000 level were Golden Corral, Richard Ray Real Estate, and the Rotary Club of Sneads Ferry.

The American Legion Hall in Jacksonville was filled to capacity the evening of Feb. 26 with 800 guests in attendance. “We had 105 tables filled — there wasn’t a seat left,” said Hayes.

Events Committee Decorations Co-chairs Karin Dickerson and Pam Strickland organized the country motif, Lee Ann Thomas once again pulled off a highly successful silent auction, and much heavy lifting was contributed by area Marines and Corpsmen under the direction of Marine SgtMaj Joe Houle (retired) and U.S. Navy LT Carmen Rowe.

Decked out in cowboy/cowgirl attire, the crowd continued its generous support throughout the night, raising additional funds through themed photography and by keeping the “sheriff’s deputies” busy throwing folks into — and pulling them out of — “jail” all evening long. By night’s end, $800 in jail fees had been added to the cause.

What about next year? Well, dig out your bell-bottom jeans and love beads. According to Hayes, the OMH Foundation Board and Events Committee are proud to present “Hippie Hippie Shake.” Mark your calendar now for Feb. 25, 2012!
Prevention, quick response are top priorities for OMH

By Jennifer Mackenzie – Contributing Writer

The introduction of Mallory Antico, RN, BSN, as Onslow’s Stroke Nurse Coordinator is advancing one of the hospital’s most passionate goals: treating and preventing stroke.

In 2010, Onslow was designated a Stroke Capable Hospital by the North Carolina Stroke Association and Brain Attack Coalition, becoming part of the North Carolina Stroke EMS Triage and Destination Plan.

“We are now moving forward with our commitment to make the prevention and treatment of stroke a top priority in our community,” said Jo Malfitano, RN, MSN, Performance Improvement and Accreditation Manager.

“We’re excited about the addition of Mallory to our team because of her strong stroke care and education background. She’s an excellent communicator and very passionate about reaching out to the community.”

According to the North Carolina Stroke Association, about 795,000 Americans each year suffer a stroke. It is the third-leading cause of death and a leading cause of serious long-term disability. Defined as a sudden interruption in the blood supply to the brain, a stroke is also called a brain attack because it occurs rapidly and requires immediate emergency medical treatment.

“One of the most important things about stroke is that the patient must get evaluated and treated very fast,” said Antico. “There is one medication we can give to break down the blood clot, but it has to be given within the first three hours after the onset of symptoms.”

Mortality rates from stroke are substantially higher in the nation’s Stroke Belt — typically defined as an eight- to 12-state region in the southeastern United States. The coastal plain of North Carolina is part of the nation’s Stroke Buckle, where the death rate from stroke is twice the national average, making the need for greater stroke awareness and education critical for Onslow and its neighboring counties.

“People generally don’t know how to recognize the signs and symptoms of stroke and often don’t know how time-sensitive their situation is,” said Antico. (For a detailed explanation of stroke signs and symptoms, visit www.onslow.org and click on Stroke Awareness at the bottom of the page.) Additionally, “Once people have an understanding of the risk factors, they are often empowered to make lifestyle changes that could help reduce their risk of a primary or secondary stroke,” she explained.

One of the locations Onslow currently serves on a volunteer basis is the Caring Community Clinic in Jacksonville, providing free screenings and consultations on Tuesday and Thursday evenings for those who qualify and are under- or uninsured.

Antico said the hospital has now begun reaching out to the faith-based community, offering stroke education and risk-factor screenings to area congregations at no cost. The program is funded by Onslow Memorial Hospital, the North Carolina Stroke Association, the North Carolina Stroke Care Collaborative, and the Kate B. Reynolds Charitable Trust.

“Our community is extremely receptive and very grateful for stroke education,” added Malfitano.

Both Antico and Malfitano stressed the impact of the hospital’s leadership in supporting the stroke care program.

“The Executive Team and Onslow County Hospital Authority have been unwavering in their support of our stroke care program,” said Malfitano. “They are the reason we are able to help the community understand and prevent stroke.”
At Onslow, the days of paper patient charts are numbered. The hospital is well on its way toward implementing Meditech’s Electronic Medical Record (EMR) system. The actual project work began in October 2009 and the initial go-live date — March 1, 2011 — completed Phase I of the three-phase project.

About 250 OMH staff members spent thousands of hours building the new system and training users. Onslow was assisted in the implementation by InfoPartners Inc. of Nashville, Tenn.

“With a few exceptions, Phase I was a rip-and-replace exercise” to update the hospital’s business systems, according to Mike House, Chief Information Officer. “A couple of areas are new to documenting electronically, but this first phase was primarily a significant system upgrade to those who were already documenting electronically and relying on various systems to do their jobs. We had been using many of the existing systems for over 10 years, so this upgrade is a major leap forward technology-wise.”

Phase II will focus on bringing the majority of Onslow’s non-physician clinical documentation online. An important piece of that effort is Bedside Medication Verification (BMV). BMV focuses on the five rights of medication administration — giving the right patient the right dosage of the right medication, via the right delivery route, at the right time.

“The overall objective of Project Innovation is to increase the quality of care for, and safety of, our patients,” House said, “BMV is all about patient safety.”

Phase II is set to begin this September. Phase III, slated for an April 2012 launch, will bring physician documentation online, giving care providers immediate access to a patient’s medical history and allowing better monitoring of chronic health problems.

Computerized Physician Order Entry will enable doctors to electronically place orders for labs, x-rays, prescriptions and more, decreasing delays and reducing errors related to handwriting or transcription.

At the conclusion of Phase III, Onslow should be eligible for more than $7 million in reimbursements from Medicare and Medicaid through demonstrating meaningful use of the new EMR.

“That’s great, but that’s not why we undertook this project,” House said. In fact, OMH began this process of selecting and implementing a new EMR well before the legislation creating the incentive reimbursements was made into law.

In parallel with upgrading its systems internally, Onslow is enhancing its connectivity with the community. The goal is to connect electronically with all the physician practices represented by the medical staff. These interfaces will allow physicians to place orders from their offices for lab tests and radiological procedures, and receive the results and reports from these procedures directly into their office-based EMRs.

“When you add it all together, the goal is to improve our service to our patients,” House said. “The technology is only a means to that end. High quality and safe patient care, coupled with efficient healthcare operations, is what we expect to achieve and share with the Onslow community.”
A new emphasis on caring.
A very effective therapist has joined the staff of Onslow Memorial Hospital. She has facilitated positive emotions and communication from patients and staff members, and has amazed attending physicians. She walks through the halls silently, and enters a patient’s room when asked. If she can help, she offers herself to the task. She speaks with her eyes, and she heals in ways no one can yet understand.

Her name is Hannah, and she is the hospital’s therapy dog, a golden retriever raised and trained by Lifeline Canines of Hubert.

Erin Tallman, Vice President, Patient Advocacy and Service Improvement, established and oversees the hospital’s Animal Assisted Therapy (AAT) program. Tallman heads up the Welcome Waggers, a group of OMH staff members who serve as handlers for Hannah’s patient rounds. On the team are Inpatient Therapy Supervisor Doug Comes, Director of Guest Services Paul Elmore, Utilization Review Coordinator Beverly Smith, Emergency Chief Nurse Practitioner Sue Raynor, and Maternal Child Case Manager Suzie McCabe.

From the beginning, Hannah has exceeded expectations. After all, her name is of Hebrew origin, and means “grace of God.”

“Hannah has an ability to connect with people that none of us can explain,” said Tallman.

The purpose of a therapy dog within a healthcare setting is “to promote improvement in human physical, social, emotional, and/or cognitive functioning,” according to the Delta Society, a world resource in AAT. Hannah is trained to actively participate in physical, occupational, and speech therapy sessions with patients of all ages.

“Hannah facilitates communication with patients,” said Tallman, “and beyond that, there are times when her presence clearly creates a sense of peace.”

Dr. Adrian Pieleanu, an OMH hospitalist, said he personally witnessed Hannah’s therapeutic effect on a patient after an elderly woman, very ill with pneumonia, was admitted to the ICU.

“This lady was very sick,” said Dr. Pieleanu. “She was confused, extremely dis-oriented, and we were having to use medications and soft restraints to calm her and keep her from pulling her catheters out.

“Then someone had the idea to bring Hannah into the room. The dog walked in and (the patient) just stopped and looked right at the dog. I can’t describe exactly what I felt, but I saw a sudden change in (the patient’s) behavior.

“Then, amazingly, the next night we used less medication, and (the patient) slept well. She began to realize who she was – day by day, we saw the improvements to the point where we were able to have meaningful conversations with her.

“I had to assume it was because Hannah had in some way brought this lady back to reality. I didn’t have any other explanation for it. I was astonished.”

Hannah’s therapeutic effect on children has also surpassed expectations, Tallman said.

“Nine times out of 10, if the child is okay with it, Hannah will be in that bed with the child immediately,” Tallman said. “She completely takes their mind off where they are, and that’s when you really see the benefits.

“For whatever reason, Hannah’s presence brings peace to many people. We feel that Hannah is saying, ‘I’m not leaving you until I’ve made a difference in your life.’”
In the darkness of a mid-April Saturday evening, the Jacksonville neighborhoods of Piney Green and Tarawa Terrace took a direct hit from a tornado. The twister was spawned by a storm system that affected 15 states and claimed 46 lives — including 23 North Carolinians. Fortunately for Onslow County, no fatalities were reported here. But dozens were injured.

Over a five-hour period beginning at 8:30 p.m. on April 16, the OMH Emergency Department cared for nearly three dozen patients suffering from tornado injuries, according to Tim Strickland, Senior Vice President and Director of PR/Marketing.

“Receiving 32 trauma patients was a significant challenge for the Emergency Department, but the staff absolutely rose to the occasion,” he said. “Our hospital managed to demonstrate a sense of urgency combined with a calm decorum. Everyone was totally focused on the patients, clearly responding in external disaster mode. But I saw no panic, no fear — it was professional and compassionate.”

Strickland arrived at the hospital by 10 p.m., after being in telephone communication since the disaster struck. The hospital switchboard began transferring calls from the public and the media to his central location in Emergency, where he remained until after 1 a.m. Sunday.

“I had access to the patient roster, so I could tell folks who were calling in whether their loved ones were here or not,” Strickland said.

Of the 32 trauma patients, one was admitted overnight, three were transferred to other facilities, and the rest were treated and released.

Dr. Jay Garrett, OMH Emergency Medical Director, was set to complete a 12-hour shift by 10 p.m., but instead stayed until 4 a.m.

“In terms of the disaster aspect, it’s probably the worst I’ve seen,” Dr. Garrett said. “And I’ve been doing this since 1975.”
The most critically injured patient treated by OMH was a 23-month-old boy rescued from the rubble of his home. Garrett called the boy’s injuries “upsetting and tragic.” Found trapped under debris, he had suffered multiple fractures and other internal injuries.

Dr. Garrett immediately called the trauma service at Pitt County Memorial Hospital to have the boy admitted to its trauma unit, but he faced a critical transportation challenge.

“Pitt didn’t have any vehicles to send for him, the helicopters couldn’t fly because of the high winds associated with the storm, and all the transport units were already in use because EMS was working to full capacity,” Dr. Garrett said. “Just then, I got word from our charge nurse that New Hanover Regional Medical Center was putting its MICU (Mobile Intensive Care Unit) and another transport unit on the road heading up to help us, before we had even called them. They knew we’d need help.”

With New Hanover’s aid, the little boy was safely transported to Pitt, and a man who was suffering from a heart attack was taken to New Hanover.

Dr. Garrett credited the Emergency nurses with recognizing the need to call in additional physicians to assist Dr. Yvette Longoria, Dr. John Miller, and himself. Drs. Marshall Frink and John Gudger responded immediately.

The hospital’s successful disaster response went beyond the walls of the Emergency Department.

“This incredible response ran the entire gamut,” Dr. Garrett said. “Every single hospital department was involved, as well as EMS and New Hanover anticipating our needs and coming to help.”

The sentiment was echoed by Senior Vice President/Chief Nursing Officer Crystal Hayden, RN, MSN.

“This was a success story for the entire hospital,” Hayden said. “Dietary was providing water and snacks to the EMS, so they could get right back to the disaster scene. Housekeeping was moving beds and getting extra linens. Our inpatient nursing staff took extra patient assignments to free up their colleagues to go down to Emergency and help. Tim Strickland was helping the families and talking to the media. (Chief Executive Officer) Ed Piper and the Executive Team responded. Emergency Nurse Manager Christina Miller and Nancy Pate, the Emergency Department Assistant Nurse Manager, both responded and came in. It was a total Onslow Memorial Hospital response.

“It even extended to the patients themselves. There was a patient in the lobby of the Emergency Department waiting to be seen with a non-urgent issue when the tornado victims started coming in. This person left the lobby, went out and bought towels, clothes, tarps and flip-flops, and brought them back to the hospital to hand out to disaster victims. Here was an individual, an Onslow County citizen, who recognized that others had much greater needs and responded in kind.”

The organized and efficient response left Onslow County with good reason to have confidence in their local hospital.

“Having the opportunity to witness our response firsthand made me feel very proud to be a part of OMH and this community,” Strickland said.
Onslow has been highly visible on the web in recent years, sharing hospital news, wellness tips, parenting advice and much more. Now comes its newest online innovation, which is fostering change in a big way.

“It all started because Dr. Ed Piper, our President and Chief Executive Officer, feels passionately that the hospital should play a leadership role in improving the well-being of our community,” said Tim Strickland, Senior Vice President and Director of Public Relations/Marketing. “One way to accomplish this is by engaging in social media, which include some outstanding interpersonal communications tools.”

To be sure, Onslow’s Facebook, Twitter, YouTube, O’Healthy and MomTalk services (see related article on page 19) have been providing valuable information. But what’s being provided now is motivation, through an internet community dubbed Lighten Up Onslow. It’s a free, easy-to-join weight loss program designed to help area residents team up and shape up for better health.

Aided by the Lighten Up Onslow website, four-person teams of friends, co-workers and family members have been competing since January to lose pounds and improve their fitness levels. They log in each Monday to report their combined weight loss. Movie tickets offered as prizes have been an added incentive, but it’s the online resources that have been key to the program’s success. The website offers healthy recipes, cooking and exercise videos, fitness class suggestions, listings of local fun runs and other events, etc. It’s also a place where dieters can share tips and connect with their fellow participants.

The organizers had hoped 250 people would register for the first session, which ran Jan. 27-May 13. “Instead, 1350 signed up,” Strickland said. “It’s obvious that a lot of people in our community appreciated this new offering, and are availing themselves of this service to improve their quality of life.”

The camaraderie and the fun of friendly competition have been quite a lure.

“People are definitely talking about it,” he said. “And businesses are contacting us to partner with us in this effort.” That includes the Jacksonville Daily News, whose “Team of the Week” feature has spotlighted successful groups. Also, local fitness centers and restaurants began offering discounts to Lighten Up Onslow participants.

It’s not too late to register for Session 2 (May 23-Sept. 9) or Session 3 (Sept. 19-Dec. 16). Anyone wishing to join up and slim down can go to www.lightenuponslow.org.

### Here are the results of Lighten Up Onslow’s Jan. 27-May 13 session:

1. There were 1,350 registrants who participated.
2. The winning team was The Hyde Family, with a total weight loss of 11.11 percent of their body weight.
3. The second-place team was The Magnificent Four, with a total weight loss of 10.28 percent of their body weight.
4. Twelve additional teams received prizes for losing at least 5 percent of their collective body weight.
5. A total of 3,919 pounds — almost two tons — were lost by all participants combined.
We invite you to explore OMH’s various internet services. Our ever-expanding online offerings are designed to provide our patients and our community with vital information relevant to your health. We want to improve the quality of life for everyone in our community, and our internet properties play a key role in achieving that goal.

Our hospital’s primary website is found at www.onslow.org and is rapidly becoming a true portal for our various online destinations. At our main site, you can find an online physician directory; maps and directions to our campus; information for visitors and patients; highlights about many of our medical and clinical services; and so much more. From our main site, you also can access our YouTube, Twitter and Facebook accounts, as well as MomTalk, our community blogs.

Check us out on the web!

MomTalk

MomTalk is a local online community of, by and for mothers. It’s a great source for parenting advice from our local bloggers, but it’s also a great place to read and relate to the experiences of other mothers in the area. MomTalk is divided into four categories: Realteen, for moms of teens; TweenBeat, for moms of tweens; CuddleBugs, for moms of infants and young children; and TummyTime, for expecting moms. To get there, just go to www.onslow.org and click on the MomTalk link.

O’Healthy

Check out O’Healthy to discover our vast online resource for managing your health. O’Healthy includes daily health news; health tips; a comprehensive medical encyclopedia; a thorough drug reference; interactive tools and calculators; and so much more! To get there, just go to www.onslow.org and click on the O’Healthy link.

Our YouTube channel, www.youtube.com/OnslowHospital, is the place to see videos produced by OMH. You will see the videos in the Onslow Stories series, highlighting our patients and services with brief video vignettes and interviews. You’ll also see videos about hospital events, and of course all of our TV commercials are available as well.

This is the place — at www.facebook.com/OnslowHospital — to get up-to-date info about OMH, and to connect with our vibrant local fanbase. Hospital videos are available here, plus hospital news and health news.

Please follow us on Twitter! At www.twitter.com/OnslowHospital, you can stay up to date with tweets about health news and hospital happenings.

“We saw a dramatic spike in our page views and unique visitors in all of our web properties as soon as we launched Lighten Up Onslow. A typical month would see about 94,000 page views, but between Dec. 20 and Jan. 20, there were 146,000.”

Tim Strickland
Senior Vice President, Director of Public Relations/Marketing
New services.
At Onslow Memorial Hospital, we are serious about our charitable purpose. Along with the caring hearts of the staff, these numbers from the most recent fiscal year portray the hospital’s commitment to doing good for the community:

Charitable Care: $5,338,115
OMH provides medically necessary care for all, regardless of their ability to pay. We provide complete patient assistance to those with incomes lower than 200 percent of federal poverty level, and offer extended payments with no interest to all other patients. We assist our patients in qualifying for federal and state payment programs. And we offer a 25 percent prompt-payment discount to uninsured patients with the ability to pay.

Support for Community Organizations: $138,224
OMH gives back to the community through charitable community organizations. By far, our largest project is our support for the Onslow Caring Community Clinic, which provides free medical care to area residents who otherwise wouldn’t be able to afford it. Other support goes to the United Way, Onslow Caregivers, Boy Scouts of America, National Multiple Sclerosis Society, and more.

Training and Education for Healthcare Professionals: $321,670
We support the education and training of physicians, nurses and other healthcare professionals. Last year, this included 290 classes/trainings with 4,283 total participants. There were 60 presentations to healthcare-occupations students and high school students. Our employees mentored 347 high school and college students.
We also provided support to the Onslow County Health Occupation Students of America and the Jacksonville High School Health Academy.

Community Health Education and Outreach: $75,395
As a part of our commitment to improving health education and keeping our neighbors healthy, we provide free screenings, health fairs, support groups, and health programs. For the year, 3,860 community members participated in 55 programs and presentations. We also donated meeting space to 18 support groups and community-based programs.
Despite difficult economic times, the Onslow County Hospital Authority generated revenues well in excess of expenses for fiscal year 2010.

Financial performance for the year reflected a rise in revenues of $17 million — from approximately $114 million in 2009 to $131 million in 2010, said Roy Smith, Chief Financial Officer for the Onslow County Hospital Authority.

Smith is pleased with the figures in the recently released Annual Combined Statement of Revenues and Expenses, because it means more people are turning to Onslow to meet their healthcare needs.

“The majority of growth in net patient service revenue from 2009 to 2010 is due to an increase in demand for both inpatient and outpatient services,” Smith said.

Growth is key for Onslow, because “we stand alone as our community’s healthcare resource,” said Tim Strickland, Senior Vice President and Director of PR/Marketing. “We function under the direction of the Onslow County Hospital Authority, but we are not supported by county tax funds.”

Area residents “can take pride and pleasure in knowing the Authority is self-sustaining and receives no financial support from taxpayers,” Smith said. But he noted that even though it receives no tax funding, patients are not denied care at OMH because of an inability to pay. “We’re a community resource. We’re here to care for our friends and neighbors, the people we share this community with.”

Some other pieces of the financial picture:

- Charity care rose by more than 10 percent in 2010. “Although Onslow County has been insulated to some degree from the broader impact of the sluggish U.S. economy in recent years, we have continued to experience some effects,” Smith said. “This is reflected in a growing uninsured population and increased write-offs for charity care and other uncollectible accounts.”
- Onslow’s investment income fluctuated during the course of the year, but was relatively stable from 2009 to 2010, reflecting continued improvements in the financial markets.
- Smith noted that expenses for “personnel, medical supplies, physician fees and other purchased services increased by 8.5 percent, 6.3 percent, and 4.9 percent, respectively, due to the increase in patient demand and expanded clinical services from 2009 to 2010.”
- The category of “Other Expenses” was also significantly higher in 2010 because of rising costs for building repairs, physician recruitment, insurance premiums and maintenance contracts — things necessary to maintain Onslow’s new medical and information technology.

The years ahead are sure to be impacted by governmental changes, but Smith and Strickland expressed confidence in Onslow’s future.

“What will happen with healthcare reform is still somewhat uncertain,” Smith said. “What is very clear is that increasing budget deficits at both the federal and state levels will translate to increased financial pressure upon the nation’s hospitals. Onslow Memorial Hospital and our neighboring healthcare institutions will not be immune to these pressures.

“We are cautiously optimistic, however, as we look to the future and continue to make improvements to better serve our community.”

**ONSLOW COUNTY HOSPITAL AUTHORITY: Fiscal Year 2010**

**ANNUAL COMBINED STATEMENT OF REVENUES & EXPENSES**

<table>
<thead>
<tr>
<th>REVENUES</th>
<th>EXPENSES</th>
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</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>Salaries and benefits</td>
</tr>
<tr>
<td>($130,021,905)</td>
<td>66,556,355</td>
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<tr>
<td>(less provisions for uncollectible amounts of $31,225,901)</td>
<td>Medical supplies and other direct expenses</td>
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<td>1,112,855</td>
<td>19,554,558</td>
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<tr>
<td>Total revenue</td>
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<td>EXPENSES</td>
<td>Depreciation and amortization</td>
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<td>OPERATING INCOME</td>
<td>Interest</td>
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<td>7,117,699</td>
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<td>NONOPERATING INCOME — Net</td>
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<td>1,879,179</td>
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<tr>
<td>EXCESS OF REVENUES OVER EXPENSES</td>
<td>Total expenses</td>
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<tr>
<td>$ 8,996,878</td>
<td>124,017,061</td>
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</table>

**ONSLOW MEMORIAL HOSPITAL 2011**
A whole new attitude.
It’s the new Onslow.
Where people care more.
**Anesthesia**

**George Chekan, MD**  
317 Western Boulevard  
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Medical School: University of Maryland  
Internship: Washington Hospital Center  
Residency: George Washington University

**Garrett Rogers, MD**  
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Fellowship: University of Manitoba, Winnipeg, Canada

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Fellowship: Saint Barnabas Medical Center

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Residency: North Carolina Baptist Hospital

**Anesthesia/Pain Management**

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**Emergency Medicine**
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**Residency:** Brooklyn Hospital Center

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**Residency:** Moses Cone Memorial Hospital

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**Residency:** North Carolina Baptist Hospital

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**Residency:** St. Luke's Hospital

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**Residency:** Sentara Virginia Beach General Hospital

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**Internship:** Duke University  
**Residency:** Pitt County Memorial Hospital

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**Residency:** Naval Medical Center San Diego

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**Residency:** Saint Barnabas Health Care System

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Residency: Allegheny General Hospital

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Residency: Moses Cone Memorial Hospital

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Fellowship: Pitt County Memorial Hospital

**General Surgery**

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Residency: Duke University School of Medicine

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Residency: Nassau County Medical Center

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Fellowship: University of Florida College of Medicine

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Fellowship: Yale University

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Residency: University of Florida College of Medicine  
Fellowship: University of Florida College of Medicine

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Residency: Boston University School of Medicine

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Residency: East Carolina University
**Annual Report & Guide to Doctors and Services**

**John Westbrook, MD**  
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School of Medicine  
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Fellowship: Baylor University Medical Center  
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Residency: Nassau County Medical Center  
**Board Certified**

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Residency: Interfaith Medical Center  
Fellowship: Maimonides Medical Center  
**Board Certified**

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Residency: Abington Memorial Hospital  
**Board Certified**

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Residency: Harlem Hospital Center  
**Board Certified**

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**Internal Medicine**

**Internal Medicine/Geriiatrics**

**Nephrology**
### STAFF PHYSICIANS

#### Nephrology/Internal Medicine

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Medical School</th>
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<tbody>
<tr>
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</tr>
</tbody>
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#### Neurology

<table>
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<tr>
<th>Name</th>
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</tr>
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</table>

#### Obstetrics/Gynecology

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Residency: Cleveland Clinic Children’s Hospital

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Podiatry

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Fellowship: Dartmouth Hitchcock Medical Center

Oncology

JAMES ATKINS, MD
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BOARD CERTIFIED
Medical School: The Bowman Gray School of Medicine of Wake Forest University
Internship: Wake Forest University Baptist Medical Center
Residency: North Carolina Baptist Hospital
Fellowship: North Carolina Baptist Hospital

JAMES SMITH, MD
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BOARD CERTIFIED
Medical School: University of North Carolina at Chapel Hill School of Medicine
Residency: Sisters of Charity Hospital
Fellowship: SUNY at Buffalo

PETER WATSON, MD
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BOARD CERTIFIED
Medical School: University of North Carolina at Chapel Hill School of Medicine
Residency: Medical College of Georgia
Fellowship: Medical College of Georgia

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BOARD CERTIFIED
Medical School: Mercer University School of Medicine
Internship: Wake Forest University Baptist Medical Center
Residency: University of Virginia Medical Center
Fellowship: University of Virginia Medical Center

I-WEN CHANG, MD
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BOARD CERTIFIED
Medical School:Virginia Commonwealth University School of Medicine, Wake Forest University School of Medicine
Residency: Wake Forest University Baptist Medical Center
Fellowship: North Carolina Baptist Hospital

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BOARD CERTIFIED
Medical School: St. George’s School of Medicine
Residency: Norwalk Hospital
Fellowship: Dartmouth Hitchcock Medical Center

Pediatric Cardiology

DAVID HANNON, MD
(252) 744-5601
BOARD CERTIFIED
Medical School: University of South Florida College of Medicine
Internship: St. James Hospital and Health Center
Residency: St. James Hospital and Health Center
Fellowship: Texas Children’s Hospital

CHARLIE SANG, MD
(252) 744-5601
BOARD CERTIFIED
Medical School: Tulane University School of Medicine
Internship: Texas Children’s Hospital
Residency: Children’s Medical Center
Fellowship: Texas Children’s Hospital

Psychiatry

VICTOR BARNES, MD
(910) 455-1089
BOARD CERTIFIED
Medical School: University of South Florida College of Medicine
Internship: University of Florida
Residency: University of Florida
Fellowship: University of Florida

ASHRAF MIKHAIL, MD
(910) 254-114
BOARD CERTIFIED
Medical School: University of Alexandria, Egypt
Internship: Alexandria University Hospitals and Ministry of Health
Residency: Community Psychiatric Center, Mary Hitchcock Memorial Hospital

Ophthalmology

GERARD VAN RENS, MD
(910) 254-114
BOARD CERTIFIED
Medical School: ECU School of Medicine
Internship: University of Florida
Residency: University of Florida

Radiology

SAMUEL BUFF, MD
(252) 633-5057
BOARD CERTIFIED
Medical School: Duke University
Residency: Duke University

WILLIAM COREY, DO
(252) 633-5057
BOARD CERTIFIED
Medical School: Nova Southeastern University College of Osteopathic Medicine
Internship: St. James Hospital and Health Center
Residency: St. James Hospital and Health Center

CATHERINE EVERETT, MD
(252) 633-5057
BOARD CERTIFIED
Medical School: UNC Chapel Hill
Residency: University of North Carolina Hospitals

CHRISTOPHER FLYE, MD
(252) 633-5057
BOARD CERTIFIED
Medical School: Wake Forest University
Internship: Riverside Regional Medical Center
Residency: University of North Carolina Hospitals
Fellowship: University of Maryland Medical Center

GEORGE HOWARD III, MD
(910) 577-1171
BOARD CERTIFIED
Medical School: East Carolina University
Internship: Youngstown Hospital Association
Residency: Youngstown Hospital Association

JAMES LORENZEN, MD
(252) 633-5057
BOARD CERTIFIED
Medical School: Baylor College of Medicine
Internship: Baylor College of Medicine
Residency: Baylor College of Medicine
Fellowship: University of Oklahoma
Allied Health Professionals

**Anesthesia**
Aric Mayer, NP  
*Johnston Pain Management*

Lindsay Olsen, PA  
*Johnston Pain Management*

**Emergency**
Mufiyda Abraham, PA  
*Onslow Memorial Hospital*

Jacqueline Augsburger, NP  
*Onslow Memorial Hospital*

Allison Cheek, NP  
*Onslow Memorial Hospital*

Trina Deal, NP  
*Onslow Memorial Hospital*

Keltsie Kellum, NP  
*Onslow Memorial Hospital*

**Medicine/Family Practice**
Marie Belanger, NP  
*Coastal Carolina Neuropsychiatric Center*

Dorinda Dew, NP  
*Coastal Carolina Neuropsychiatric Center*

Jessica Hardin, PA  
*Coastal Carolina Neuropsychiatric Center*

Christina Ide, PA  
*Eagle Hospitalist Physicians*

Melvin James, NP  
*Coastal Carolina Neuropsychiatric Center*

Stephanie Malone, NP  
*Southeastern Nephrology*

Valerie Masotti, PA  
*Coastal Neurological Associates*

Matthew Padgett, NP  
*Coastal Carolina Neuropsychiatric Center*

**OB/GYN**
Janis Cox, CNM  
*Crist Clinic for Women*

Alisa Emmel, CMM  
*Women’s Healthcare Associates, PA*

Peggy Jones, CNM  
*Women’s Healthcare Associates, PA*

Victoria Kell, NP  
*Jacksonville Women’s Clinic*

**Pediatrics**
Sue Cefalo, NNP  
*Onslow Memorial Hospital*

Kimberly Lewis, PA  
*Onslow Pediatric Associates, PA*

Debra Matters, NNP  
*Onslow Memorial Hospital*

Karen Mc Dowell, NNP  
*Onslow Memorial Hospital*

**Psychology**
Sharon Dresbach, Ph.D.  
*Johnston Pain Management*

**Surgery**
Melissa Bolte, PA  
*Coastal Carolina Orthopaedic Surgeons, PA*

Laura Ziembba, PA  
*Coastal Carolina Orthopaedic Surgeons, PA*

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**Stephen Sides, MD**
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**Board Certified**  
*Medical School: ECU School of Medicine*

*Residency: University of Missouri St. Luke’s Hospital*

*Fellowship: Creighton University Medical Center*

**Timothy Sloan, MD**
(252) 633-5057  
**Board Certified**  
*Medical School: Wake Forest University*

*Internship: Moses Cone Memorial Hospital*

*Residency: Medical University of South Carolina*

**Thomas Stohrer, MD**
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**Board Certified**  
*Medical School: University of Illinois*

*Residency: Medical University of South Carolina*

**Garret Young, MD**
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**Board Certified**  
*Medical School: East Carolina University*

*Internship: Bowman Gray School of Medicine*

*Residency: University of South Alabama Medical Center*

*Fellowship: University of Alabama Birmingham*