UNC Health Care

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Johnston Health finalized its partnership with the UNC Health Care System in February 2014.
Welcome to our first system-wide leadership newsletter. It is our hope that this will serve as a vehicle to communicate information about system affiliations, integration activity and global health care issues affecting UNC Health Care.

Our system has selectively grown over the past year, including new relationships with High Point Regional, Caldwell Memorial and Johnston Health. We also have announced the upcoming relationship with Nash Health Care that we anticipate finalizing this spring. It will be exciting to collaborate across each organization as we enhance health care delivery in our communities.

Feedback from the first health system leadership meeting last fall was very positive. It was fun to see everyone’s engagement, thoughtful questions and ideas for working together. Through this newsletter, we will begin to answer many of the questions that were raised at the meeting through columns written by each hospital’s CEO or supporting executive.

This is an exciting time to work in health care. It is even more exciting for us all to be part of creating a strong, integrated health system that offers the best clinical care possible to our patients and communities. I would appreciate your feedback on this newsletter and on any other suggestions you have about communication or other initiatives. Please email me or any of the CEOs with your thoughts and questions.

David Strong

Chief Operating Officer for System Affiliations, UNC Health Care
President, Rex Healthcare
Simple Diagnosis—Complicated Solution

Craig Wilkins was feeling tired, breathless and in need of a vacation. Although he attributed his tiredness to too many long and hectic hours at the office, the 56-year old decided to see his family doctor in Cary, N.C., before leaving for a family trip. Craig was otherwise healthy and had no history of heart disease, but his doctor discovered he had atrial fibrillation, a condition that can cause the heart to race, sometimes beating hundreds of times in one minute. These episodes, called tachycardias, were making Craig feel fatigued.

“He said my heart was beating a mile a minute,” says Craig. “That’s why I was so tired. My heart was wearing me out.”

An estimated 12 million people will have atrial fibrillation by 2050, according to the Centers for Disease Control and Prevention. Atrial fibrillation is a type of arrhythmia that causes the heart to beat irregularly. It can be genetic or caused by scar tissue on the heart, diabetes, high blood pressure or stress. An aging population, an increased survival rate following heart attacks and rising rates of heart disease mean more Americans will be entering their 60s and 70s with arrhythmias, which are a leading cause of stroke and cardiac events, and can dramatically alter a person’s quality of life.

For some, atrial fibrillation is annoying but not life threatening. For Craig, the condition had gone undetected for so long that he had developed congestive heart failure. “I was shocked when the doctor told me how serious it was,” says Craig.

Initially, Craig was given a course of blood thinners to prevent clots that could be lethal, followed by a cardioversion, an electrical shock to the heart, to reset the heartbeat back to normal. Though this worked initially, his heart eventually returned to the abnormal heartbeat. After several attempts at cardioversion, Craig’s doctor tried antiarrhythmia medication.

“They put me in the hospital and used a powerful antiarrhythmia drug,” says Craig, who stayed in the hospital for three days as doctors watched his heart. Two days after he was released, he returned to work and passed out at his desk.

“Two days out of the hospital and my heart not only went out of rhythm but went into a life-threatening rhythm, and I passed out cold at my desk. I came around as my co-workers were reading the instructions on the defibrillator paddles.”

Because his heart kept falling out of rhythm despite several attempts to regulate it with electric shock and medications, Craig’s cardiologist referred him to Paul Mounsey, MD, FACC, director of electrophysiology at UNC Hospitals.

Working Together to Provide Top-Notch Care

UNC Health Care is on the cutting edge of treating complex arrhythmias. Now, specialists from Wake Heart & Vascular Associates, Rex Heart & Vascular Specialists, and the UNC Center for Heart and Vascular Care are joining to create the UNC Heart & Vascular Network.
“We are going to establish a network in Raleigh that enables patients and physicians to work together in Wake County for patients who have difficult-to-treat arrhythmias,” says Andy Kiser, MD, chief of the Division of Cardiothoracic Surgery. “This is a collaborative effort between the best doctors in the region. Our idea is to bring the service closer to the people so patients don’t have to travel so far to find collaborative care.”

Dr. Mounsey says opening the UNC Heart & Vascular Network will help many patients remove the barriers that block their access to the best care for their conditions.

“Half of our patients come from Wake County,” says Dr. Mounsey, “and many patients—both new and referrals—have to make a 60-mile round-trip drive to see us in Chapel Hill. What we’re looking for in the new network is to offer our services of highly complex procedures. Arrhythmias are a public health issue, and we’re seeing more patients in need of these services every year.”

**Complex Solutions for Complex Arrhythmias**

Treatment for arrhythmias typically includes medication called beta blockers, which help slow the heart down, or pacemakers, which are small implanted devices that keep the heart’s rhythm regulated with small electric shocks to the heart. For patients like Craig whose arrhythmia was not corrected with initial treatment options, surgery may be necessary to reset the heart’s rhythm.

Dr. Mounsey performed a cardiac ablation on Craig’s heart. In an ablation, doctors thread catheters through the arteries to the heart and use radiofrequency to destroy the damaged heart tissue causing the atrial fibrillation. Ablations are often successful, but in Craig’s case, a flutter continued even after the procedure. A second ablation was performed, but the location of where the flutter was originating meant ablation could not correct it.

Dr. Mounsey then collaborated with Dr. Kiser to perform the Convergent Procedure.

Traditionally, surgeons, like Dr. Kiser, have created scar patterns to disrupt the circuitry that causes atrial fibrillation arrhythmia, while electrophysiologists, like Dr. Mounsey, have performed ablations. With the Convergent Procedure, Drs. Mounsey and Kiser work side by side using miniature cameras, small catheters and electrodes to map out an individualized pattern that will work to reestablish normal rhythms in each patient.

Drs. Mounsey and Kiser have been performing the procedure since 2011, and they recently completed their 100th surgery. They have an 80 percent success rate, which is extremely high for complex arrhythmias.

Five years after Craig’s initial atrial fibrillation diagnosis and a year and a half after having the Convergent Procedure, he says his health is excellent. “I can’t believe how bad I used to feel,” says Craig. “I have energy and a desire to do things now.”

Craig felt so good, he left his IT job behind and made a career change, opening The Meat House, a neighborhood butcher and grocery franchise in Raleigh and Cary.

**A Coordinated Effort**

Craig’s case is a good example of the patients who will benefit most from the UNC Heart & Vascular Network. Patients who live in the Raleigh area and their primary care physicians will have access to a group of cardiologists and services in their local communities, and for the most complex cases, they will have access to the leading research, technology and specialty care available at UNC Health Care.

With the creation of this new network, Drs. Kiser and Mounsey will work alongside Sidharth Shah, MD, a cardiac electrophysiologist in Raleigh. Dr. Shah performs cardiac ablations and works with cardiac devices, such as pacemakers and cardio defibrillators, and his work is closely associated with research opportunities and clinical trials.

“In the past we had to send our patients who were in the UNC or Rex system to other centers,” says Dr. Shah. “Now, we can keep them close to home.”
Pardee Hospital, which celebrated its 60th anniversary in 2013, was founded in 1953 to meet Henderson County’s growing need for quality health care close to home. The community came together, providing the support and financial backing to construct a facility that would not only provide care within the walls, but also give back to the community. From its humble beginnings to national awards and recognitions, Pardee’s goal is to provide the very best care to its patients - from a nationally ranked orthopedics program, to state-recognized critical care areas, to development of cancer treatment methods through a cancer research program.

A Legacy of Innovation
During its early years, Pardee became the first hospital to offer a poison control center and housed the first intensive care unit in western North Carolina. Pardee also was one of the first facilities in the South to use a heart rate monitor. The hospital teamed up with the Mountain Area Health Education Center (MAHEC) to help address a growing need for family practice physicians in the Hendersonville area. Additionally, Pardee offered the first inhalation therapy department that was located in a rural city in North Carolina. These early efforts created a culture of pioneering new and innovative health care methods for the region, a culture that is still thriving today.

Community Service
Pardee has a long-standing tradition of giving back to the community. Since 1996, Pardee has donated more than $1.5 million to the United Way of Henderson County, which is dedicated to addressing the needs of the community. Pardee also works with various community health organizations, including MAHEC, Blue Ridge Community Health Services and Mission Health, to improve the access of quality health care services in the area. They provide education and workshops through the Pardee Signature Care Center, designed to inform and engage people about current health concerns and proactive health initiatives. The hospital continues to collaborate with community-based organizations such as the Livestrong program at the YMCA of Western North Carolina on efforts designed to improve the quality of life and health for local residents.

Quality
Pardee was the first hospital in the Carolinas to become ISO 9001:2008 certified by Det Norske Veritas (DNV) Healthcare, Inc. The DNV hospital accreditation addresses the demands of quality-driven hospitals that are dedicated to patient-centered care. The DNV accreditation program was authorized by the U.S. Centers for Medicare and Medicaid Services in 2008 and is the only program that integrates the ISO quality management system with Medicare’s Conditions of Participation, the core requirements for hospitals set forth by the federal government.

Over the past 60 years, Pardee has held true to its hometown values and remains dedicated to improving the health of the local community and to providing nationally recognized health care. Pardee has been, and intends to remain, a guiding light to Henderson County through excellent care, safety, innovation and community leadership for years to come.
Chief Financial Officers
Chief Operating Officers
Chief Nursing Officers
Chief Information Officers
Chief Medical Officers
Improvement
Marketing, Public Relations and Communications
Human Resources

Impressive work already is taking place in these groups, and we will share updates with you through this newsletter. To learn more about the roundtables, click here.

INTRODUCING A COMMON EMAIL ADDRESS STRUCTURE FOR ALL UNC HEALTH CARE CO-WORKERS

In January 2014, Information Services Division (ISD) began the process of switching to one common email address structure for all UNC Health Care co-workers. This includes everyone working at UNC Hospitals, UNC Faculty Physicians, UNC Physicians Network, Rex Healthcare, Pardee Hospital, Chatham Hospital, Caldwell Memorial, High Point Regional, Johnston Health, and any future UNC Health Care affiliates.

THE NEW EMAIL ADDRESS

The new structure for all UNC Health Care email addresses is firstname.lastname@unchealth.unc.edu. Once the conversion to this new address is complete for each UNC Health Care location, co-worker email addresses will show the firstname.lastname@unchealth.unc.edu as the “from” address for all outgoing emails.

However, new employees joining UNC Health Care after their location’s conversion will receive only an “@unchealth.unc.edu” email address.

All co-workers will continue to receive email to current email addresses (@unch.unc.edu, @unchealthcare.org, @carolinaadvancedhealth.org, @rexhealth.com, @chathamhospital.org, etc). ISD has no plans to eliminate these addresses, and these addresses will forward to your new firstname.lastname@unchealth.unc.edu address.

COLLABORATION ACROSS UNC HEALTH CARE: COMMON EMAIL ADDRESSES

The email conversion began in January 2014 for everyone with “@unch.unc.edu,” “@unchealthcare.org,” and “@carolinaadvancedhealth.com” email addresses.

The entire process to convert all UNC Health Care locations to the firstname.lastname@unchealth.unc.edu address will take about two years based on the following tentative schedule:

• January 2014 – UNC Hospitals, UNC Faculty Physicians
• March 2014 – Rex Healthcare1
• Summer 2014 – Chatham Hospital/High Point Regional1
• Fall 2014 – UNC Physicians Network
• Winter 2015 – Caldwell Memorial and Pardee Hospital
• Date to be determined – Johnston Health and any future affiliates

1If this date is not met, the changeover for Rex may move until later in 2014 to avoid being concurrent with Epic@UNC Go-Lives #1 and #2.

WHY THE NEW EMAIL ADDRESS?

Once the conversion is complete across all UNC Health Care locations, you will be able to view and share calendars and find user email addresses across the entirety of UNC Health Care. ISD is consolidating email servers and services to create a unified UNC Health Care email and collaboration platform.
System Value: Operational Integration Update

CHRIS ELLINGTON, EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, UNC HOSPITALS
STEVE BURRISS, CHIEF OPERATING OFFICER, REX HEALTHCARE

Across the system, we are working to identify new opportunities to integrate in non-clinical areas. Our roundtables, made up of individuals from across the organization, are a large part of how we are approaching innovations and change. Human resources and chief operating officer roundtables are leading the way in this effort. Currently, we are prioritizing areas that will make an impact quickly and are essential for the growth and improvement of our organization.

The human resources roundtable is working to identify a coworker satisfaction vendor that can be used across the system, as well as ways to unify health and welfare benefits across our organization. Over time, we also hope to standardize titles and responsibilities across UNC Health Care. Additional opportunities for integration across UNC Health Care are continually being identified and prioritized. We encourage you to share your ideas with your local leadership.

The chief operating officer roundtable is working to identify and partner with a common patient satisfaction vendor across UNC Health Care. We hope that the chosen vendor will help us measure and improve patient satisfaction in a consistent and meaningful way, all while helping us develop common language and standards around patient experience. Concurrently, they are working to reduce ED waiting times and enhancing patient experience throughout. The COO roundtable also is developing common facilities and construction standards across UNC Health Care, which we anticipate will lead to reductions in overall construction expenses.

Additional Updates

DR. ROPER ON WUNC
In early January, William L. Roper, MD, MPH, was featured on WUNC’s State Of Things. Dr. Roper discussed his perspectives on the Affordable Care Act, health care costs, preventive care and public health. To listen to the full interview, click here.

HCAHPS SCORES RELEASED
The latest Hospital Consumer Assessment of Healthcare Provider Systems (HCAHPS) patient satisfaction scores for 2012 and early 2013 were recently released. In many cases, UNC Health Care performed at or above state and national averages. To view scores for all System hospitals, click here.

NEW AFFILIATIONS
Nash Health Care Systems
In December 2013, Nash Health Care Systems announced it would enter into a management services agreement with UNC Health Care. After a period of due diligence, the partnership will go into effect on April 1, 2014. The Nash Health Care Board of Commissioners is hopeful that the partnership will help achieve cost savings and increased hospital-based clinical services for area patients. Click here to learn more about the partnership.

Johnston Health
UNC Health Care and Johnston Health recently finalized their partnership which is set to improve the health and wellness of residents of Johnston County and surrounding areas. The collaboration will fund an expansion at Johnston Medical Center which is set to open in January 2015. You can learn more about the partnership and the expansion by clicking here.
Leadership Updates

David Paugh assumed the position of Chief Financial Officer at Chatham Hospital in October 2013. Mr. Paugh relocated from Ohio.

Dr. Donald Pocock assumed the position of vice president of medical affairs in November at Johnston Health. He brings to the job more than 30 years of clinical and administrative experience in private practice and hospital settings.

Denise Lucas has joined Pardee Hospital as Vice President of Clinical Services/Chief Nursing Officer. Denise previously worked at Providence Hospitals/St. Augustine Sisters of Charity Health System in Columbia, SC and also served as Vice President of Patient Services/CNO at Dubois Regional Medical Center in Pennsylvania for over 22 years.

Joel D. Ray has been named the new chief nursing officer at Rex Healthcare. Ray joins Rex from UNC Hospitals, where he served as director of surgery service for five years.

In October, 2013, Mauri Williams was appointed UNC Health Care’s new Chief Nursing Informatics Officer. Mauri has more than 30 years of experience in nursing, management, operations, and performance improvement at UNC Health Care and managed UNC Hospitals’ Newborn Critical Care Center for more than 20 years.

John Hart stepped down from his role as UNC Health Care Chief Compliance Officer effective Feb. 1, 2014.

Dr. Margaret Dardess will serve as Interim Chief Compliance Officer until a permanent replacement can be named, following a national search.

George “Rick” Stouffer, III, MD, professor of medicine and director of the Cardiac Catheterization Laboratory and Interventional Cardiology at UNC Hospitals, has been named interim chief of Division of Cardiology for the UNC School of Medicine.

Dr. Stephen Hooper was appointed Chair for the Department of Allied Health Sciences at the UNC School of Medicine, effective October 1, 2013.
UNC HEALTH CARE ACROSS THE STATE

UNC Health Care Affiliated Hospital
UNC School of Medicine Campus or Satellite Campus
UNC Health Care Owned or Affiliated Physician Practice
AHEC Practice Site
Counties We Serve

SYSTEM PARTNERS

UNC HOSPITALS
UNC Health Care
UNC Faculty Physicians
UNC School of Medicine
UNC Physicians Network
UNC High Point Regional
UNC Caldwell
UNC Chatham Hospital
UNC REX
UNC Pardee