

FALL 2000

A SENTARA HEALTHCARE PUBLICATION

# NETWORK



*Sentara's*  
**ACC**  
The Best  
Medicine for  
Those in Need

**SPECIAL ISSUE: SENTARA'S GOOD  
WORKS ARE EVERYWHERE**

# NETWORK

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*On the cover: Landra Gifford and Patrick Alston, Nursing Care Partner of Sentara's Ambulatory Care Center, visit in the ACC lobby. In background, clockwise: Melissa Davis, Bettie George, Florine Grooms, Maggie Brinkman, RN, ACC, Tina Owens, ACC, and Stanley Painter.*

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## SpeakUp

NETWORK welcomes ideas from our employees and affiliates. Don't limit your suggestions to full-blown stories. Got a quote to share? Something going on in your division? Let us know by contacting:

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NETWORK is published quarterly by Sentara to recognize – and celebrate! – our employees and affiliates, our patients, other customers and our system as we work together to create a healthier community.

I think all of us who work at Sentara are aware that we provide care to all who need it -- that our door has always been open, and we have provided excellent healthcare for our community for over a century. But I think very few of us are aware of just how much and how many ways we do give, and what it takes to be able to do it, day in, day out, every day of the year.

Currently, almost one in seven Virginians lacks health insurance. If trends continue, that will change to one in five by 2010. For many without insurance, hospital emergency rooms are the primary means of accessing healthcare. And although our Ambulatory Care Center and other efforts attempt to alleviate that situation, it is still a pressing matter. As a not-for-profit hospital, we're required under federal law to treat all who present themselves for care, regardless of ability to pay. That's not the case for free-standing proprietary facilities.

Through sound financial management and leadership by people like Sentara's Chief Financial Officer Richard Hill, we have been able to do this. But it has not been easy. And there are several challenges on the horizon that are likely to make it harder in the coming years.



## A MESSAGE FROM DAVE BERND

Virginia's COPN (Certificate Of Public Need) law has helped healthcare providers because it protects the services that are financially sound, allowing us to continue to offer critical services, such as emergency departments and Nightingale. We offer these essential services because our communities need them. If COPN is no longer

required, free-standing proprietary facilities such as ambulatory care and cancer centers would proliferate. This means that Sentara would have to compete for this business against other organizations that are not similarly bound by a charitable mission. We may not be able to produce the revenues we need in order to continue to provide access to care for those who need it.

The General Assembly's goal is to finalize its plans to deregulate COPN by July 1, 2004. However, we expect that special interest groups will flood the 2001 General Assembly with individual bills to deregulate specific services.

I will continue to keep you updated on the progress being made and how you can get involved. And I encourage you to read this entire edition of Network and become familiar with all that we do -- all that you do -- for our community.



(L-R): Cathleen Salazar, Leona Horne, Diane Watson, Carl Sutton, Rod Hochman, MD, Chairman, Sentara 2000 United Way Campaign, John Rooney, Corinne Meador, Robin Gennitte and Patrice Bennett all pitch in for the United Way Day of Caring on Sept. 7.

# RICHARD HILL

# CHIEF

# FINANCIAL OFFICER

The story of Sentara's ability to meet its charitable mission to the community -- to the tune of about \$70 million each year -- would not be complete without a tribute to one who was instrumental in making it possible: Sentara's Senior Vice President / Chief Financial Officer Richard Hill.

For almost 40 years, Hill has worked for Sentara with the kind of spirit, vision, ability and energy that enabled the system to be financially solvent enough to provide care for those in our community, regardless of their ability to pay. It's a huge challenge, especially in a day and age when one out of seven Virginians lacks health insurance.

Hill began his career as credit manager at (Sentara) Norfolk General Hospital in 1963. He grew along with the hospital and was a key player in laying out the fundamentals of developing an integrated healthcare system.

"You hear the statement that 'All Sentara cares about is making money,'" says Hill. "What people need to understand is that Sentara has two basic missions -- a business mission and a charitable/education mission. It has been my job to see that those services on the business side make sufficient money so that we can afford to continue to carry out the charitable/education mission. And so far, we've been able to do that. If you need care, you'll get the best care in the nation right

here, whether or not you have money, whether or not you have insurance."

Hill pointed out that the challenge has become greater in recent years, with larger numbers of uninsured, decreasing reimbursements from Medicare and Medicaid, and the closing of a number of clinics in the area (most notably in Norfolk) that used to help share the load to a degree.

"This is one of the few metropolitan areas in the country that doesn't have a city or state hospital to care for indigents," he says. Further, the closure of Norfolk Community Hospital, the Norfolk Free Clinic, Portsmouth General Hospital, Newport News General Hospital and the downsizing of the DePaul Hospital Medical Clinic have all increased the demands on Sentara.

And what demands they are. The business side of Sentara must raise \$2.7 million every day of the year in order to finance its operations, at the same time competing with many medical care companies that are not similarly bound by a charitable mission. And while some of that money comes from state indigent trust fund revenues and government reimbursements, these things account for only a small percentage of the total Sentara gives each year.

Hill credits the Ambulatory Care Center with helping stem the tide, not only by reducing emergency room visits, but by providing wellness education and critical services like prenatal care.



Hill will retire on Jan. 31, 2001, and he plans to travel and to work with his wife Helen on the English garden they have started in Suffolk. He has worked long and hard in his career, and sees significant challenges ahead for his successor.

"I don't see how we can continue to give at this level, especially with the pending legislation of the COPN laws which put at risk those services such as ambulatory surgery, which helps pay not only for indigent care but other critical community resources like Nightingale (the area's only air rescue service)," he says.

One answer, according to Hill, should come in the form of a foundation built with enough revenues to eventually sustain the charitable care mission, reducing the burdensome strain on the business side. Currently, Sentara's Foundation has \$10 million, but it will require funds in the neighborhood of \$500 million to \$700 million to make this work. "It will take a while," he says in his

inimitable understated way.

E. George Middleton Jr., who served on Sentara's board for more than 30 years and as chairman for 20 years, said, "Richard has been a tremendous help to me and to our board. He could always explain the implications of the financial statement to me in a way that made me competent to answer questions and address some pretty sophisticated issues. He managed money remarkably well, enabling us to maintain a AA bond rating, which is very difficult. He was the quiet voice of authority -- I never saw anyone ask him a question he couldn't answer. And perhaps because he was so disarmingly low-key, he was a terrific negotiator, did a fantastic job in dealing with the bonding companies and ratings agencies in New York. When we chose him for this position, we searched nationally, and interviewed a number of people with impressive credentials. But he was head and shoulders over anyone."

Hill will not be an easy act to follow. Dave Bernd, Sentara CEO, has said that he "will sorely miss Richard's financial counsel and friendship" and further adds that "with his quiet and unassuming style, Richard is a man of few words; however, the amount of thought and calculations behind those words has made Richard's opinion invaluable as we have grown as a healthcare system. His insight, attention to detail, and 38 years of experience will not be easy to replace as Sentara faces increasing financial pressures and complexities."

*Sentara wishes Richard Hill all the best in his retirement, and we thank him for his years of dedicated service.*

# One Fine Alliance

**Sentara Healthcare + Williamsburg Community Hospital**

Sentara Healthcare has been affiliated with Williamsburg Community Hospital since 1996, an alliance that has benefited not only both organizations, but has done much to expand and improve healthcare services for the entire Hampton Roads community.

One of the most ambitious and exciting fruits of the affiliation is a new master facility plan that calls for the construction of a much-needed 60,000 to 80,000-square-foot ambulatory care campus to augment WCH's current facilities. Sentara will participate in the planning and development of the new campus in keeping with our 49 percent partnership arrangement with WCH. The facility is currently in the pre-design phase, and is expected to be completed at the end of 2002 or early 2003.

In January of 1999, the partners also announced their plan to further improve the quality, accessibility, service and efficiency of healthcare services specifically for the residents of Greater Williamsburg through four key goals: 1) expand and improve clinical services, 2) reduce operating costs, 3) expand physician services and 4) achieve

success in managed care.

To this end, integration teams were formed in 10 key areas, including laboratory, occupational health, and health management.

Major accomplishments and advancements in the area of clinical program development included such things as joint planning on a four-bed stroke unit at WCH and chartering a team to assess market needs and design programs to meet employer needs.

Other accomplishments and affiliation efforts have included:

sharing leadership assistance between WCH and Sentara Hampton General Hospital in the areas of pharmacy, diagnostic services, community relations and JCAHO preparation; WCH signed an agreement with Sentara Home Care Services to manage their home care agency to reduce the agency's cost, increase productivity and expand and improve clinical services; WCH hired a senior services director, implemented the Sentara Living Well program and completed managed care contracts with Prudential and others.

There are many marketing communications efforts, including the



**(L-R): Christopher DaCosta, MD-Hospitalist, and Kathy Nestor, RN, CCRN, in the WCH Progressive Care Unit.**

fact that WCH is part of Network and is included in Sentara's collateral pieces for women's services, cancer and neurology, and that WCH has a link from [www.sentara.com](http://www.sentara.com)

Total cost savings in terms of cost avoidance, savings realized and savings potential from these and other efforts come to well over \$3 million.

Ken Krakaur, Sentara's president of the Peninsula region, said, "Sentara's affiliation with WCH benefits both Sentara and the community of Greater Williamsburg by fostering a sharing of expertise, both clinical and non-clinical, which is resulting in a number of innova-

tive programs and services, some of which had not existed before."

Williamsburg Community Hospital President and Chief Executive Officer Les Donahue concurs. "Not only has this affiliation given our community all the resources of a nationally recognized healthcare system, but, more specifically, it has enhanced our purchasing power, upgraded our bond rating (which improves our access to capital), while also providing us with a number of new community healthcare programs, including our popular senior programs like Sentara Living Well."

## A New Approach to Olde Needs

IT WAS A TRUE COMMUNITY PROJECT FROM THE START. Olde Towne Medical Center was born in 1993 in response to a community needs assessment. The public-private health center began on paper as a new way to improve local access to healthcare for those in the Peninsula community who are uninsured (15 percent of the general population; however, nearly 70 percent of Olde Towne's clients aren't insured). And it delivers primary and preventive care to everyone from infants to centenarians.

The defining vision was to combine the elements of a community health center with those of a free clinic, governed by a board of local residents and employing a structured system of revenue collection. It started out utilizing volunteer physicians and a staff of about six. Within five years, it was attracting scores of volunteers, had a full-time staff of more than 25, and by 2000, has provided more than 77,000 patient visits.

Its success has attracted attention on the basis of both its quality of care (the Virginia Primary Care Association named it "Outstanding



**The Family Health Care Van.**

Health Care provider" in 1996) and innovative, organizational structure (the Virginia Health Care Foundation having cited it as a "Model that Made It" in March 1998).

It boasts a number of boosters, both in-kind and financial, including the Williamsburg Community Health Foundation, Williamsburg Community Hospital and Sentara Healthcare as well as local governments, medical societies and service agencies. According to WCHF Executive Director Kerry Mellette, "Equally important as community collaboration has been the flexibility and entrepreneurial spirit of Olde Towne Medical

Center's board and management. They are always looking for new funding and service delivery opportunities, and when they find a good match, they act."

And the best is yet to come... In early October, WCH, WCHF and Sentara committed a total of \$1 million to be paid to Olde Towne Medical Center over the next three years. The grants will be used to sustain core programs including Extended Hours and the Family Health Care Van.

# Ambulatory Care Center

## Caring for Over Fifty Years

IT'S A FAMILIAR STORY. Sadly, too familiar. Landra Gifford is a hard-working woman -- two jobs, six days a week. She had medical insurance through her husband's job, but lost it when they divorced. And even though she has worked more than full time, both jobs -- as a housecleaner and a church custodian -- neither job provided benefits. She tried getting insurance on her own, but the cost and the deductibles were prohibitively high. When she needed care, she went to a local clinic. A few years ago, when they began scaling back the number of patients they could serve, they referred her to Sentara's Ambulatory Care Center.

"I don't know what I'd do without it," she says. "Wendy Orzel-Olds, nurse practitioner, is wonderful. She knows me, she knows my medical background. She really listens to me, answers all my questions -- and believe me, I have



Landra Gifford

plenty. And I wouldn't be able to afford the medicine I need for my stomach problems if it weren't for their Medication Assistance Program." Gifford struggles with acid stomach, a condition that, untreated, would prohibit her from working her very physical jobs. "The pain was terrible. I couldn't breathe. I felt like I was having a heart attack," she says.

But the center staff have given her more than good care and necessary medicine over the years. They've also given her peace of mind. She has had a lump in her breast for six or seven years. She detected it herself, yet, oddly, it didn't show up on standard mammograms. The staff connected her with the Breast Center at Sentara Norfolk General Hospital so that she can get an annual mammogram and ultrasound (the one test that has been able to pick up the image) to track it should its size and shape change.

Sentara's Ambulatory Care

Center (often referred to as the ACC) is a busy place. Particularly on the days when the more popular clinics are held, there may be as many as 30 in the waiting room at any given time. Yet they are all seen during the day, including the more than 20 walk-in patients.

The center is structured with two focuses: an appointed side, which functions just like a doctor's office, enabling established patients to schedule appointments, and a same-day "walk-in" service side for more pressing and immediate health concerns.

The appointed side offers a host of clinics, available on a rotating basis throughout the week. The walk-in services side of the center, available every day from 8 a.m. to 5 p.m., functions like an urgent care center. It reduces the number of inappropriate visits to the ER, and, because each patient's records are maintained, also allows for preventive health-care and follow-up as needed.

Genemarie McGee, director of Emergency Services for Sentara Southside Hospitals, talks about the working relationship between the ER and the ACC. "We have a great interplay with the ACC -- we refer all non-emergent situations to the center for follow-up, and if they get an emergent situation over there, they refer them here for immediate treatment. Now that we have created the walk-in side of the center, all patients' medical records are in one place, so we can provide real continuity of care. We don't just symptomatically treat a series of isolated incidents without looking at the big picture and examining ways to be proactive in helping patients protect their health down the road. We ran a study two years ago, and, while ER visits are up, non-emergent ER visits from ACC patients have decreased. We attribute this directly to the development of the walk-in side of the center."



(L-R): "Sissie" Benette Brown, RN, ACC, Martha Scott, MD, and Elsie M. Bray review medication instructions.

According to Mark Gavens, president of Sentara Southside Hospitals, "The ACC is Sentara's response to providing the right care in the right setting -- truly 'our mission in action.' It sees approximately 20,000 patients a year, and requires about \$3 million annually in operating subsidies by Norfolk General."

Much of the responsibility to care for the uninsured falls to Sentara. But we are supported in many ways by several key partners. "This is a true collaborative effort," says Gavens. The Eastern Virginia Medical School (EVMS) provides the building and the faculty that supervises the residents, while Sentara Norfolk General Hospital pays the salaries of the residents and the nurse practitioners who staff the center. "Further, we work with other healthcare organizations like Bon Secours DePaul Medical Center and the Portsmouth Health Center on many projects -

- currently we are working toward a second qualified health clinic for our area." (Note: the ACC is designated only for adult Norfolk residents.)

Tom Grant, MD, served as medical director of the ACC's Primary Care Clinic from 1988 until recently. "The biggest thing the system learned is that we can manage patients better and more cost-effectively in an ambulatory rather than an emergency setting. The full-time presence of nurse practitioners is also critical to continuity of care." The ACC has a well-rounded team comprised of techs and LPN's with RN team leaders. Wendy Orzel-Olds, Phyllis Henderson and Amy Smith-Peard are the nurse practitioners for the center, and Smith-Peard also serves as its clinical specialist. Robin Verhofstadt, RN, is the clinical coordinator for the ACC, and Kathy Hochmiller, RN, became the

Please see *Center*, Page 7

### Ambulatory Care Center Milestones

Since the 1940's, there has always been some form of a clinic at Norfolk General Hospital. It started in the basement of the hospital, and in 1996 moved to the Gresham Drive side of the hospital.

**April 1996:** the ACC moves to its present site across Brambleton Avenue.

**January 1998:** the ACC

develops its two-pronged approach -- walk-in and appointed.

**January 2000:** a nurse practitioner is hired to staff the walk-in side.

**March 2000:** another full-time staff member is hired to help patients apply for the medications they need through the Medication Assistance Program.



Bob Holt pictured in one of Sentara's transport vehicles.

# Do Unto Others:

**Sentara's Good Works Are Everywhere, both 'front**

*Sentara Healthcare provides \$70 million annually in charitable care, medical education and community outreach. The ACC is the centerpiece of what Sentara does to provide access to care for those with few resources and diminished hope. But there is so much more that we do, every day, behind the scenes to extend a helping hand to all in need.*

According to Mark Szalwinski, director of Pharmacy Services for Sentara Healthcare, each hospital provides a certain amount of free pharmaceuticals to patients in need. But the much bigger piece comes in helping patients get medicines free at discharge and helping them apply for grants with pharmaceutical companies. According to Sharyn Sizemore, director of Medical Care Management for Sentara hospitals, Sentara spends \$156,000 annually through the Pharmacy Service for patients. In addition, Sentara helps patients with ongoing needs such as working with other organizations including homeless organizations, cancer support groups and other specific medical advocacy organizations... We have also developed a tool to determine the real needs of patients, and the degree to which they can afford to pay."

We provide all manner of diagnostics, from mammograms to x-rays, CT scans, MRI's, ultrasounds, endoscopies (and many others) for those without the ability to pay. These critical tests often represent a large percentage of any healthcare bill.

On the Peninsula, the Sentara Health Foundation gave a \$20,000 start-up grant to H.E.L.P. (Hampton Ecumenical Lodgings and Provisions) for Project Health, a free clinic that should be operational in January 2001. Once in place, it will be the only free clinic serving Hampton and Newport News, and one of only two on the Peninsula. The clinic will occupy space in the Hampton Health Department (another of the project's partners) right across the street from Sentara Hampton General Hospital. According to John Johnson, executive director for H.E.L.P., "We are very excited about this project and Sentara's participation. For 19 years, we have benefited from a very cooperative relationship with Sentara, and that will continue. For instance, SHGH has committed to doing all the lab work for Project Health and providing all necessary diagnostics such as x-rays." H.E.L.P.'s target population is uninsured who make under 200% of the federal poverty level, homeless families with children. According to Sentara Health Foundation Director Gina Pitrone, Project Health is a good example of the kind of project that best fits our mission. "We look to projects that will be good stewards of the money, while providing the most care for the greatest number of people."

The Peninsula Institute for Community Health (PICH), a community health center, was the recent beneficiary of a used mobile mammography unit from Sentara. According to Edwina Davis Gary, CEO, the terms of the donation will allow PICH to convert the van for education/information services or use proceeds from the sale of the used van to benefit services to the homeless on the Peninsula. PICH also received a \$10,000 grant from the Sentara Health Foundation to financially assist PICH patients who need x-ray services.

Although there is no formal vehicle for it, Sentara gives sample products, excess supplies and used equipment to a number of organizations. Donated supplies include exam gloves, gauze, syringes, plaster, dressings and other medical-surgical supplies. Carl Manley, vice president of Materials Management for Sentara Healthcare says, "It's a responsive relationship -- organizations either contact us as they need products, or send a list with a standing order, asking us to notify them when we have the kind of stock they need."

Sentara awarded funds to assist The Beach Health Clinic with the

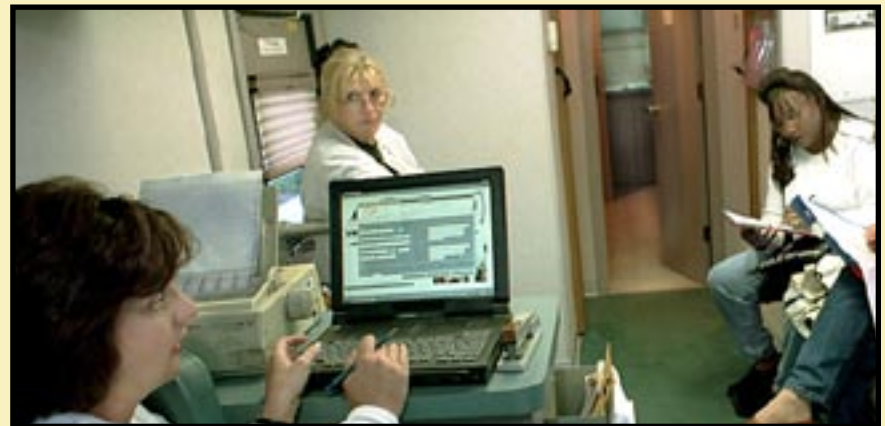
medication assistance they provide to elderly patients. BHC provides more than \$300,000 in free medications to patients each year. Sentara doctors and nurses also volunteer their time to the clinic. SVBGH and SBH provide x-rays, lab and other services for BHC patients.

The Chesapeake Free Clinic was recently designated funds from the Sentara Health Foundation to purchase a third dental chair to serve the unmet dental needs in the Hampton Roads community.

To help serve unmet healthcare needs in the Williamsburg area, the Williamsburg Community Health Foundation was created in 1996 as a direct result of Sentara's affiliation with Williamsburg Community Hospital. (Please see story on Olde Towne Medical Center, page 4.)

According to Rhonda Chetney, director of clinical operations for Home Care Services, Sentara "provides two key sources of funding -- a memorial fund made up of private donations for hospice patients of about \$1,000- \$1,200 a month to provide patient care

*Continued on next page*



(L-R): Claudia Alexander and Diane Bennett help Shirley Battle and Sherry Dunn prepare for mammograms at the Norfolk Public Health Center.

Specialty resource-intensive services, such as burn-trauma and women's health, are necessary and high cost services that Sentara provides for free as needed. Burn-trauma sees about 2,000 patients each year, 30 percent of whom can't afford to pay. In the women's health area, including OB patients, Sentara donates over \$3 million in inpatient care each year including care for high-risk mothers and babies,

as well as considerable outpatient and community services such as free mammograms and cervical screenings through the "Every Woman's Life" program (which alone accounts for \$500,000). In addition, Sentara offers free immunizations, and through a partnership with EVMS, provides teen pregnancy services that support a clinic and HIV programs for pregnant women.

(nurses)/durable medical equipment (beds)/and medications. A separate "Tree of Life" fund generated through Sentara Bayside Hospital raises roughly \$9,000 a year, and this money is designated specifically for indigent patients in Virginia Beach.



(L-R): Kathryn Bibbins is served a meal by 20-year volunteer Alise Dilworth.

As part of a growing emphasis on helping older adults remain independent in their own homes, Sentara Life Care participates in five meal programs throughout the region, using Sentara kitchens to prepare more than 1,000 in-home meals, five days a week. Included within Sentara operations is Mobile Meals of Norfolk, which recently celebrated a 25-year history of providing in-home meals to the elderly. Begun by a group of physicians' spouses, the program is now operated by Sentara, and draws on a well-established network of volunteers to deliver meals. A day's menu typically includes a hot lunch and brown-bag supper. Special dietary needs are accommodated.



Sentara's Nightingale emergency air ambulance in transport.

Nightingale emergency air ambulance service transports about 525 patients each year -- and the difference between what is reimbursed through those who are insured and the cost of running the service is about \$600,000.



(L-R): Julie Rison, Sharon Russell and Julie's son Unique.

## You've Got A Friend:

*Case Manager Makes a Difference in the Lives of Many*

This edition of Network has been dedicated to the many ways Sentara serves and assists those with limited resources. We give a great deal each year from care to supplies to services. But another important contribution we make is through our people. Hundreds of them provide leadership in the community by sitting on various boards of directors, volunteering at clinics, or simply doing their jobs exceptionally well.

In the latter category, we find Sharon Russell, RN and case manager for Sentara Health Management. She had been a discharge planner at Sentara Leigh Hospital for more than 20 years, and in the OB area for the last three

before finding her true vocation at Sentara Health Management as... well... Mother. Advocate. Friend. They may not be her official titles, but that is where she has taken the job.

"I like working with people with special needs," she says. She essentially acts as a one-woman clearinghouse for resources throughout the community, whether her clients need housing, clothing, medical care, child care, prenatal or well-baby care, counseling -- or just a little TLC. They come to her through physician and other professional referrals, or they simply find out about her through word-of-mouth and refer themselves. But no mat-

ter how they come, each day she not only points them to where they need to go, but remains beside them every step of the way. "They know I genuinely care about them," she says. The feeling, it seems, is mutual. And because Russell genuinely does not like talking about herself, Network spoke with a former client and current friend of Russell's, Julie Rison, a telephone and computer operator.

"I met Sharon in April of 1999, when I was in a very bad place in my life. I was unexpectedly pregnant when my husband left. My entire support system -- my family, my friends -- were in Connecticut. I was concerned about everything from income to housing to caring for my children... I was devastated and felt helpless."

One of the best gifts Sharon gave to Julie was confidence. "She doesn't do it for you -- she gives you the tools you need to pull yourself up. Because of her I am strong today -- I am financially much better off, I have a nice apartment, my children are doing fine. I was very reluctant at first when somebody at EVMS suggested I meet with Sharon. Turns out, it was the best thing that could have happened. My life is on track, and I got a good friend out of it, too!"

*Center continued from page 5*

manager of the center in April.

Martha Scott, MD, current medical director of the ACC's Primary Care Clinic, makes the point that "The ACC puts more responsibility for care on the patient than simply an ER visit, because they have to show up for their appointments. We suggest lifestyle changes and then check with them on a regular basis to see if they're following through... make sure they're taking their meds and doing all the other things they need to do."

The Medication Assistance Program, run by Laura Bebbler, provides critical and preventive prescription medicine for patients who otherwise could not afford it. Bebbler fills out and submits almost 600 applications a month to various pharmaceutical companies to help patients obtain what they need.



(L-R): Tracy Shank, ODU student, and Brandon Wells, MD, EVMS resident, review a patient's chart in Sentara Norfolk General Hospital's Emergency Department.

# Someone to Watch Over Me

Sentara Norfolk General Hospital and Sentara Hampton General Hospital are the first in the nation to introduce telemedicine to their Intensive Care Units (ICUs).

It's 2 a.m. and Dr. Gene Burke is making rounds at Sentara Norfolk General Hospital. He's a 15-minute drive from the patient he's about to see, but after a few clicks of his mouse and a few keystrokes on his computer, he's there. A video camera mounted in the corner of the patient's room goes live and announces his arrival via a speaker mounted over the bed.

With a few more mouse clicks, Burke, Sentara medical director for the e-ICU project, can view the patient's chart, vital signs, blood pressure reading, EKG results and x-rays. And, using a digital camera, he can zoom in on the patient in enough detail to monitor his breathing pattern.

Burke is one of 17 specially trained critical care doctors, called intensivists, who rotate staff assignment to electronically monitor 20 ICU patients at SNGH, which went online in June, and 16 patients at Sentara Hampton General Hospital, which went online this fall.

According to Burke, "It's important to stress that this system aug-

ments the care these patients already receive. The e-ICU doesn't replace anything currently going on in ICU care," he said. "We don't come up with the treatment plan, the attending physician does that. Our job is to make sure that the plan is implemented and followed and changes are made as needed. We're here to facilitate the work of the other doctors."

ICU nurses now have at their side all hours of the day an electronic intensive care specialist who works with them as a team to sort through constantly changing data and make critical decisions in a timely fashion. The system also allows doctors to have continuous and immediate communication with nurses and other caregivers. All a nurse has to do is pick up the hotline phone at the nurse's station (it connects automatically to the e-ICU).

Since the status of ICU patients can change at any time, 24 hours a day, seven days a week, the system is designed to provide proactive, rather than reactive, care. It allows doctors and nurses to work as a team to catch and treat potential problems early on.

Sheila Foote, RN, BSN, CCRN at SNGH's General ICU agrees. "I like the e-ICU. It has done a great deal



(L-R): Lisa Curling, RN, and Shelia Foote, RN, communicate with the hospitalist via e-ICU.

to improve critical care nursing. The best part is that somebody's always there. Previously you would have tried a few things on your own but now you can just pick up the phone and say, 'Hey, doctor, can you take a look? Something doesn't seem right to me.'"

According to Gilbert Schmidt, MD, Medical Staff President at Sentara Hampton General Hospital, the new system is expected to reduce complications, shorten lengths of stay, reduce costs and even save lives. In a clinical trial of more than 200 patients at Johns Hopkins, the e-ICU system reduced patient deaths by 60 percent,

reduced the rate of complications by 40 percent and cut costs by 30 percent.

And, while the stats aren't in yet, Burke is convinced the e-ICU is working. In the short time they've been staffing the electronic workstation, he and his colleagues have prevented a number of serious complications for patients. "We may have added a few hours to our workday," he admitted, "but it's worth it. It's an absolute win-win for the patient."

For more information, visit Sentara's website at [www.sentara.com](http://www.sentara.com)

## Clinical Documentation System

A team of enterprising employees, in concert with consultants from the Eclipsys Corporation, has designed a new automated clinical documentation product for Sentara that will improve patient care.

The clinical documentation system was implemented at one of the units at Sentara Leigh Hospital in August. It will be expanded to other Sentara hospitals in the future.

The system combines the best of modern technology with good, old-fashioned organization, incorporating physician orders, clinical pathways and nursing care plans into one easy-to-use tool. It can be individualized for each patient's diagnosis and condition. It also enables caregivers, in planning their

schedules and organizing patient care, to "bundle" their activities and accomplish many tasks in one visit, increasing efficiency while reducing patient interruptions.

The automated documentation software product, called CareMinder Plus, facilitates documentation of patient care online, providing each caregiver immediate access to the date, time and nature of the care provided. The system eliminates guesswork and even issues a reminder if care is not documented.

Staff use wireless, battery-operated devices to document care as they are providing it. Physicians and other clinicians can review the chart and care status from any computer workstation at any given time.

The Joint Commission on Accreditation of Healthcare Organization endorses automated clinical documentation as it reduces the incidence of incomplete or illegible records. It also enhances improvement by refining patient care, clinical outcomes tracking and evaluation methods.

According to Shirley Wharton, senior vice president, nurse executive for Southside Hospitals, "I believe this new technology will not only improve the overall quality of our clinical documentation, but also provide the staff with pertinent clinical outcomes information about the care they are delivering to their patients. Ultimately, it allows us to improve the overall quality of the care we provide."

## New Program

Beginning January 1, Optima will offer Alternative Treatments™, a new discount program in which health plan members (and their qualified dependents) receive up to 25 percent off the charges of participating providers.

Members will receive discounts and access to:

- A national network of complementary healthcare providers, including chiropractors, massage therapists and acupuncturists
- Fitness clubs
- An online mail-order catalog featuring health products.

For more information about Alternative Treatments™ go to [optimahealth.com](http://optimahealth.com) or [sentara.com](http://sentara.com)

# CHAIRMEN OF THE BOARD

## Donald H. Clark Assumes Chairmanship of Sentara Healthcare Board of Directors

Donald H. Clark assumed the chairmanship of the Sentara Healthcare Board of Directors at the board's annual meeting on Oct. 23. Clark served as Vice Chairman of the board for the past two years, after a five-year term as Chairman of the Board of Directors of Tidewater Health Care. Clark was instrumental in the merger of Tidewater Health Care with Sentara Healthcare in 1998.

Clark served a three-year term as Chairman of the Board of Directors of Virginia Beach General Hospital. He is a former member of the Board of Directors of Priority Health Care Inc., and served for seven years on the Medical Malpractice Review Panel appointed by the Virginia Supreme Court.

"I look forward to the challenge of leading one of the nation's top integrated health systems," said Clark. "During my term as Chairman, Sentara will remain faithful to its mission of helping improve the health of the patients and communities we serve."

Clark added that his main goal will be to place Sentara among the elite health systems in the nation. "When people across the nation think of the best healthcare systems, I want Sentara's name to be right there with Johns Hopkins, Cleveland Clinic, Sloan-Kettering and Mayo Clinic. The residents of the communities we serve deserve nothing but the best and I promise we will continue working toward that goal," Clark said.

Clark is president and chief operating officer of Williams, Mullen, Clark & Dobbins, the third largest law firm in the Commonwealth of Virginia, and is a member of the firm's litigation department. Clark's success as a trial attorney earned him Martindale Hubbell's highest rating ("AV") in 1980. He has been recognized in the "Best Lawyers in America" every year since 1991 and one of the Top 300 attorneys in a recent survey by Virginia Business.

Clark is a graduate of the U.S. Naval Academy. Before entering the George Washington University School of Law, Clark served for four years aboard a Norfolk-based destroyer. In 1968, he joined the Virginia Beach office of Kellam & Kellam, becoming partner after only three years. In 1972, he founded Clark & Stant, which became one of the largest law firms in Southeast Virginia under Clark's leadership. The firm merged with the Richmond firm of Williams, Mullen, Christian & Dobbins in June 1999.

A member of the Virginia State Bar since 1968, Clark served in leadership positions in the legal association, including on the Second District Ethics Committee and the Virginia State Bar Disciplinary Board. Clark is also a past president of the Virginia Beach Bar Association and has made major contributions to his community. Clark was the architect of the creation of Hampton Roads Transit, the first voluntarily merged public transportation properties in the United States. Clark also served as chairman of the Virginia Beach Mayor's Committee for Reapportionment in 1990.

Clark's term as chairman of the board of Sentara Healthcare expires in 2003.



(L-R): Donald H. Clark, Dave Bernd and E. George Middleton Jr., at the Oct. 23, Board of Directors' annual meeting.

## E. George Middleton Jr. Steps Down as Chairman of the Board After Three Decades of Service

HE FIRST SERVED ON THE BOARD OF LEIGH MEMORIAL HOSPITAL back in the late 1960's. In 1972, that organization merged with (Sentara) Norfolk General Hospital to form Medical Center Hospitals, and he served as chairman of that organization beginning in 1980.

By the time he stepped down as chairman, 30 years later, Sentara Healthcare was truly a national -- in many cases, international -- leader in the healthcare industry.

In his own affable fashion, Middleton is quick to underplay his considerable contributions and to give credit just about everywhere else. "We believed the hospital was the community's possession, not ours," says Middleton. "So we set policy, then had the good sense to step back and let management and administration do what they do best. That's how you run a successful business." And he backed up his beliefs with concrete actions, insisting that the CEO become a voting member of the board. Noting that CEO Dave Bernd and his predecessor, Glenn Mitchell, had different styles, he said, "Both

were extremely efficient, effective, intelligent administrators. It was my job not to mess that up."

It's safe to say he didn't. It was Middleton's leadership and vision that helped grow Sentara Healthcare to what it is today, frequently navigating the choppy waters of the rapidly changing healthcare industry, from the initiation of Medicare in 1966 to instituting the new world of managed care, to the current challenges of reconciling the implications of the Balanced Budget Act on Medicare, home health services and the continued viability of the organization he served so well. Professionally, Middleton is president of E.G. Middleton Inc., electrical contractors, and belongs to and serves in a leadership capacity for literally dozens of professional, civic and academic organizations. He received his B.S. from Virginia Polytechnic Institute. His contributions are vast and diverse, serving as everything from the director of CANDII to the former director of the Boys' Club of Norfolk.

He has received dozens of awards, including several prestigious healthcare awards from both regional and national organizations. In 1985 he was named Trustee of the Year by *Modern Health Care*. He has conducted healthcare presentations, his "dog and pony show," as he calls it, all over the country, including a presentation to the Sub-committee on Health, U.S. Senate Finance Committee for the Association of American Medical Colleges. They all want to know the same thing: the secret of Sentara Healthcare's success. And that's not a simple formula -- while he takes pains to spell out the many innovative and far-sighted steps Sentara has taken over the years. One aspect of our success is not a secret at all: it has been the guidance and leadership of E. George Middleton Jr.

On behalf of everyone at Sentara, we thank you for 30 years of dedicated service to Sentara Healthcare.

Please note: Middleton will continue to serve as a member of the Sentara board until October 2002.

*"It would not be an overstatement to say that George Middleton has made Sentara what it is today. He first became a board member over 30 years ago, and has been the chairman for 20. During that time, he has worked with management and administration in such a way that his style has become a model for healthcare organizations all over the country."*

Dave Bernd,  
Sentara CEO

### Rectal Motility Study

Sentara Bayside Hospital radiology is performing a new fecal motility procedure to better diagnose prolapsed rectum, intussusception or enterocele or other rectal disorders. The technique, called defecography, relies on video recording or rapid sequence filming, a specialized commode and a specialized contrast medium with the means to

inject it into the rectum.

While not a new procedure, its availability is limited and is usually restricted to those centers with physicians that have a special interest in anorectal incontinence or obstructive defecation. Sentara Bayside Hospital is the only hospital from Hampton Roads to Richmond that offers this procedure.

### AMBASSADOR AWARDS



(L-R): Dave Bernd, Sentara CEO; Claudia Johnson, Sentara Southside Hospitals; Beverly Grier-Smith, RN, Sentara Southside Hospitals; Leonor Sabado, RN, Sentara Bayside Hospital; Becky Croons, Sentara Hampton Health and Fitness Center; Theodore Cary, Sentara Hampton General Hospital.

### PROMISE AWARDS



(Front Row, L-R): Louis Roth, RN, Sentara Virginia Beach General Hospital; Pat Collmus, Sentara Norfolk General Hospital; Carolyn Atkins, Sentara Health Management; Jenny Field, RN, Sentara Norfolk General Hospital; Sharon Smith, Sentara Health Management; Barbara Jordan, LPN, Sentara Leigh Hospital; Margaret Armstrong, RN, Sentara Bayside Hospital; Mark Gavens, Sentara Southside Hospitals president. (Middle Row, L-R): Michael Charles, MD, Sentara Medical Group; Michael Revere, Sentara Hampton Health and Fitness Center; Teddy Thomas, Sentara Bayside Hospital; Kim Boyd, RN, Sentara Medical Group; **Grand Prize Winner:** Debbie Anderson, Sentara Medical Group; Lisa Kros, Clinical Informatics; Marcia Haddock, Sentara Life Care. (Back Row, L-R): Connie Jennette, LPN, Sentara Leigh Hospital; Elizabeth Cartwright, Sentara Life Care; Judy Hunt, RN, Sentara Bayside Hospital; Janie Pittman, LPN, Sentara Norfolk General Hospital; Richard Theroux, LPTA, Sentara Leigh Hospital. Not pictured: Ray King, Sentara Leigh Hospital.

Check out [www.sentara.com](http://www.sentara.com) for additional information about Promise & Ambassador winners.

**Bayside Hospital-** The auxiliary recently celebrated their 25th anniversary. They gave \$19,000 to provide two bone-density screening units, which will be located in the hospital and the mobile mammography van. The Gift Shop's "Christmas in July" sale was a huge success.

**Sentara Hampton General Hospital-** This auxiliary continues to hold fund-raisers to support the new hospital. Their July jewelry sale raised over \$8,000, so they followed it up with another two-day event in early November. They also held a clothing and book sale. The tree-lighting will be held on Dec. 4 at 7 p.m. at the hospital.

**Williamsburg Community Hospital-** This year's winners of the Healthcare Heroes Recognition Award are: Ray Edik ("Outstanding Volunteer") of the local Alzheimer's Association; Gert Berthiaume and Dot Bickmore ("Outstanding Hospital Program") of the Williamsburg Community Hospital Auxiliary, and Bell-Jo Rodgers ("Outstanding Employee") of Hospice Care of Williamsburg. The auxiliary won the award for their free mammogram service which provides mammograms to women aged 40-65 who have no health insurance. The auxiliary donated more than \$14,000 to help cover costs, while Berthiaume and Bickmore run the program, making appointments and reminder calls and sending out follow-up letters.

**Sentara Norfolk General and Sentara Leigh Hospitals-** The Auxiliary to Sentara Hospitals - Norfolk Inc. will hold a jewelry sale on Nov. 20 at Sentara Leigh Hospital in classrooms 1 - 4 from 7 a.m. to 4 p.m. They are also excited about their recent gift from Sentara Norfolk General Hospital -- space! The hospital recently designated new quarters for the auxiliary, enabling them to move from several small rooms to one large area on the first floor.

**Sentara Virginia Beach General Hospital-** This auxiliary will feature an art sale fund-raiser from September through December when the work of artist Dot Burns will be on display in the hospital lobby. In October, they participated with other Virginia-based hospital auxiliaries in collecting and donating used eyeglasses to The Lion's Club and held a jewelry sale at the hospital.

They awarded over \$9,000 in scholarship money to seven students studying in the medical field, and they plan to hold a bake sale at the hospital on Dec. 11. But this group contributes more than money -- volunteers recently knit 36 preemie blankets and 1,710 baby caps for newborns arriving at the hospital.

*Our auxiliaries remind you that new members are always welcome and appreciated. Call the chapter nearest you to volunteer.*

## Bless Our Hearts!

IT'S NEWS TO WARM YOUR HEART. For the second year in a row, the national research firm HCIA-Sachs has named Sentara Norfolk General Hospital one of the Top 100 Cardiovascular Hospitals in the nation -- the only hospital in Virginia to hold such a record.

The most recent study focused on cardiovascular services in the areas of acute myocardial infarction (AMI), percutaneous transluminal coronary angioplasty (PTCA) and coro-

nary artery bypass graft (CABG) procedures.

"The residents of Hampton Roads have known about the high-quality cardiac care they receive at Sentara Norfolk General Hospital," said Sentara Southside Hospitals President Mark Gavens. "We are pleased that the work being done by the physicians, technologists, nurses and administrative staff in the cardiovascular specialties is getting the national recognition it deserves."

## Peninsula Update

*Things are moving right along over on the Peninsula, with progress in every area.*

*The latest news:*

### **New Hospital:**

Construction of the CarePlex campus started in early October with the site preparation work. The architectural design of the hospital is near completion and staff and physicians are working on the specific details related to their departments. The overall experience that the design will provide to customers, physicians and staff is focused around four key attributes: expediency, communication of knowledge, flexibility, reliability and consistency.

"Specifically, what patients are asking for is participation in their own care; personalized/individualized care, and reliability and consistency of the health services provided to them. It is our goal to meet and, where possible, exceed these expectations," says Megan Perry, administrator of Sentara Hampton General Hospital.

Up-to-date information on the progress of our construction can be accessed through the front page of [www.sentara.com](http://www.sentara.com)

### **Virtual Practice Group:**

The virtual practice group pilot is in full implementation. The model is designed to link affiliated community-based physicians with our Sentara physicians and health facilities. The Virtual Practice Group will result in significant quality and service improvement, while increasing the number of customers who prefer to use our services.

There are about 40 physicians who are involved with the pilot across the Peninsula. Initial results of our success will be available late spring.

### **Joint Commission Success:**

Sentara Hampton General Hospital successfully completed the Joint Commission for the Accreditation of Healthcare Organizations survey this past August with a 97 score out of 100. The staff and physicians worked diligently for many months prior to the survey. According to Perry, "This is the beginning of our efforts to be the healthcare leader on the Peninsula, differentiated for its medical excellence and service innovation."

### **High Marks All Around**

Optima Health Plan's commercial HMO, Optima Health Insurance Company's commercial POS plan, Sentara Health Plan's commercial HMO and Optima Health Plan's Medicaid HMO have all been awarded an accreditation of "Excellent" by the National Committee for Quality Assurance (NCQA). This marks the second year Optima's commercial HMO has received the "Excellent" rating.

Customer satisfaction also plays a significant role, and Sentara Health Management's most recent survey of members indicates a 4.450 rate of satisfaction on a 5.0 scale,

exceeding their goal of 4.383.

"From our disease management programs and screenings to our "Resistance Kills" campaign to reduce antibiotic resistance in Hampton Roads, Optima is committed to our mission of improving the health of our members and the community of Hampton Roads," said Michael M. Dudley, president of Sentara Health Management. The three-year "Resistance Kills" public education campaign netted an impressive 13 percent reduction in the usage of antibiotics in just the first few months of the program.

# Congratulations



Sentara Healthcare President Douglas L. Johnson, Ph.D., has been appointed to a four-year term with the State Board of Health by Governor Jim Gilmore. This marks the first time any representative from Sentara has been appointed to this important board that oversees healthcare in the Commonwealth of Virginia.



Bob Travers was appointed vice president of Operations at Sentara Health Management. Travers had previously been working with the claims and member service departments as a consultant.



Jim Anderson has been appointed administrator of Sentara Nursing Center - Virginia Beach, a 120-bed nursing facility.



David Abraham was named administrator at Sentara Nursing Center - Portsmouth, a 132-bed nursing facility.

- The Tidewater Emergency Medical Services Council recently named Medical Transport the EMS Agency of the Year, highlighting the outstanding

job done by these men and women 24 hours a day, seven days a week.



Lyn Holder was appointed to vice president for the Cardiac/Vascular/Transplant Operating Center for Southside Hospitals. Holder most recently served as Associate Vice President for Healthcare Delivery for Temple University Health System.



Mark Szalwinski, director of Pharmacy Services for Sentara Healthcare, has been appointed by Governor Gilmore to the State Board of Pharmacy. His term began July 1 and he will serve through June 30, 2004. Szalwinski is one of the first hospital/health system pharmacists to be appointed to this board.



Andrew Dickinson has been appointed administrator of Sentara Nursing Center - Norfolk, a 223-bed nursing facility.



LaTonya Dickerson has been appointed the administrator of Sentara Nursing Center-Hampton, a 60-bed nursing facility.

### **Fully Integrated Care**

Plans are moving toward a fully integrated clinical information system across Sentara facilities. In late January 2001, Sentara Virginia Beach General Hospital will be online with all other Sentara hospitals, allowing

staff and physicians to coordinate patient care more effectively. Over the next month, SVBGH staff will be trained on how to operate the new software, including lab, pharmacy, order-entry and patient registration systems.

**AROUND SENTARA**



*(L-R): Kathryn Leigh West; her father; Southgate Leigh, III; new baby Margaret; and Franklin Morgan, MD, who delivered the baby. Margaret is the fifth generation of the Leigh family to be born at Sentara Leigh Hospital. Southgate Leigh, MD, Margaret's great-great grandfather, founded Leigh Memorial Hospital back in 1903.*



*(L-R): Marisa Weiss, MD, keynote speaker at the Oct. 5 "Speaking of Women's Health" conference, sponsored by Sentara, Procter and Gamble and WHRO. The conference gave area women the opportunity to hear national and local health experts address topics from osteoporosis to alternative medicine.*



*(L-R): Mrs. Grover Todd and Sherri Norman, at the 4th annual Camp Sentara, held at Sentara Nursing Center-Norfolk. The event brings together children and seniors for a day of fun.*



*(L-R): Tom Deere, Sentara Hampton Health and Fitness Center, and contest winner Patricia Johnson pose with the grand prize, a hot tub. The contest was held to promote the massage therapy program.*



*Prostate Cancer Awareness Week screenings were held at Sentara Norfolk General Hospital, Sentara Leigh Hospital, Sentara Virginia Beach General Hospital and CarePlex, ultimately screening almost 1,000 men. (L-R): Norman Powell and Ella Ortega, CarePlex.*



*(L-R): Douglas Strobel, Howard Kern, Jay Jerman and Robert Lyons. Kern receives a \$1 million check for Sentara Norfolk General Hospital, donated by Mrs. Doris Strobel Taylor, in memory of her husband, William McCaw Taylor.*