THE CHASE CONTINUES!

C. How YOU Can Make a DIFFerence (in eliminating C. difficile infections)

Our systemwide Chasing Zero journey continues in 2019 with incredible results, enthusiasm and a new emphasis on C. diff this spring. C. diff, officially known as *Clostridioides difficile*, is an infectious disease that causes diarrhea and inflammation of the colon. Because it’s incredibly contagious and can be life-threatening, hospitals like WakeMed are working hard to eliminate it. As part of Chasing Zero, we’ll spend the next few months sharing policies, procedures and educational initiatives to eliminate C. diff.

TOP THINGS TO KNOW ABOUT C. DIFF

Know the Risk Factors

- Recent exposure to antibiotics
- Being over age 65
- Recent hospitalization
- Weakened immune system

Identify the Symptoms

- Unexplained diarrhea (three or more loose/watery stools in 24-hours)
- Fever
- Stomach pain or tenderness

Know When to Test

The only way to confirm C. diff is through a C. diff stool test. Patients who present with symptoms of C. diff should be tested as soon as possible – ideally within two calendar days of arrival – and put on Special Enteric Precautions to prevent the disease from spreading.

On the other hand, it’s important to think before you test. Often, clinicians will test for C. diff if a patient has diarrhea, even if the patient has been on laxatives and has no other symptoms. Patients with loose stools within 24 hours of taking laxatives should not be tested, nor should patients with loose stools but no other C. diff symptoms.

Additionally, many people have C. diff in their colons but are not sick from it – these patients are colonized with the bacteria, so the test will be positive, but if they have no symptoms they should not be treated.

Isolate, Inform & Educate

Once C. diff is suspected, patients must be placed on Special Enteric Precautions immediately. All members of the care team should work together to ensure the patient, their family and visitors understand C. diff, its risks, how it’s transmitted and the importance of wearing personal protective equipment (PPE) when visiting.

Keep Things Clean

Hand sanitizer does NOT kill C. diff spores – wash your hands with soap and water when leaving a Special Enteric Precautions room. Additionally, every item that leaves a Special Enteric Precautions room – whether it’s a Voalte phone, a stethoscope or a pen – must be cleaned with bleach immediately to prevent transmission.

PPE is Key

Using the appropriate PPE – gloves and gowns – when in the room or bed-space of a patient with C. diff is critical, even if you’re just stopping in for a short visit or delivery.

Stay Tuned for C. diff Testing Policy Changes

In the coming weeks and months, policy changes are being implemented to improve our processes related to ordering C. diff tests. Stay tuned to learn more about these changes, which support our Chasing Zero journey!

C. diff, Leapfrog & Financial Health

If a patient tests positive for C. diff more than two days after arrival at WakeMed, we must report it as hospital-associated C. diff (HA-C. diff). HA-C. diff rates are part of our Leapfrog scores and a metric in several CMS programs, which means we lose money when we have more HA-C. diff than other hospitals. So, in addition to being the right thing to do for patients, reducing C. diff will positively impact numerous important metrics we track and WakeShare!

Congratulations Falls Free Units!

Congratulations to the following units which had zero patient falls in the first quarter of Fiscal Year 2019 (October – December 2018). We are proud of your dedication in patient safety and efforts to Chase Zero!

- Emergency Department – Apex Healthplex
- Heart Center Pre- & Post-Procedure Care
- CTICU
- CCU – B
- PICU
- Special Care Nursery – North Hospital
- Special Care Nursery – Cary Hospital
- Emergency Department – Cary Hospital
- Emergency Department – Apex Healthplex

RECOGNITION CONTINUES

We were proud to honor several departments in January for their Chasing Zero efforts. 3E CVIC celebrated 18+ months without a central line associated bloodstream infection (CLABSI). Their last infection was June 4, 2017. Congratulations to the team on reaching this exceptional milestone!

Information Services was honored after being recognized by Epic for having the lowest error rate among similar health systems for the month of November 2018. Congratulations to everyone who played a key role in this exceptional accomplishment!

Several departments spent hours demonstrating their creativity and passion for hand hygiene as part of our spirit competition. Congratulations to our video contest winner, SA Medical Intermediate Care! Kudos also to our honorable mention winners (in alphabetical order): SC-Unit Council, Clinical Administrators, Raleigh Campus Surgical Services - OR, Revenue Cycle & Collections.
New Tool Streamlines New Supply Request Process

Improving patient care is always a priority at WakeMed, and our Value Analysis Program is just one way we are working to positively impact patient outcomes. Under the leadership of the Non-Labor Steering Committee (NLSC), which is tasked with managing our supply costs, the effort aims to standardize and improve care by ensuring our clinicians have access to the best performing, state-of-the-art supplies and products.

“Technology and medical supplies are changing all the time, and we are working to actively engage providers and clinicians to bring new, innovative or alternative supplies to WakeMed to help improve patient care and outcomes,” commented NLSC chair Chuck Harr, MD, chief medical officer, Raleigh Campus. To make it easier for new products to be considered and evaluated, the team recently revised and released the New Product Request Form. The form is intended to bring together all the necessary data and information to determine if a product is appropriate for WakeMed – whether for a trial period or sustained use.

Typically, the request is initiated by a provider – nearly two-thirds of all requests come from surgeons – with input from other clinical team members. Once completed, it should be returned to the appropriate team lead (see list below), who will oversee and coordinate necessary approvals in a timely manner. “While cost is always a consideration, improving patient outcomes is the goal of this process. The product that is best for one patient is best for all patients – and that’s what we should be using; that’s standard work,” commented Kevin Schmidt, director, Strategic Sourcing.

More information about the process is included on the form itself, which is available in PolicyTech or on the Strategic Sourcing page of MyWakeMed. More information about the process is included on the form itself, which is available in PolicyTech or on the Strategic Sourcing page of MyWakeMed.

LEADERSHIP UPDATES

David Kirk Named Executive Director, Critical Care Services

David Kirk, MD, has been named Executive Director of Critical Care Services, which is a new leadership position intended to improve and standardize care across the system. In this role, Dr. Kirk will serve as the primary clinical, quality and administrative executive for critical care across the system. He will work with leaders and staff across clinical disciplines as well as administration to develop and promote processes that provide superior care, lower costs, improve patient safety and also improve population health while supporting ICU staff. Dr. Kirk joined WakeMed in 2006 and has served as director of Pulmonary & Critical Care Medicine since 2015.

North Hospital Welcomes New Director, Hospital Medicine

Jihad Ateh, MD, joined WakeMed in January as the medical director of the Internal Medicine Hospitalist program at North Hospital. In this role, he will serve as the communication link between WakeMed North administration and Medical Staff members. Dr. Ateh comes to WakeMed from Cape Fear Valley Medical Center where he was the program director for the hospitalist group since 2014.

Brendan Piper-Smyer Joins WakeMed Foundation

Brendan Piper-Smyer has joined the WakeMed Foundation as the director of Major Gifts and Planned Giving. Piper-Smyer came to WakeMed from Duke Health where he was director of development and previously worked in development for the Duke University School of Law. In his new role, he will focus on helping the WakeMed Foundation increase philanthropic support from a variety of donors. Piper-Smyer holds a bachelor’s degree from Duke University and a juris doctor from Boston College Law School.

Supporting Efficiency & Standard Work with OR Pyxis Machines

Operating rooms (ORs) have no lack of important equipment – and the ORs at Raleigh Campus recently received new additions with the installation of Anesthesia Pyxis machines. The machines, which are also in use at Cary Hospital and North Hospital, are located at the head of the OR beds and dispense the medications that nurse anesthetists and anesthesiologists need to keep patients safe – and safely asleep – throughout surgical procedures.

In January, 31 Anesthesia Pyxis machines were installed in every operating room at Raleigh Campus, including the regular ORs, the Labor & Delivery C-section suite, the endoscopy rooms in the Andrews Center and three high-volume ER/Cath Lab rooms. Prior to these machines being installed, anesthesia medications were requested and dispensed from the OR pharmacy as well as from anesthesia carts and trays located in each OR. “These machines will streamline workflow and improve efficiency by having medications in the immediate work area as opposed to the previous manual process. We also anticipate that this technology will improve compliance with medication management, security and documentation of controlled substance waste,” commented Shelly Schaad, CRNA (American Anesthesiology).

The new machines and the accompanying technology will also streamline inventory control and help the pharmacy team track expiration dates more efficiently. “We now have greater electronic knowledge of where these medications are stored at all times and can be proactive in ensuring that all machines are fully stocked and that our inventory aligns with demand,” commented Erin Koontz, PharmD, manager (Pharmacy), who led installation of the machines. Cary Hospital and North Hospital have been using Anesthesia Pyxis machines for several years, so now all three hospitals have the same equipment, which improves standard work for staff and physicians who work in multiple facilities.

Installing and filling the machines took just over two weeks, but those busy weeks were the culmination of a year’s worth of work. “This was an effort between Pharmacy, Surgical Services, Anesthesiology and staff from other areas. While our patients may not be directly impacted by this change, the process improvements associated with it will help ensure a positive experience,” commented Sheldon Streete, director (Surgical Services – Raleigh Campus).

“We are so grateful to the entire team – specifically Al Smith, Lisa Dove and Erin Koontz – for making our transition to Pyxis seamless. They spent countless hours behind the scenes to make this project successful,” added Jana Pittman, CRNA (American Anesthesiology).

Don’t Forget Your Biometric Screening

Biometric Screenings are ongoing through March 29

Things to remember:

• Know the time and location of your screening and bring your ID badge.
• Allow approximately 20 minutes, start to finish.
• The screening includes height, weight, waist circumference, blood pressure and a basic lipid panel (cholesterol) with blood glucose.
• Employees may bring current blood work results to the screening (to qualify, it must have been conducted after January 1, 2019, and must include full lipid panel and a total glucose).
• The cholesterol screening requires fasting for a minimum of eight hours unless prohibited for medical reasons.

Screening results will be posted to WakeMed MyChart, usually within 72 hours. Blood work results (lipid panel and glucose) will be under “View Test Results” and measurements (height, weight and BMI) can be found in “Letters.” Remember, you must meet a certain level on each standard to receive the reward. If you do not meet the standards, you can complete an alternate standard requirement to make up points. More details about alternate standards will be shared next month. Questions? Contact Bob Nelson, ext. 06903.
Cary Hospital Introduces Advanced Gastrointestinal Center

Over the past year, Cary Hospital has added new services focused on helping patients assess and treat a variety of digestive diseases and disorders. As part of this effort, the Endoscopy department has been renamed the Advanced Gastrointestinal Center at Cary Hospital. Offering top to bottom care for the entire digestive system — from the esophagus to colon — the Advanced Gastrointestinal Center provides convenient access to board-certified physicians and sophisticated procedures addressing everything from acid reflux, swallowing difficulties and polyps to Crohn’s, cancers, weight loss and more. Several of these procedures are not available anywhere else in the state. In addition to GI procedures, Cary Hospital also offers comprehensive care from dietitians, diagnostic services and more.

Some commonly treated conditions include:

- Colon cancer
- Colon polyps
- Diverticulitis
- Gastroesophageal reflux disease (GERD)
- Gastrointestinal bleeding
- Indigestion and heartburn
- Intestinal pain and conditions
- Inflammatory bowel diseases (IBD), including ulcerative colitis and Crohn’s disease
- Irritable bowel syndrome (IBS)
- Stomach pain and conditions
- Ulcers
- Swallowing disorders

To learn more about physicians and services provided at the Advanced Gastrointestinal Center at Cary Hospital, visit www.wakemed.org/advancedgi.

Welcome New Advanced Practice Providers

- Trish Odorn, NP
  Heart & Vascular
- Kelly Gill, PA
  Urology
- Ellen Wibran, PA
  Urgent Care

Welcome New Physicians

- Amit Mukhia, MD
  Neuroradiology
- Imran Quyyum, MD
  Hospital Medicine – Raleigh Campus
- Albert Santos, MD
  Pulmonology
- Kaebah Orme-Evans, MD
  OB-GYN
- Xavier Preud’homme, MD
  Psychiatry
- Jihad Arteh, MD
  Hospital Medicine – North Hospital

Now Open! WakeMed Heart & Vascular – Fuquay-Varina

WakeMed Heart & Vascular has opened a cardiology office within the Primary Care – Fuquay-Varina location. Hemant Solomon, MD, is welcoming general cardiology and peripheral vascular disease patients with a goal of expanding services based on the needs of the community.

WakeMed Heart & Vascular – Fuquay-Varina
231 North Judd Parkway
Fuquay-Varina, NC 27526
Appointments: 919-232-0322

Congratulations, Health Care Heroes

The Triangle Business Journal recently announced its 2019 class of Health Care Heroes and several WakeMed employees and close partners are among this year’s list of 23 honorees. The annual program recognizes leaders in their field who have made significant contributions to health care.

Since she became an EMT at age 14, Jessica Dixon, RN, (Infection Prevention) has demonstrated her passion for health care. Dixon has been an infection prevention nurse at WakeMed for 12 years and is dedicated to helping clinicians understand the long-term, infection-related impact of their decisions. She has played a key role in supporting WakeMed’s Chasing Zero journey to eliminate preventable harm. Her dedication to nursing excellence and attention to patient safety is evident through her efforts to prevent the spread of illness and keep WakeMed patients, visitors and staff healthy.

As a physician and medical director for WakeMed Innovations, Stuart Ginne, MD, (ENT – Head & Neck Surgery) has found a way to blend his life-long interests in innovation, flight and medicine. Dr. Ginne, who worked as a pilot for United Express airlines before becoming a physician, is part of the team that helped secure WakeMed’s participation in the FAA Unmanned Aircraft Systems (UAS, or ‘drones’) Integration Pilot Program. The project is investigating how to use drones for medical package delivery and the first test flights occurred at Raleigh Campus last August.

A North Carolina native, Judson Williams, MD, (WakeMed Heart & Vascular) believes that the best cardiovascular care in the world should be available right here in his home state. In addition to performing complex cardiovascular surgery, he is internationally known for cardiovascular clinical research and serves as WakeMed’s principal investigator for the VEST study. He also played a key role in making WakeMed the first U.S. hospital to introduce early recovery after surgery (ERAS) for heart surgery patients. The interprofessional effort, co-led with Gina McConnell, BSN, RN, has become nationally known.

Christine Khandelwal, DO, is director of inpatient palliative medicine at Transitions LifeCare, a long-time partner of WakeMed. She is a patient advocate, providing expert communication and navigation through difficult situations, while also encouraging the rest of the health care team to meet the needs of the patient and family. Dr. Khandelwal was recently appointed to serve as the physician chair of the Patient and Family Experience Oversight Committee and participates in the WakeMed Geriatric Task Force, where she continues to provide advocacy and leadership to improve care for those with advanced illness.

An emergency medicine physician with Wake Emergency Physicians, PA, Bobby Park, MD, is director and one of the founders of RelyMD, a direct-to-consumer telemedicine service. The mission of RelyMD is to improve people’s lives by providing health care in a more convenient, efficient and cost-effective manner. This fall, led by Dr. Park, RelyMD put that mission into action by providing telemedicine services for Hurricane Florence evacuees in six shelters across Wake County. The effort helped ensure patients got the care they needed without having to visit an emergency department far from home.

www.wakemedphysicians.com
Medical Surveillance Program Expands to Staff Nurses

In October, WakeMed announced changes to how a number of medications are received, handled, stored, prepared, dispensed and administered. As part of these changes, and in an effort to ensure the health and safety of our team, WakeMed has also broadened the Hazardous Drug Medical Surveillance program to include all staff nurses. The program will eventually be expanded further to include many other employee groups, including nurse technicians, Environmental Services, Imaging, physicians and more.

Currently, all staff nurses are required to complete a baseline questionnaire and another annually thereafter during their annual health screening appointment. Nurses are also encouraged—but not required—to participate in the laboratory medical surveillance program, which includes the following:

- Baseline lab testing performed at the 2019 health screening and every three years following
- Lab tests include: CBC (blood count), BMP (general chemistry), urinalysis (checks for blood in the urine), and LFT (liver function test).
- Lab testing is used to monitor for warning signs of possible hazardous drug-related changes over time.
- Occupational Health will contact employees with their results and provide guidance on whether follow-up evaluation is needed.

All staff nurses should make an appointment for their annual health screenings to follow time to complete the paperwork and discuss the lab study options. Participation in the program is required, but employees can opt out of the lab testing by signing a declination form. If an employee declines the lab testing, they can change their minds and complete the lab testing any time after their annual health screening appointment.

When families have a sick child, it can be an uneasy time full of worry and questions. Fortunately, WakeMed has a team of child life specialists who assist the care team in providing a positive experience for children and families.

Child life specialists are educated in the psychosocial care of children and the developmental impacts of potentially traumatic experiences, and they can have a direct impact on quality of care and outcomes while also providing an all-around better experience.

**Look for the Yellow Sticker!**

As part of ongoing changes related to hazardous drugs, starting soon, patients who have received a hazardous drug in the past 48 hours will have a yellow “HD” sticker on the door. This sticker is intended to quickly alert care team members and remind them to follow hazardous drug processes. Need stickers for your unit? Order them through MPH.

WakeMed’s Good Catch Program encourages staff to positively impact patient safety by speaking up, reporting good catches and sharing their experiences. If you have made a good catch, share it by clicking the “Report a Good Catch” link on the WakeMedWeb.

**COMINGS & GOINGS**

3A CVIC sends best wishes and congratulations to Marilyn Pezzullo, RN, on her retirement from WakeMed.

NICU welcomes Ashley Evans, RN.

Outpatient Rehab welcomes Christine Fabics, PT, to the Clayton team.

Emergency Department – North Hospital welcomes Laronda Smith, RN; Alicia Harris, RN; Michelle Ward, RN; and Cathy Matson, RN.

Food & Nutrition Services – Raleigh Campus welcomes Adam Smith as executive chef.

Heart Center Administration welcomes Alyssa Franklin, MSN, RN, to the Cardiovascular Patient Educator team.

Primary Care – North Raleigh welcomes Ebony Spencer.

Imaging Nursing – Raleigh Campus welcomes Melissa Maxey, RN, who transitioned from 3E CVIC.

The Mother Baby and Newborn Nursery team at Raleigh Campus welcome Jennifer Holcomb, RN; Maddy Goralin, BSN, RN; Alexis Abraham, BSN, RN; Holly Cribb, RN; Taylor Bright Roulding, BSN, RN, and Amanda Nava, RN.

Nursing Education welcomes Sarah Hassing, MSN, RN, and Clint Dean BSN, RN.

SC Medicine welcomes Sophia Wilson.

Spiritual Care welcomes chaplain interns who will be at WakeMed until May 6: Alice Evans (1A, 5C), Jim Keating (3C, CPU), Nancy Stokes (3B), Ronnie McCray (6A), Wanda Thomas (3A) and Zach Parks (3B).

6A CVIC welcomes Tracey Smith.

Pharmacy – Raleigh Campus welcomes Tanredge Garcha, PharmD, BCPP.

Clinical Administrators welcome Jack Alman, MSN, RN; Barbara Chororny MSN, RN; and Leslie Johnson BSN, RN.

Financial Clearance welcomes Tamesha Williams-Diallo.

**Hazardous Drug Program Update**

**Medical Surveillance Program**

Now organized as one department

Over the years, child life specialists have been part of different hospital departments. They have recently been brought together as one department, which enables them to practice cross coverage and of different hospital departments. They have also recently been brought together as one department, which enables them to practice cross coverage and...
It would take to make this dream a reality.

that would spend months doing the research, planning and coordination

improvements in the recovery process for surgery patients.

impact on their own, but once combined, have proven significant

and after surgery. The result is 20 individual steps that may have minimal

more – by standardizing the care of heart surgery patients before, during

Creating the First ERAS Cardiac Program

The program got its start in 2016 when nurse educator Gina McConnell, BSN, RN, (CTCCU) and Judson Williams, MD, (WakeMed Heart & Vascular) both envisioned applying the benefits of an ERAS program to heart and vascular patients. They soon partnered with Pat Woltz, PhD, RN, (Nursing Research), William Bradford, MD, (American Anesthesiology of NC) and Annsley Winders (Pharmacy) – creating a team that would spend months doing the research, planning and coordination it would take to make this dream a reality.

The WakeMed Cardiovascular & Thoracic Surgery Research Team marked a research milestone in November when they enrolled their first patient – the first patient in North Carolina – in the HYBRID clinical trial. The trial enables eligible patients with multi-vascular coronary disease to be randomized to either percutaneous intervention (PCI) only or HYBRID interventions (surgery and PCI). Both procedures are accepted, commonly performed procedures for the treatment of coronary artery disease but the study will help discover which treatment option is better for the patients with multi-vascular coronary artery disease. Members of the HYBRID research team include (left to right) Rhonda Norton; Judson Williams, MD; Frances Wood, MD; Bryan Boulton, MD; and Annsley Winders.

What do Gatorade, chewing gum, and walking have in common? Each are small, but critical elements of a new, nationally-recognized program. WakeMed has introduced to help improve recovery for cardiac surgery patients.

Known as Enhanced Recovery After Cardiac Surgery (ERAS Cardiac), this new care plan has demonstrated outstanding results in less than two years. While similar pathways have long been in place for other surgical specialties, heart and vascular programs have not previously been successful in implementing ERAS programs due to the complexities associated with heart surgery.

In addition to the core team, numerous critical disciplines have been involved in implementing ERAS at WakeMed. Every member of the continuum of care for a heart surgery patient plays a key role – including the surgeon, cardiologist, pre-op nurse educator, anesthesiologist, intensivist, bedside nurse, respiratory therapist, dietitian, endocrinologist, physical and occupational therapists, hospitalist and everyone in between. “This pathway is a partnership in every sense of the word,” explains McConnell. “It’s a partnership with our patients and among our entire care team – all with a goal of ensuring both a successful surgery and improved recovery period.”

After 16 months of planning and education, WakeMed became the first hospital in the U.S. to implement the ERAS Cardiac pathway in April of 2017. “The most rewarding part of this journey has been seeing how something so completely patient-centered can catch on so quickly and have such powerful outcomes that other hospitals are asking us to help them do the same thing,” explains Dr. Bradford. “We have a team that is driven to do the right thing for our patients at all costs, which has made this process both awesome and humbling.”

Proven Benefits of ERAS Cardiac at WakeMed

After less than two years, the data speaks for itself. The chart shows some of the improvements ERAS has helped bring about.

<table>
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<th>Postop Intubation (Median Hours)</th>
<th>Reintubation Rate (%)</th>
<th>GI Complication Rate (%)</th>
<th>Total ICU Stay (Median Hours)</th>
<th>ICU Readmit Rate (%)</th>
<th>Postop LOS (Median Days)</th>
<th>Total LOS (Median Days)</th>
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<td>6.0</td>
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Innovative Program Receives National Acclaim

Since launching our Cardiac ERAS pathway, our team members have been tapped for national leadership roles, presented at numerous national meetings and our outcomes data has been published in multiple clinical journals – including as the cover story for the November 2018 issue of Nursing journal. In February, WakeMed became the first organization in the world to be named a Center of Excellence by the Society for Enhanced Recovery After Cardiac Surgery. The designation recognizes exceptional efforts related to continued improvement, implementation of evidenced-based interventions, data collection and contributions to the ERAS community. Dr. Williams currently serves as vice president of the board of directors for the Society for Enhanced Recovery After Cardiac Surgery. WakeMed will host the first national ERAS Cardiac Surgery Conference here this summer.

Happy Heart Month

WakeMed is First Hospital in the US to Implement Enhanced Recovery Pathway for Heart Surgery Patients

The Challenges of Cardiac Surgery Recovery

Heart patients have long feared open-heart surgery – and for good reason. Historically, patients have experienced long hospital stays, followed by months of recovery – often with many complications along the way.

ERAS Cardiac aims to improve recovery and prevent common complications – such as pain, blood clots, pneumonia, infections and more – by standardizing the care of heart surgery patients before, during and after surgery. The result is 20 individual steps that may have minimal impact on their own, but once combined, have proven significant improvements in the recovery process for surgery patients.

Creating the First ERAS Cardiac Program

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CALENDAR OF EVENTS

Feeling Under the Weather?
Get expert medical care, 24/7/365, for just $15!

WakeMed has partnered with RelyMD, a telemedicine provider, to offer a special rate for everyone on the WakeMed medical plan. RelyMD is staffed by Wake Emergency Physicians, PA — the same trusted providers who staff our emergency departments. Providers treat patients age six months and up, and the average wait time is fewer than 10 minutes. Visit relymd.com/wakemed and enter Group ID “WakeMed” to receive the special rate.

To help you plan ahead, this calendar lists upcoming system-wide events, training classes and community events. For details and fee information, visit the WakeMedWeb. Send calendar submissions to Public Relations or email microscope@wakemed.org.