Communication IN HEALTHCARE

As health care providers, communication is essential to what we do. It has the power to not only enhance the patient experience, but can lead to better outcomes, improved patient safety and a more pleasant work environment. To build on our Wake Way Every-time Behaviors of Communication and Teamwork, this year WakeMed is introducing the Communication in Healthcare program developed by the Institute for Healthcare Excellence (IHE).

With the support of our Board of Directors and President & CEO Donald Gintzig, Communication in Healthcare will be offered to every member of the WakeMed family – including Medical Staffs – over the next two years. “This program will help strengthen our unique culture and supports our journey to be a top 10 hospital,” commented West Paul, MD, PhD, senior vice president & chief quality and medical staff officer. “We have had exceptional engagement and enthusiasm from our physicians and staff who have attended the training and they are already having success putting the tools in action.”

The four-hour course is a highly-interactive experience that goes beyond the basics and helps participants to be better listeners, get to the root of concerns and see communication as a collaborative, team-centered skill. By practicing with real-world scenarios, it prepares you to put these skills in action on a daily basis – whether at work or at home.

Offering Communication in Healthcare to all 10,000+ members of the WakeMed family is no small undertaking. Fifty WakeMed employees and physicians have participated in an intensive, 40-hour training program that equipped them to lead the sessions. “This course was really eye opening for me and showed me a different way to go about communicating. I had an amazing experience, and I really hope that I can make it that exciting for everyone else,” commented facilitator Kelsey Ferrar, (Imaging Services – Garner Healthplex). “At WakeMed, we put our patients first, and this gives us the tools to do that in every encounter.”

In implementing this program, WakeMed joins numerous other nationally-recognized organizations that recognize the powerful way better communication leads to better patient outcomes. “It is easy to get caught up in clinical care and forget the fundamental human-to-human interaction. When we take a direct approach in the name of efficiency, it doesn’t always take the patient’s goals or concerns into account – and that has consequences,” said Sanjay Premakumar, MD, (WEPPA) physician trainer. “If patients don’t feel like they are listened to, they may not take their medication or see the doctor that I recommended for follow-up care because they didn’t feel like I was listening to them.”

WakeMed’s executive team has completed the course and training is underway for directors, managers, supervisors and physicians. Beginning this summer, it will be available to all staff, allowing everyone an opportunity to develop these important skills they can use at the bedside, in a staff meeting or around your dinner table at home.

For the past three decades, WakeMed has provided top-notch trauma services to the community, saving countless lives while also promoting research and innovation. Since its inception in 1987, WakeMed Trauma Services has grown steadily and today is one of the busiest centers in the state. Staffed by exceptional surgeons and supported by our emergency departments and ICUs, WakeMed Trauma Services exemplifies teamwork at its best.

“We have great trauma care because we have the best people delivering it. It is our privilege to serve as leaders in this region, and to inspire confidence in our patients, their families and the entire community,” commented Osi Udekwu, MD, executive medical director, WakeMed Trauma Services. The trauma team is also dedicated to improving quality, so we can offer better care to our patients, and promoting community safety, to prevent the injuries that bring patients to us. Through the Capital Regional Advisory Committee (CapRAC), WakeMed provides leadership in trauma care and planning on a regional level.

WakeMed Trauma Services also has a strong legacy of improving patient care delivery through research – which will continue to grow. “We believe research is key to shaping innovative trauma care. Our goal is to build an enduring and sustainable trauma research initiative that will make a lasting positive impact on patient care,” explains Elaine Rehlik, PhD, executive director of Trauma and Rehabilitation Services.

A LOOK Back, with William Sullivan, MD

As one of the first full-time trauma surgeons hired by WakeMed, William Sullivan, MD, has seen our program become one of the most respected centers in the country. What matters most through it all, he says, is the relationship with patients: “It’s really wonderful. You get to know people very well in just a few hours. People have trust in you and it’s a very nice relationship.”

For 27 of the center’s 30 years, Dr. Sullivan has been on the front lines of trauma care. He remembers how the program got off the ground following a meeting with surgical leaders from Raleigh’s three hospitals. Since Raleigh couldn’t support three separate programs, WakeMed was chosen after some assurances were given that it would not monopolize all emergency room visits.

Initially, the trauma center was led by a part-time director and staffed by community physicians who took call from home. Some notable changes over the years, in Dr. Sullivan’s view, include opening the Surgical Intensive Care Unit in 1991 and transitioning to full-time (24/7) surgeon coverage in 2000. Another important change was the evolution of CF, as new models and capabilities have made them faster and more useful in diagnosing and treating trauma patients.

As for the program’s success, Dr. Sullivan attributes that to the support of WakeMed – from administration to medical providers at all levels and all specialty areas – and notes that everyone involved keeps their focus on the most important thing: doing what’s right for the patient. “The team has very little ego—it all starts off with respect,” he says. “You have to do your job and do it well. We have a very collegial team – it’s valued as a part of who we are.”

Two photos were inadvertently left out of the Service Awards Special Issue. Deborah Casey (2C Rehab Nursing), left, reached the 35-year service milestone and Susan Harris, RN, (Emergency Department), right, completed 20 years of service in 2016. Congratulations, Deborah and Susan, on your achievements and please accept our apologies for this error.
Emergency Department welcomes new nurse fellows: Joe Cichocki, RN, Chrissy Norris, RN, Carrie Sutherland, RN, and Moriah Rutherford, RN.

6C Surgery & Trauma welcomes Tiffany Atwood, RN, Lulu Jimenez Smith, RN, and Kate Lin Langford, RN.

WPP Primary Care scheduling welcomes Cassandra Coleman, NAI, and Latoya Poston.

5C Medicine welcomes Shewit Woldemese, RN, BSN, and Lecandra Edwards, RN.

Coding/CIDI welcomes new manager Shameka Hooks.

cEUUU welcomes Samantha Tucker-Canal, BN, RN, who transitioned from Staffing Resources and Georgette Becerra, who transitioned from STICU.

AAU welcomes nurse fellows Deanna Sykes, RN, Elizabeth Williams, BSN, RN, Kristina Oakley, RN, and Wing Leung, BSN, RN.

Emergency Department – WakeMed North welcomes Reah Ingram, RN, Lori Saunders, BSN, RN, Jenn Holley, BSN, RN, Molly Jarvis, NAI, and Marta Abushindou-Reyes, NAI.

1A Clinical Evaluation Area welcomes Samantha Adams, LaTisha Brown, Brittany Butts, Elizabeth Crandall, Cami Edwards, Stephanie Olive, Jonya Pace, and Alisha Smith.

6A CVIC welcomes Ebony Harrell and nurse fellows LaShaunta Taturn, RN, Sonia Robinson, RN, and Taylor Wellborn, BSN. RN.

Infection Prevention welcomes Sarah Stephenson, BSN, RN.

WakeMed Signs Agreement with Raleigh Radiology

In February, WakeMed announced a new contract with Raleigh Radiology to provide professional interpretation and reporting services for imaging studies performed at WakeMed. The contract will replace our existing contract with Wake Radiology effective August 27, 2017.

Nearly 400,000 imaging studies are performed each year throughout the WakeMed system and this new relationship will provide greater value and efficiency to our patients who require imaging services. “Working with Raleigh Radiology supports our vision of aligning with like-minded medical organizations who share our values and commitment to focusing on exceptional quality, service and value for our patients and their families,” explains Donald Ginsigz, WakeMed president & CEO. “This decision was made after careful consideration as we appreciate the exceptional relationship we’ve had with Wake Radiology, and we have unwavering respect for their dedication, leadership, physicians and staff.”

Wake County’s first radiology practice, Raleigh Radiology provides broad subspecialty expertise and aligns closely with WakeMed’s major service lines and imaging centers of excellence. At this relationship begins, WakeMed will maintain the same level of services and subspecialty coverage we currently offer our providers and patients, with the ultimate goal of expanding over time.

 Delivering Life-Saving Fluids Faster with LIFEFLOW

When treating life-threatening illnesses like sepsis and shock, restoring fluids quickly is critical - but is often a race against the clock. In an effort to find a more efficient way to help patients, Mark Piel, MD, (WPP – Pediatric Intensivists) helped develop the LifeFlow Rapid Infuser, an easy-to-use device that delivers 500 milliliters of fluid in less than two and a half minutes. “Most common infusion methods are slow and ineffective in emergency situations, and many of the rapid infusion techniques are complex and expensive,” commented Dr. Pielh. “LifeFlow offers an intuitive and affordable solution to this challenge.”

LifeFlow was recently approved by the FDA. WakeMed was selected as an early evaluation partner and pilot site for the device. Several of WakeMed’s emergency departments are using LifeFlow and the results have been extremely positive. “We have used LifeFlow several times in the Children’s Emergency Department with success. It is really amazing to see how the vital signs improve over such a short period of time,” commented Amy Griffin, MD, (WEPPA) medical director, Children’s Emergency Department.

LEADERSHIP UPDATES

Chantal Howard Named Vice President, Receives TBJ Award

Chantal Howard, MSN, RN, CEN, director of Emergency Services, has been named Vice President of Nursing for Raleigh Campus. In this newly-established role, Howard will work to assure the overall quality of nursing practice for Raleigh Campus, providing direction for nursing management and staff while supporting clinical performance and service excellence programs. She will be responsible for planning, facilitating and evaluating nursing and patient care services, and will work with leadership and the Medical Staff to advance clinical care available at Raleigh Campus.

Howard is also a recipient of the Triangle Business Journal’s annual Women in Business Award, which honors women who have a history of business or community service accomplishments. Howard was recognized for her advocacy for individuals and families impacted by domestic violence. Under her leadership, WakeMed Emergency Departments adopted the research-based Lethality Assessment Program (LAP) to better identify victims of domestic violence and connect them with support services. In the first seven months of implementing LAP, 65 percent of domestic violence victims identified received services at InterAct. To further the impact of this program and help other health care organizations reduce family violence and fatalities, Howard has presented the initiative at state and national conferences.

Howard has more than 20 years of nursing and leadership experience and has held her current role since 2014. She holds a master’s degree in nursing from the University of Phoenix and a bachelor’s degree in nursing from Long Island University in Brooklyn, N.Y.

Cary Hospital and WakeMed North Chief Medical Officers Announced

A member of the WakeMed team since 1996, Dr. Brody has served as the WakeMed North executive medical director since 2015. He has served in a wide variety of leadership, quality and teaching roles within both WakeMed and the UNC School of Medicine.

Dr. Bash has served as the medical director of the OB Hospitalist team at WakeMed North since 2015 and is the medical director for our WPP – OB/GYN practices. She has nearly 30 years of experience in obstetrics and gynecology and joined WakeMed in 1992.

INTERVENTIONAL STROKE TREATMENT RETURNS TO WAKEMED

Intra-arterial mechanical thrombectomy is a minimally invasive procedure that, when performed in conjunction with tPA administration, can stop a stroke in its tracks. Performed by a neurosurgeon, the procedure involves state-of-the-art technology, which is used to capture the blood clot and remove it, immediately restoring blood flow to the brain. The procedure has the potential to minimize or eliminate long-term side effects of stroke, such as speech, dexterity and mobility issues.

WakeMed’s endovascular stroke procedures are performed by Andrew Belasyev, MD, from Raleigh Neurosurgical Clinic, and recruitment is underway to bring in another provider who will also perform the procedures.
Representatives from CASL presented the WakeMed Foundation with a check for $12,000, which was raised as part of CASL's 4v4 charity soccer tournament. The funds will support WakeMed Child Life Services. Pictured, left to right, are Leah Wilson (Child Life Specialists), Brad Davis (WakeMed Foundation), Stephen Leinenweber, MD, (WakeMed Children's Hospital), Gary Buete and Katharine Eberhardt of CASL, Becky Andrews, interim administrator (Raleigh Campus), Sunisha Barbee and Anna Ward (Child Life Specialists).

Nearly 300 people attended the annual Cardiovascular Care Symposium hosted by WakeMed and Wake AHEC in collaboration with the UNC Eshelman School of Pharmacy. The symposium featured presentations from WakeMed Heart & Vascular Physicians as well as other organizations speaking on the theme of value-based care and clinical advancement in the evidence-based management of cardiovascular patients.
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 (it will take you to the online reporting site).

Elizabeth Gooding, CRNA, (American Anesthesiology) was in the operating room when she made her Good Catch. After the Time-Out had been observed, she noticed that the surgeon was wearing gloves that were not latex free. Gooding remembered that the patient had a latex allergy and asked the surgeon about the gloves. The surgeon changed gloves immediately and the case continued as planned. Great job, Elizabeth!

As he settles in to his new role and office in Administration, WakeMed achieve our mission and aspirational goals. He named Vice President and Chief Strategy Officer, and define our behavioral health services to meet the needs of the WakeMed population. We have been partnering with physicians to tackle this issue by reducing duplication of medications and ensuring patients get the pain relief they need – but not more than they need,” commented Blake King, PharmD, (Pharmacy), WakeMed’s medication safety officer. “Prevention is our first line of defense, but putting an alarm on every patient won’t work. It takes us all talking about the issue and working together to look at each individual and create a plan to keep them safe from falling,” commented Mike Upton, APRN, (Rehab Clinical Nurse Specialist) who is the advanced practice advisor to the committee.

The interdisciplinary Falls Committee is taking a multi-pronged approach to tackle falls – and their work is paying off. From October to February, patient falls were down 20 percent compared to FY16 – which accounts for approximately $283,000 in avoided costs and untold long-term impacts to patients. That is great progress, but shows we can do better. “Patient falls used to be seen as primarily a nursing issue, but that’s not the approach we take today,” commented Beth Wilson, RN, manager (Mother/Baby), who chairs the committee. “We are much more effective when we work as a team, and that’s why we have worked so hard to engage all disciplines to really address this issue.”

Some of the initiatives in place include:

- **Raising awareness:** All units that have 12 or more patient falls in a month are asked to display a Falls Graph on their Quality Board or in another visible location. The report is intended to help keep these preventable and costly events top of mind and leaders are encouraged to discuss the data at huddles and staff meetings.

- **Personalized use of monitors and alarms:** Fall monitors and alarms – including the new Avasys monitors – are excellent tools, but they aren’t a one-size-fits-all approach. By looking at organizational data and national trends, we can evaluate which tool is best for a specific patient on a specific unit and help ensure success.

- **Interdisciplinary post-fall buddies:** When falls do happen, post-fall buddies are an opportunity to learn from these incidents and prevent recurrences. Patients are invited to participate in these meetings, which are facilitated by a manager or clinical administrator.

The committee is also working to reduce falls in the Emergency Department, which is where 15 percent of all falls happen, though monitors and alarms are primarily used in inpatient units.

“Over sedation can be a contributing factor to patient falls – and that’s something that is preventable. We have been partnering with physicians to tackle this issue by reducing duplication of medications and ensuring patients get the pain relief they need – but not more than they need,” commented Blake King, PharmD, (Pharmacy), WakeMed’s medication safety officer. “Prevention is our first line of defense, but putting an alarm on every patient won’t work. It takes us all talking about the issue and working together to look at each individual and create a plan to keep them safe from falling,” commented Mike Upton, APRN, (Rehab Clinical Nurse Specialist) who is the advanced practice advisor to the committee.

Help for people with OSTEOMIES

If you, a family member or a patient has an ostomy (stoma, bag), know that WakeMed Outpatient Ostomy Support Services is available to help when you have questions or problems. Services are discreetly provided by an award-winning certified ostomy nurse who has an ostomy herself and understands the issues that can arise. She provides:

- **Assistance in choosing the product that is best for you**
- **Management of skin irritation**
- **Management of stoma complications**
- **Trouble-shooting pouching challenges (such as leakage, hernias & skin folds)**
- **Practical tips about diet, clothing & intimacy**
- **Education & emotional support (Support is available for adult ostomates, their loved ones and caregivers)**

WakeMed Ostomy Support Services is located in the WPP-General Surgery practice at 208 Asheville Avenue, suite 14, behind WakeMed Cary Hospital. Appointments can be scheduled by calling 919-350-9625. Most insurance plans are accepted. The office is handicap accessible. Parking is free and convenient.
In March, we celebrated the accomplishments of this year’s Helton Scholarship Endowment Fund recipients! Fourteen WakeMed employees received funding through the WakeMed Foundation to assist in advancing their knowledge and skills to better serve our patients and families. The fund helps cover educational costs related to securing basic or advanced degrees in health care-related fields as well as provides support for a group to prepare for a certification.

To date, 67 employees have been awarded academic scholarships and over 386 nurses and clinicians have attended education trainings supported by the fund.

**Wake Way 2 Excellence**

**Wake Way Behavior & Tenets Added to Performance Evaluations**

To support our ongoing Wake Way 2 Excellence journey, WakeMed is incorporating the Wake Way behaviors and tenets into our performance evaluation process. This change will impact annual evaluations for this year, which take place October through December, and all introductory evaluations after June 1.

“These new performance standards are closely aligned with our strategic plan and Wake Way 2 Excellence journey to ensure that all employees understand their individual contribution to our mission and aspirational goals,” commented Jeanne Martin, senior vice president, Human Resources. “Over the last two years, we’ve made a tremendous effort to ensure the Wake Way Every-time Behaviors and our WW2E tenets are embraced as part of our culture and this is the next step to hold ourselves accountable for putting them in practice every day.”

**Employee will be rated on how well they exemplify the following behaviors and tenets in their day-to-day work:**

**I. Respect for People**
- Demonstrates compassion and empathy
- Values differences
- Respects privacy and maintains dignity

**II. Teamwork**
- Shows pride in WakeMed and the work done
- Is a team player
- Supports a positive work environment

**III. Commitment & Accountability**
- Makes safety a top priority
- Conducts work with the highest integrity and honor
- Does the best work at all times
- Helps pursue Kaizen

**IV. Communication**
- Is welcoming, helpful and polite
- Is an active and attentive listener
- Helps others learn and understand

**V. Wake Way 2 Excellence**
- Engages in WW2E projects
- Identifies ways to reduce waste (i.e. eliminate duplication, eliminate unnecessary steps or expenses, utilizes resources responsibly)
- Identifies and follows standard work to decrease variation
- Creates and follows just in time processes
- Creates and supports efficient work flow

The behaviors and tenets will replace the corporate standards portion of the evaluation and be worth a total of 30 percent of each employees’ overall evaluation. For more information, read the Performance Assessment policy.

**Things to remember:**
- Bring your ID badge.
- To change your appointment, call 919-350-7000.
- The screening takes about 20 minutes and includes height, weight, waist circumference, blood pressure and a basic lipid panel (cholesterol) with blood glucose.
- You may bring current blood work results to the screening.

**WakeMed’s annual mandatory package in Learning Link (WM-MAN) will be assigned to all WakeMed employees on April 1 and must be completed by June 30, 2017. This is the first year we have assigned WM-MAN using a standard deadline for everyone, so it’s important that everyone is aware of this change. New employees will still be required to complete all of their new hire requirements as outlined in the Orientation to WakeMed policy. As a reminder, to be eligible for any potential WakeShare Payout this year, all required education must be completed by the original due date.**

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**Congratulations HELTON RECIPIENTS!**

**2017 Helton Endowment Scholars**
- Courtney Braswell, RN (Labor & Delivery – Cary Hospital)
- Lisa Franks, RN (CV Testing)
- Kimberly Gurkin (WPP Administration)
- Latoria Hinton (2C Rehab Nursing)
- Lori Kleeberg, RN (6B Orthopedics & Oncology)
- Allison Learner (Pharmacy – Cary Hospital)
- Bekah Mays-Pierce (WakeMed Heart & Vascular Physicians)
- Andrea Penny, RN (Labor & Delivery)
- Alicia Serozi (Heart Center)
- Megan Swink, RN (3B CV/SC)
- Liz Watson (Patient Financial Services)

**2017 Helton Endowment Awardees**
- Kristen Buszczkowski, RN, (Newborn Nursery)
- Laurie Leach, PhD (Neuropsychology)
- Jenni Wheeler, RN (Emergency Department – WakeMed North)

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**Welcome New Advanced Practice Providers**

**Walter Duke, PA**
Wake Orthopaedics

**Chad Royster, NP**
WPP – Hospitalists

**Natalie Sexton, PA**
WPP – APP Program

**Carolyn Steinhauser, PA**
WPP – OB/GYN

**Primary Care Name Changes**

To enhance name recognition, during the next few months, we will be transitioning the names of our primary care practices to a standardized naming system of WakeMed Physician Practices – Primary Care, followed by the location of the practice. This change will not impact patient care or services in any way, but is intended to make it easier for patients, physician partners and others to remember us and find us easily. The new primary care practice names will be:

- WPP – Primary Care – Apex
- WPP – Primary Care – Brier Creek
- WPP – Primary Care – Cary Parkway (formerly Parkway Primary Care)
- WPP – Primary Care – Downtown Raleigh (formerly City Center Medical Group)
- WPP – Primary Care – Fuquay-Varina
- WPP – Primary Care – Garner
- WPP – Primary Care – Knightdale
- WPP – Primary Care – North Raleigh (including Falls Pointe Medical Group & North Wake Internal Medicine)

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**Don’t Forget Your Biometric Screening**

Biometric Screenings are Ongoing through April 4

**WakeWell Rewards UPDATE**

**Things to remember:**
- Bring your ID badge.
- To change your appointment, call 919-350-7000.
- The screening takes about 20 minutes and includes height, weight, waist circumference, blood pressure and a basic lipid panel (cholesterol) with blood glucose.
- You may bring current blood work results to the screening (must have been conducted after original due date).

January 1, 2017, 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 and the Viverae Health online portal, available May 1. Questions about WakeWell Rewards? Contact Bob Nelson, ext. 06903.
In my four years at WakeMed, I’ve learned that our strong connection with our patients and families is a unique and valued characteristic. This is apparent at our bi-monthly Clinical Nurse Council (CNC) meetings when we hear first-hand from patients and families about their experience of being cared for at WakeMed. Their stories can be revealing, humbling, and emotional. But one theme that runs through every story is the compassion shown by the WakeMed family. As a WakeMed nurse, we have continual opportunities to connect and make a difference in the lives of our patients. One easy way is to commit to “Take 5” every day: to sit beside and connect with your patients as fellow human beings. Your five minutes will make a difference in their experience and in your life as well!

When I started practicing at WakeMed, I never considered becoming chair of the CNC. I’ve learned so much this year and meeting you and others across the system has been very rewarding. The CNC is a valuable resource that supports your professional practice at the bedside, the unit, and the enterprise and system level. If you want to get more involved, now is the time. We welcome you with open arms and high fives! Check out the new Sharepoint site for more information and email me with your questions.

– April Turner, RN (6B - Orthopaedics & Oncology)
A Note from Cindy Boily

Establishing and maintaining caring relationships is core to our role as nurses. Every day, in every encounter, we have the chance to build relationships with our patients, their families and loved ones. It is these relationships that make the care we provide not only excellent, but exceptional.

We also seek to maintain exceptional relationships with our interprofessional colleagues; this was very apparent when we gathered in May to collectively design the strategic work of nursing partnering with care team members. As we’ve reported earlier, Nursing hosted the first-of-its-kind, interprofessional strategic planning retreat, bringing together more than 125 nurses, physicians, allied clinicians, and dietary, pharmacy, transport, and EVS partners, among others. The event was a unique opportunity to identify ways, to collaborate across disciplines to provide the highest quality care for all we serve.

Thanks to the synergistic teamwork set in motion at that retreat, we’ve experienced improved outcomes and continuous improvement in a number of safety, quality and patient-experience initiatives. Such success is a testament to the importance of relationships – and the power of working together. I look forward to working side by side with you to continue this progress. As always, you make me proud to be a WakeMed nurse!

CARES Shines at CNC Poster Presentations

In December, WakeMed hosted the 8th Annual Clinical Nurse Council (CNC) Poster Presentations. This year’s theme was “C.A.R.E.S. About Outcomes” and 52 posters were presented highlighting innovative examples of nursing excellence demonstrated on units throughout our organization.

CNC members and guests voted for their favorites in the following categories: most creative, best example of outcome metrics, most likely to recommend for submission to a state or national conference; and overall favorite. “It is always so exciting to see the posters and the fabulous work that is going on throughout the system to improve care delivery, enhance the patient and family experience and support our nurses,” commented Harriet Stephenson, RN, director (Nursing Education).

Also at the event, Lynette Hawley (Nursing Administration) was recognized with the ‘Red Shoe’ Award, which is given to someone the CNC representatives admire and in whose footsteps they want to follow for the way she always puts others before herself. Many thanks to Lynette for your time and dedication to the council!

Check out some of the posters that were on display below and plan to check them out later this year during Nursing Education’s annual poster presentations. Dates will be shared this spring.

Safety Spotlight: Team Huddles on 2E

The daily huddles on 2E are a fun and engaging way to ensure staff keep their ‘eye on the prize’ – which in this case is patient safety. Unit leaders Candice Alford, RN, manager; Kelly Lee, RN, supervisor/educator, use this component of the Communication Bundle to bring staff together to talk about patient safety. “We recognize it is difficult to hardwire huddles, but we make it fun and now staff ask for them every day,” commented Alford. Topics change from day to day but often include:

- Patient flow
- Facilitating timely discharges
- Flu exposures
- Preventing falls
- Input on team member roles
- Patient & family centered care related to teamwork and bedside report
- Training and educational opportunities

A key aspect of the daily huddle is ‘Know Your Patient’ time, when leaders ask questions such as “When was the last time your patient had a documented bowel movement?”, “Why does your patient have a foley?” and “What is your patient’s goal for today?” Staff with the correct answers are eligible to win a prize. Daily huddles are a great way to demonstrate our commitment to Safety, a vital component of our Professional Practice Model, CARES.
In honor of Doctor’s Day, WakeMed recognizes the exceptional care our physicians provide to our patients and the many contributions they make to our system. You have a passion for what you do and who you do it for. You have talent, skill, expertise, experience, compassion, and a commitment to the health and well-being of our community. Thursday, March 30, is your day. You could be more deserving. We couldn’t be more grateful.

DOCTOR’S DAY
MARCH 30

April Is Diversity & Inclusion Month

WakeMed recognizes Diversity & Inclusion Awareness Month every April to encourage respect and appreciation for the many aspects of culture, belief and heritage that make us each unique. With the needs of our diverse patient and staff population in mind, this year there are some new and exciting ways to celebrate diversity this April. Some of the initiatives include:

• Lunch & Learns on Disability Awareness and Faith-Based Traditions
• Culture & food fair
• Diversity speakers
• Culture & food fair
• Cultural heritage recipe collection

Stay tuned to the WakeMed Weekly and WakeMedWeb for details about these and other activities taking place in April. If you want to learn more or get involved, contact Ylenia Sharif at ysharif@wakemed.org.