

WakeMed is dedicated to serving our growing Wake County community. As such, we are making strategic investments to ensure we can continue meeting the health needs of those we serve in areas convenient to where they live and work. As a result, our facility footprint will expand in the coming years, while we also continue to reinvest in our existing facilities. Here's a look at what's in the works.

Ambulatory/Physician Practice Update

Work is underway on two buildings in the Cameron Village area, which will collectively be known as the Cameron Village Medical Park. We are renovating an existing building at 601 Oberlin Road to hold Primary Care and Urgent Care practices, which will open later this fall. Across the way at 505 Oberlin Road, where the post office used to be, a new building is being constructed that will hold six specialty care offices. This building, shown above, is scheduled to open in spring of 2021. This is a new market area for WakeMed. When the urgent care facility opens, we will close the urgent care on Blue Ridge Road.

Across the county, construction continues in Cary on two medical office buildings where WakeMed will be the primary tenant. Between them, Medical Park of Cary and Health Park of Kildaire will hold a variety of physician practices, urgent care, a sleep lab, wound care center, a gym/cardiac rehab, pharmacy and café. We will also to develop an Ambulatory Surgery Center in the Medical Park of Cary.

Looking farther to the future, WakeMed is planning to build four medical office buildings across Wake County in the next five years. These buildings will be home to primary and specialty care locations and located in the growing communities of Fuquay Varina, Wake Forest, Wendell and Garner. Details about these plans will be shared as we get closer to breaking ground on them.

Hospital Updates

While we work to have an expanded presence across Wake County, we are also making continued reinvestments in our hospital facilities.

- Cary Hospital: Work continues on the vertical expansion project to add two additional floors to the facility. The project will add 40 beds to the 5th floor, which will be operational in Spring 2021. This summer, a renovation project of the elevator landings and main corridors is also underway from 3 West to the ground floor that will modernize and enhance the patient and visitor experience.
- North Hospital: To meet growing demand, the Emergency Department is adding six additional beds in the old preadmission testing area. When the new area opens in November, it will bring the total number of emergency department beds to 25.
- Raleigh Campus: Unit-by-unit renovations continue with 5A receiving the most recent updates. The next unit to get a refresh will be 5B. In response to patient care needs, minor updates and renovations have also been made to several areas on the first floor, including the Emergency Department and the 1B and 1C Clinical Evaluation Areas. In addition, there will be some changes in the cath labs thanks to new equipment. Work is nearly complete on an expanded histology, cytology and grossing area of the laboratory on the ground floor.



RALEIGH CAMPUS NAMED TOP MATERNITY CARE HOSPITAL

Raleigh Campus is among the nation's best maternity care hospitals according to *Newsweek*'s Best Maternity Care Hospitals 2020 list, powered by data from The Leapfrog Group. The distinction recognizes facilities that have excelled in providing care to mothers, newborns and their families, as verified by the 2019 Leapfrog Hospital Survey.

"Our dedication to providing safe, quality, compassionate care is reflected in everything we do," said **Chris DeRienzo**, MD, chief medical officer and senior vice president, Quality. "More than anything, this recognition acknowledges the WakeMed team's deep commitment to delivering the best possible experience for every mother, baby and family. We are proud of their work and proud to keep serving the moms and families of Wake County and beyond."

Hospitals named as a Best Maternity Care Hospital have fully met The Leapfrog Group's standards for maternity care on evidence-based, nationally standardized metrics. This includes lower rates of early elective delivery, NTSV C-section, and episiotomy, as well as compliance with process measures including newborn bilirubin screening prior to discharge and blood clot prevention techniques for mothers delivering via C-section. Congratulations to our Raleigh Campus Women's Services teams on this recognition!



WakeMed Gives, our annual employee giving campaign, is an opportunity for all employees, executives and physicians to support our Aspirational Goals through philanthropy. It's a way to make a difference in the lives of our patients, their families and our exceptional team. If there has ever been a time when philanthropy could make a difference, its right now.

During the campaign, all employees are invited to make a personal contribution via payroll, PDO, cash, check or credit card and take part in fun activities – look for details to be shared soon! If you would like to be an ambassador, contact Ashley Stallings from the WakeMed Foundation at astallings@wakemed.org.







Open Enrollment for 2021 benefits is quickly approaching. Handbooks will be mailed to your home address in late September. Please verify or update your address in Lawson Employee Self Service by Monday, September 7.

What's New in 2021? Changes are coming to our medical plan as we move to a new claims administrator. Look for detailed information in the next issue and refer to your 2021 Benefits Handbook for more information.

Benefits Fairs Go Virtual! To keep our team safe and healthy, our annual Benefits Fairs are going virtual. This year, you will be able to learn all about our benefit vendors from the comfort of home through our virtual Benefit Fair. Look for details to be shared next month!

Expanding Critical Care at a Critical Time

As they braced for COVID-19, hospitals across the country developed plans to expand their ability to care for critically ill patients. At WakeMed, ICU capacity has been part of our COVID-19 response plans as well – and the reason we purchased 10 eICU carts earlier this spring.



Equipped with the same eICU technology that we have used for years, the carts allow us to engage eICU services in areas typically used for intermediate or stepdown care. Eight carts are now being used on 3E CVIC at Raleigh Campus and two are at Cary Hospital, but not yet in use (as of publication). "eICU support represents the highest level of care we can provide for critical care patients – and this technology allowed us to quickly expand to

meet the changing needs of the hospital and the patients we serve," commented **Chris Smith**, RN, manager (MICU & *e*ICU).

Getting the carts up and running took collaboration between IS, Clinical Engineering and nursing staff – with transport assistance from Mobile Critical Care. After some initial training, the *e*ICU staff and bedside nursing teams developed effective processes to ensure a clear connection between the areas. This enables the *e*ICU to assist with observing, rounding and monitoring patients in real time – no PPE required. "The *e*ICU team is grateful for the opportunity to support our bedside nursing colleagues during this challenging time. As an organization, we should be proud of our ability to provide this extra level of care and safety," said **Shelly Deifer**, supervisor (*e*ICU).

"The carts have been a valuable addition to our clinical care model," adds **Summer Groff**, RN, manager (3E CVIC). "Our nurses are trained to care for critically ill patients, but they are grateful for the extra level of support having an extra set of eyes on their patients." Following this successful rollout, WakeMed is considering expanding this model to other areas to add ICU surge capacity.



Hospital @ Your Home for Patients & WakeMed

WakeMed Home Health, WakeMed Physician Practices (WPP) providers and Mobile Critical Care make a great team in providing a unique response to the needs of both WakeMed and our COVID-19 patients.

Patients recovering from COVID-19 and who are ready for discharge from the hospital may still need a higher level of care than traditional home health services. Enter WakeMed Hospital @ Your Home. "The care and services are more intensive than what our Home Health team provides," says Jennifer McLucas-Ingold, executive director, Home Health & Community Case Management. A Hospital @ Your Home patient may receive:

- Daily in-person visits from Home Health nurses.
- TeleVisits (by phone or on screen) with WakeMed Physician Practices Transitional Care; hospitalists provide on-call and weekend coverage.
- Multiple daily telemonitoring check-ins.
- Physical, occupational, speech and nutritional therapy as needed.

WakeMed Mobile Critical Care will serve as an 'ER on wheels' should Hospital @ Your Home patients have urgent care needs after hours. They can provide nursing care on site or transport to the ED as needed.

"Patients feel well supported by the Hospital @ Your Home care team," says McLucas-Ingold. "We hope it is also having a positive impact on hospital bed availability." To date, 33 patients have been served by WakeMed Hospital @ Your Home team members. The program is currently a pilot specifically for COVID-19 patients. It is anticipated that it will expand to additional patient populations in the future.

Many thanks to WakeMed hospitalists, Transitional Care providers, Home Health team members, social workers and Mobile Critical Care for supporting the needs of these unique patients. Their work is another great example of the WakeMed's team's ability to adapt to completely new work flows. Thanks for all you do!

Managing Supply & Demand During COVID-19

COVID-19 has put incredible strain on health care supply chains across the globe. Over the past five months, Strategic Sourcing and Material Processing and Distribution Center (MPDC) have been working in overdrive to ensure that we sufficient inventory to care for our patients and protect our staff. Additionally, a multidisciplinary Critical Resource Team (CRT) was created in March and meets several times a week to assess our supply needs and address any looming shortages.

Strategic Sourcing and MPDC exist to help keep inventory flowing smoothly – but this spring those teams faced hurdles they had never experienced before. Every time CRT noted a new shortage, or if a new product is requested, Strategic Sourcing is engaged to source the item – creating relationships with new vendors and accounting for the purchase to ensure the ongoing financial health of the organization. Over time, numerous leaders have reached out to peers and professional colleagues to help get what is needed here at WakeMed.



Typically, WakeMed keeps about \$1.3 million worth of inventory in MPDC, but today that inventory is closer to \$12 million, and has outgrown existing space to include a warehouse near Raleigh Campus and additional space across town. This larger inventory value reflects both increased costs for standard supplies and the need to purchase frequently used supplies in bulk when they are available – one of the main reasons we currently have nearly 3 million procedure masks and hundreds of thousands gowns!

While we are still monitoring supplies daily, we are in a much better place than earlier in the pandemic – thanks to the efforts of the CRT, supply chain teams and hardworking staff across the organization. "Every day was something new and unexpected – but we could not have gotten through it without the entire WakeMed team supporting us. We want to say thank you to everyone across the organization for embracing these efforts," commented **Kevin Schmidt**, director, Supply Chain.

Leaders of Supply Chain shared some of the memorable moments and examples of team effort that helped us get to where we are today.

- When N95 decontamination began, there wasn't time to source paper bags for shuttling the masks to and from Raleigh Campus but a trip to Sam's Club saved the day!
- During a shortage of "Purple Top" wipes, **Abbie Williamson**, PharmD, Executive Director (Pharmacy) led the 'bucket brigade' effort developing a process to supply departments with a bucket, diluted oxycide and wipes to use for cleaning.
- Glidescope blades, which are small plastic pieces used for intubations, are normally purchased pre-sterilized. When those became unavailable, WakeMed purchased nonsterile versions and had them sent to Sterile Processing for sterilization before they were available for patient care.
- A local vodka distillery donated 100 gallons of hand sanitizer, which was used when our standard supplier ran low. Following this donation, WakeMed made an additional order to get us through our usual brand was available and we were able to make it available to staff members for home use at no charge.



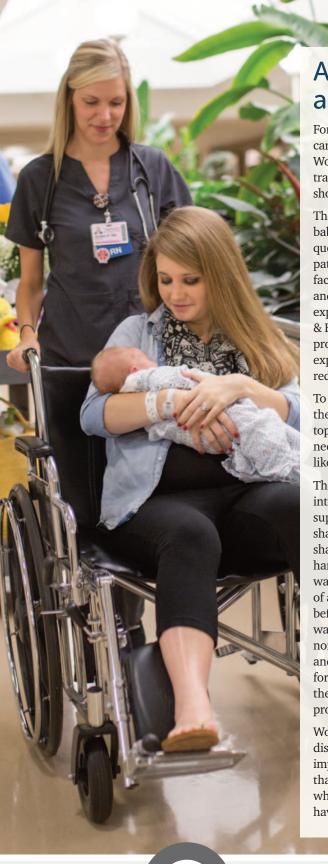
2020 WAKEMED FOUNDATION CLINICAL RESEARCH AWARDS RECIPIENTS NAMED

The WakeMed Clinical Research Institute (CRI) and the WakeMed Foundation are pleased to announce the first recipients of the WakeMed Foundation Clinical Research Award. The two projects that were chosen are led by **Mark Piehl**, MD, (Pediatric Intensivists) as well as **Lindsay Boole**, MD, MPH, and **Kevin Davidson**, MD, (Pulmonology & Critical Care Medicine).

The goal of this new grant award is to support investigator-initiated research at WakeMed by providing up to \$10,000 to be used for scientifically-sound research projects that align with the mission of the CRI. "The Clinical Research Institute has significant infrastructure to support industry-sponsored research, but we also wish to support and encourage original research at WakeMed – led by our own WakeMed team. Thanks to the generosity of the WakeMed Foundation, we are able to fill a gap and offer new ways to fund this work," commented **Bill Lagarde**, MD, Medical Director (Clinical Research Institute).

Dr. Piehl's project will focus on a modified technique for placing endotracheal tubes for pediatric respiratory failure. Placing endotracheal tubes is an invasive procedure associated with significant risk of life-threatening complications. Several WakeMed pediatric intensive care and emergency physicians have been using a modified technique that may be safer and more effective in some situations. This award will be used to study and publish a retrospective review of their experience with this new technique.

For their project, Dr. Boole and Dr. Davidson will study the prevalence of COVID-19 seroconversion among frontline health workers. The funding will empower them to track COVID-19 antibody levels among WakeMed employees working across the spectrum of health care. Stay tuned for information about participating in this research study as it gets underway.



A simple call, a world of good

For many parents, leaving the hospital with a new baby can be exciting and overwhelming. Nurses from our Women's Services areas are trying to make that transition a bit easier for new moms by calling them shortly after they are discharged from the hospital.

The goal of these calls is to safely transition mom and baby to home, check on their care plan and address any questions or concerns. "We know that caring for our patients does not end when they leave the hospital facility. These calls are an opportunity to check on mom and baby as they settle into their home environment," explains **Dianna Knight**, RN, executive director (Patient & Family Experience). "Following up with patients is a proven best practice for enhancing the patient experience. Research has also shown that this can help reduce readmission rates and save lives."

To ensure standard work, nurses at all three hospitals use the same questions for all phone calls. The calls cover topics like feeding, medications and follow-up care. If needed, nurses can also escalate concerns to specialists like lactation or social work.

The calls have led to several good catches and positive interventions for patients. **Andrea Jeske**, RN, supervisor/educator (Women's Pavilion – Cary Hospital) shared this story: "One first-time mom I spoke with shared that she had a history of anxiety and was having a hard time. She was not taking any anxiety medicine and was not sleeping or eating. Her infant had a few episodes of apnea in the hospital and, while this had resolved before discharge, she and her husband were taking turns watching the baby sleep. She attributed her feelings to normal postpartum blues, but I expressed my concerns and encouraged her to make an appointment to be seen for a 'mood check'. She assured me that she would call the doctor after we spoke; I also reached out to her OB provider so they could contact her."

Women's Services is the latest area to implement discharge phone calls as part of system-wide efforts to improve the patient & family experience. Other patients that receive post-discharge phone calls include those who have been in day surgery, invasive cardiology or have had bariatric or joint replacement surgery.

Share Your Story

Do you know of a patient, family member or friend who would like to share their personal experience regarding their visit to WakeMed? If so, please encourage them to share their experience by completing the form at www.wakemed.org/share-your-story or sending an email to share@wakemed.org. If you receive a patient story in any form, please forward it to share@wakemed.org and include the individuals' contact information.

We will follow proper privacy protocols to learn more about their story. We look forward to hearing all the wonderful things each of you are doing to help make our patients, their families and friends feel welcome and at home at WakeMed. Thank you for your help spreading the word of how our patients can share their unique story.

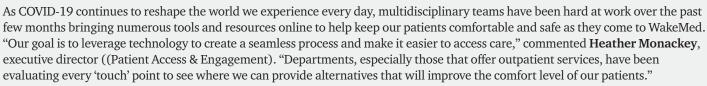


WAKEMED MOVES CLOSER TO HOSTING INTERNAL MEDICINE RESIDENCY PROGRAM

Last December, after months of preparation, WakeMed submitted an application to host our own Internal Medicine Residency Program, which would bring internal medicine residents to WakeMed for their full three-year residency. After postponements due to COVID, the Accreditation Council of Graduate Medical Education (ACGME) virtual site visit took place in July. The virtual visit included interviews with residency program faculty, WakeMed leadership, and members of the Department of Graduate Medical Education.

"While WakeMed has had a robust medical education program for over 45 years, this was the first time we have ever hosted an ACGME site visit – albeit virtually," commented **John Perry**, MD, vice president, Medical Education. "This was a great opportunity for us to share how our medical education efforts support our mission and the community we serve, and how we hope to expand those efforts through this residency program."

The site visitors were very complimentary about WakeMed, our application and plans for the program. A final decision is expected following the September ACGME meeting.



One such tool is eCheckin, which allows patients to check in for their upcoming outpatient appointment up to three days in advance using MyChart. Prior to COVID-19, eCheckin was used in around 50 departments, with limited adoption by patients. Today, eCheckin used in over 170 locations, including all WakeMed Physician Practices, hospital-based imaging, rehabilitation and outpatient nutrition services.

Patients have embraced this new tool, which allows them to complete paperwork in advance – and take a pass on using a shared clipboard and pen in a waiting room. With eCheckin patients can:

- Complete their history & physical and other paperwork
- Enter insurance information
- Sign all necessary forms
- Pay their copay via credit card

"Expanding eCheckin is not only a benefit for our patients, but it helped us evaluate processes and introduce standard work across our portals of entry," said **Nancy King**, director (Patient Access). "We have found numerous opportunities to improve efficiency and standardize workflows for our PARs and ensure a positive experience for our customers."

A complementary feature to eCheckin is auto arrival, which uses a GPS geofence to send a welcome text to users when they arrive at the facility. Auto arrival, which is sometimes called Hello Patient, gives users the



Increasing MyChart activation among our patients continues to be a focus for WakeMed. eCheckin, auto arrival and Find ER Care Now are just a few of the tools available in MyChart. Be sure to encourage your patients to sign up!

- FY20 Goal: 40% activation
- Current: 41.7%, this is a 5% increase from January!

opportunity to let staff know they have arrived before they enter the building and can provide the option to stay in their car until they would be 'called back' to the exam room or, for some practices, room themselves.

Most recently, WakeMed introduced Find ER Care Now, which is a quick way for patients to find the closest emergency department, compare wait times and let the ED team know they are on their way. While Find ER Care Now does not create an appointment or reserve a spot in line, it does give the ED staff advance notice so they can be prepared to appropriately triage the patient when they arrive. Find ER Care Now is easily accessible in the WakeMed MyChart App.

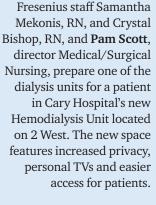
Rolling out these important tools in a such a short window of time was no small feat. It would not have been possible without the hard work of our dedicated Information Services team, which worked tirelessly to make enabling touchless experience a priority. "We have had great success rolling these tools out across many clinical areas very quickly," commented **Pam Parrish**, director (Information Services). "The feedback from patients and staff has been overwhelmingly positive and has led to a new way of thinking about the experience of our patients when they come to WakeMed."





This summer, WakeMed welcomed nine medical students as part of the Campbell University School of Medicine (CUSOM) Summer Scholars program. This is the second year that WakeMed has served as a host site for the program, which is for rising second-year medical students. The students spent six weeks working remotely with WakeMed mentors on research studies related to trauma, trauma rehab, pediatric obesity and bariatrics.

information to residents who are disproportionately exposed to poverty, unemployment, underemployment and other quality of life/social determinant challenges. The project initially targeted the 27610-zip code, which is home to Raleigh Campus and has one of the highest rates of COVID-19 cases in the state. The program has been immensely successful and is expanding to other zip codes.





WAKEMED HAPPENINGS

Face shields can be a bit scary to pediatric patients, so medical student, **Noha Sherif**, designed easily sanitized and interchangeable decorations for shields to make visits more fun for our patients!





Dr. Jason Gladwell, middle, and the Gladwell Orthodontics team presented WakeMed Children's with a \$5,556.81 donation in July. The donation was raised through Gladwell's Charity Cafés, which highlight a cause each quarter and encourage support from the community. Thank you, Gladwell Orthodontics, for your continued support of WakeMed!

Exceptional **People**. Exceptional **Care**.

WakeMed, Wake County and the City of Raleigh have partnered to help reduce the spread of COVID-19 by giving face coverings and educational

WakeMed to Study COVID-19 Spread

WakeMed is participating in a large national epidemiological trial to better understand the spread of COVID-19. The WakeMed site will cover the state from Burlington to Wilson with a focus on Wake and Johnston counties. As part of the COVID-19 Community Research Partnership, WakeMed and other health care organizations are partnering with patients to learn about their COVID-19 experience. Participants will complete short online questionnaires over several months about possible exposures, symptoms and health care visits. Some volunteers may also complete an in-home test for COVID-19 antibodies. The study is funded by the Centers for Disease Control & Prevention, the National Institutes of Health and the State of North Carolina. WakeMed is one of nine organizations participating through a subcontract with Wake Forest Baptist Health.

NEWS FROM WakeMed Physician Practices

Welcome New Physicians



Swathi Anche, MD Primary Care



Siva Ketha, MD Heart & Vascular

Welcome New Advanced Practice Providers

Anna Ciccolini, PA Urgent Care

Darren Ciccolini, PA Urgent Care

Shannon Couture, NP Heart & Vascular **Christine Pfeifer**, NP Psychology

Jacob Taylor, PA Wake Orthopaedics

Kevin Davidson Recognized by TBJ

Kevin Davidson, MD, (Pulmonary & Critical Care Medicine) was named one of the *Triangle Business Journal*'s 40 Under 40 Leadership



Award winners. The annual awards program recognizes outstanding professionals under the age of 40 for their contributions to their organizations and to the community. This year's winners were selected from a pool of about 200 nominations.

Dr. Davidson was nominated for his excellent clinical care, work and

research – all of which have the potential to improve the health and well-being for countless people for many years to come. Last year, Dr. Davidson shared the first clues into a medical mystery and public health crisis: vaping-related lung injuries. His work brought national attention to the issue and prompted health care providers to screen for e-cigarette/vaping use among patients, in particular those presenting with respiratory ailments. Dr. Davidson continues to care for patients and take part in the national – and global – discussion regarding the etiology of vaping-associated lung disease.

EVH Excellence Recognized

Cardiovascular & Thoracic Surgery team members Ron Fazio, PA-C, and Mike Modrow, PA-C, were recently recognized with Getinge's President's Circle of Excellence Platinum award. This award recognizes individuals who have performed more than 1,500 endoscopic vein harvest (EVH) procedures. The vein harvest procedure, which is part of a



coronary artery bypass graft surgery, takes experience and expertise. Fazio and Modrow have assisted with EVH in bypass surgeries since the EVH procedure was developed and introduced at WakeMed.

"It has been a real honor and privilege for Ron and I to play an important role in cardiac surgery for our patients at WakeMed over the years. It has also been very rewarding to work alongside our talented cardiac surgeons who continuously strive for great outcomes for our patients," said Modrow.

"This recognition underscores the technical experience and excellence brought to bear for our heart bypass patients with minimally invasive endoscopic vein harvest," said **Judson**Williams, MD, executive medical director for WakeMed Heart & Vascular. "I am extremely proud of Mike and Ron. Not only have they each helped thousands of patients and their hearts over the years, both continue to seek innovations that I believe many more patients will benefit from their care moving forward."

CATCH A FALLING STAR

Congratulations to the following areas for being falls free during the third quarter of fiscal year 2020 (April through June). We appreciate all you do to keep our patients safe!

Raleigh Campus

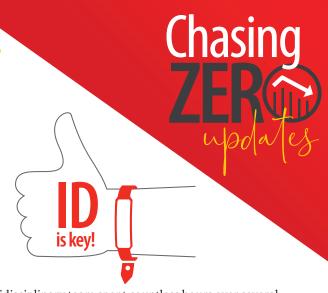
- 2E CVICU
- CTICU
- STICU
- Children's Emergency Department
- MICU
- NCCU
- NICU
- PICU
- Children's Hospital
- CCU
- Heart Center Pre- & Post-Procedure Care
- Labor & Delivery
- OB ED
- 1B (Rehab patients during COVID-19)

Cary Hospital

- Heart & Vascular Unit
- Special Care Nursery
- Labor & Delivery
- OB ED
- Imaging

North Hospital

- Labor & Delivery
- OB ED
- Special Care Nursery
- Post-Partum



Last fall, a multidisciplinary team spent countless hours over several months creating a new, standard approach to the "arrivals" process in all of our Emergency Departments and OB EDs. The arrivals process is used for emergency department patients to ensure they receive care in a timely manner – and errors made in this process can create issues that are difficult to resolve later on.

"This was the first time that we had taken a deep dive into this process, and it revealed numerous inconsistencies and opportunities," commented **Becce Hingston**, RN, executive director (Accreditation Services/Patient Safety), who helped lead the effort. "For example, a PAR and a nurse might both arrive a patient – but they were seeing different information in Epic and asking the patient different sets of questions."

The result of their work was the first system-wide arrivals policy that WakeMed has ever had. After the policy was approved, the team conducted in-person training with all nurses, nurse techs and registration staff in our seven emergency departments and three OB emergency departments to ensure standard work was adopted across the system.

Their work paid off! An analysis of incidents entered into RL Solutions shows that in the six months leading up to the policy introduction, we averaged over 10 patient arrival incidents per month. In the four months following the policy and education, that number dropped in half. A review of all patient arrival incidents with action, as applicable continues.

Kudos to the team that led this work, which included Hingston, **Renna McLamb**, **Joan Bazata**, **Nancy King**, **Kelly Bunn**, **Sabrina Tyndall**, RN, and numerous ED and OB-ED nurse leaders.



In the midst of the COVID-19 pandemic, WakeMed, the Network for Advancing Behavioral Health (NABH), Alliance Health and SouthLight Innovative Behavioral Health continue to find innovative ways to battle a local ongoing epidemic – opioid use disorder. On July 8, they launched a pilot in the Raleigh Campus Emergency Department (ED) to determine the efficacy of Convert – a program primarily aimed at identifying adults who face a rising risk of opioid addiction.

Convert leverages the provider/patient relationship, technology and community follow-up treatment to help at-risk patients recognize and acknowledge their behavior and usage patterns and connect with the right help to avoid disease progression. Here's a basic overview of the process:

- During evaluation in the ED, the patient's medical record will display a score and report of the patient's narcotic fill history (obtained from the statewide drug registry).
- If a patient's score exceeds a preset threshold, the provider will be alerted.

- The ED provider reviews the patient record and Convert documentation. If clinically appropriate, the provider engages the patient in discussion about their opioid usage patterns and next steps for further evaluation.
- If the patient agrees, the provider refers the patient to a behavioral health clinician.
- After assessment, the behavioral health clinician will refer the patient to the appropriate behavioral health provider within the NABH.

Patients are also offered support and encouragement through WakeMed Transitional Care or SouthLight during the transition to treatment after their discharge from WakeMed.

"The goal of the six-month pilot is to 'convert' people who we see in our Emergency Department into a best-practice treatment path for their opiate use disorders," explains **Rick Shrum**, vice president & Chief Strategy Officer. "It's one more way WakeMed is bringing together medical and behavioral health expertise to positively impact the health and well-being of our community and the people we all serve."



After postponing *WakeWell* Rewards biometric screenings due to COVID-19, biometric screenings have resumed! If you have not already completed your biometric screening, be sure to log into MyChart to schedule your appointment. To ensure the safety of participants and screeners, no walk-ins will be accepted.

Additionally, remember that Alternative Standards are no longer required in 2020. Biometric Screening participation is now worth 80 points; the online Health Assessment is worth 40 points; and the Flu Shot (fall of 2019) is worth 10 points.

WOW, WHAT AN EMPLOYEE!

Sachin Patel, MD, (Intensivists) published an article titled "Treading water: Coping with uncertainty during a novel pandemic" in the *Patient Experience Journal*.

The article "Advancing Education with FOAM" was coauthored by **Kelley Reep**, RN, and published online in *American Nurse* in May. It will appear in the print version this fall.

Denise Chernoff, PA, was selected by the Board of the American College of Healthcare Executives (ACHE) to sit on their Higher Education Committee.

Aranzazu "Ari" Conklin, BSN, RN, manager, (Patient & Family Experience) earned her master's degree in nursing (MSN).

Congratulations to **Pamela Wood**, RN, (PACU); **Sarah Tubia**, RN (3ACVIC); **Fran Berardini-Rico**, RN, and **Miriam Cortes-Martinez**, RN, (6A CVICU) for earning their bachelor's degrees in nursing (BSN).

Congratulations to **Ashley Turner** (MICU) and **Eva Peru** (NICU) for earning their nursing licenses.

Brielle Reyes (Cath Lab – Cary Hospital) completed a DNP program and gained ANCC Adult-Gerontology Primary Care Nurse Practitioner certification.

Chi Onokalah, BSN, RN, (4C Mother/Baby) earned maternal newborn nurse certification.

Eve Kilel, BSN, RN, and **Nicole Gooch**, BSN, RN, (both of 3A CVIC) earned CV certification.

Shamarra Gilbert and **Sarah Powell** (both of WakeMed Physician Practices Clinical Research) earned Association of Clinical Research Professionals – Certified Professional (ACRP-CP) certification.

Stephen Jackson (Imaging Services) earned MRI certification.

Stephanie Schlake, BSN, RN, was promoted to

Michelle Myers was promoted to manager, Pathology Labs for Cary Hospital.

Mary O'Keefe, BSN, RN, was promoted to Quality & Safety Program manager for Cary Hospital.

supervisor/educator for Heart Center Pre-Post Procedure Care.

Anne Jones, BSN, RN, has been promoted to

supervisor/educator at Labor & Delivery – North Hospital.

Derrick Ward has been selected as a member of the Alderson

Broaddus University Board of Trustees and Governors.

Chaplain Resident **Susan Sierer** was ordained in the Anglican tradition by Church of the Holy Cross in Raleigh on Saturday, July 25.

COMINGS & GOINGS

3A CVIC welcomes Mayon White, BSN, RN; Gabrielle Langlois, BSN, RN; Caity Gesell, BSN, RN; Jacqueleen Richardson, RN; Tiniya Bridgers, and also welcomes back Eve Tanas, BSN, RN, after serving with the US Army overseas for the past year.

Clinical Nursing Services welcomes **Susan Boyd**, MSN, RN, and **Erin Taylor**, DNP, RN.

Human Resources welcomes **Amanda Gruebel**, **Alli Luehring**, **Nicole Porter** and **Candice Owens**.

Home Health welcomes Julie Pfab, Kasey Rhyne, Adam Schessel, Hollie Ramsey and Johanita Lourens.

Community Case Management/PATH welcomes **Trevor Stephens** and **Robyn Burge**.

CICU welcomes **Kendall Dixon**, RN; **Anna Weaver**, BSN, RN; **Kayla Zmayefski**, BSN, RN; **Eva Terembes**, BSN, RN; and **Lauren Kemeny**, BSN, RN.

Case Management welcomes **Twon Taylor-Dukes**, RN, who transitioned from 1A Clinical Evaluation Area – Raleigh Campus.

Imaging Services – North Hospital welcomes **Brittany Amaral**.

1A Clinical Evaluation Area welcomes **Crystal Bishop**, **Brie Adams**, **Aminata Sy**, RN; **Laura McLain**, RN; **Krystal Hoggard**, RN; and **Amanda Renfrow**, RN.

6A CVIC welcomes Jennifer Beverly, Elizabeth Key, Kaylee Jones and MaKenna Marti.

5A MIC welcomes **Latasha Williams**.

ADDITIONS + ATTACHMENTS

Samantha Poe, RN, (Emergency Department – Raleigh Campus) and her husband Michael Poe (Mobile Critical Care Services) welcomed baby boy Wilson Scott Poe on June 25, weighing in at 10 pounds, 2 ounces and 21.5 inches.

Microscope is a monthly newsletter written by and for the employees of WakeMed. Our goal is to provide employees and friends of WakeMed with the most up-to-date news on all of the hospital system's activities. The Marketing & Communications department thanks all of the employees who contributed to this publication.

We welcome comments and suggestions on this publication and its content. Call (919) 350-8120, e-mail microscope@wakemed.org, or write Microscope, WakeMed Marketing & Communications, 3000 New Bern Avenue, Raleigh, NC 27610.

> Kate Wilkes Editor WakeMed Employees, Photos

© WakeMed Marketing & Communications, August 2020



3000 New Bern Avenue Raleigh, NC 27610

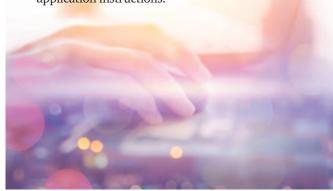
ADDRESS SERVICE REQUESTED

Non profit Organization U.S. Postage PAID Raleigh, NC Permit No. 1307



Because of current travel restrictions and the unknown nature of local, state and CDC recommendations, the WakeMed Foundation will only accept Skills Scholarship applications for conferences, trainings or seminars if participation is virtual. The Foundation will not support or pay for travel airfare, hotel or mileage at this time.

The Foundation will accept all Foundation Grant applications for projects and programs. The above travel statement is also applicable to all Foundation Grant submissions. The committee will plan to review all applications submitted from January 2020 to October 2020 during the next October 15 deadline. See the WakeMed Foundation site on MyWakeMed for details and application instructions.









BLOOD

• • +





WakeMed App

Want to learn more about what's happening at WakeMed? Follow us on social media or download the WakeMed App!

Virtual Employee Forums

Join us for Employee Forums with CEO Donald Gintzig. See the Upcoming Events section on MyWakeMed for Webex details.

Tuesday, August 11 – 9 am Wednesday, August 12 – 8 pm Thursday, August 20 - noon Thursday, August 20 - 4 pm

Nursing Education

Ownership, Empowerment & Accountability: A New Model for Competency Assessment – August 24, 9 am to noon, MOB 1 (WakeMedU code: NE014-17106)

Blood Drive

Sponsored by WakeMed and UNC Rex to support The Blood Connection

Friday, August 28 10 am to 6 pm PNC Arena

To sign up, follow the link on MyWakeMed or WakeMed.org (under Events).

Wake AHEC

Live Webinars – visit www.wakeahec.org for details and registration.

- Combating Compassion Fatigue for Mental Health Providers, August 13
- Adopting Best Practices in Substance Use Treatment, August 19 -December 16
- Maternal Mental Health Conference: Exploring Matters of the Mind, August 27
- The Brain on "Social Media", August
- CGEC Bridging the Care Gap for Older Adults: From Acute Care and Beyond, September 2

- Introduction to Naturalistic **Developmental Behavioral** Intervention and Use of Telehealth for Early Intervention, September 10
- Helping Tweens and Teens to Anchor **During Times of Uncertainty: Mindfulness Practices and More for** Teens and Tweens, September 11
- Pushing Past Stereotypes: Deconstructing Islamophobia and **Best Practice for Muslim Patients**, September 14
- Substance Use and Ethics, September 18

The Carolinas Anesthesiology 2020, September 18-20