Two Practices Join Wake Specialty Physicians

WakeMed is pleased to announce that Capital Urological Associates, PA and Cary Cardiology are joiningWake Specialty Physicians in April and May, respectively.

Wake Specialty Physicians – Cary Cardiology includes Drs. Priyavadan M. Shah, Dhiren Shah, Rama Garimella, Pratik Desai, Sunil Desai, Joshua Macomber and Paolo Netrebko; and nurse practitioners Tina Jackson, Marianne Burger and Beverly Gregory. The practice’s physicians perform a wide spectrum of cardiac services including: intravascular ultrasonound, balloon angioplasty, intracoronary stent placement, the treatment of rhythm disorders, atrial fibrillation, ablation, the diagnosis and management of peripheral artery disease, stress testing, nuclear scanning and echocardiograms, cardiac CT, implantation of pacemakers and defibrillators, and more.

Way to Go, Cary Hospital Bariatric Surgery!

Cary Hospital’s Bariatric Surgery program is now an American Society of Bariatric & Bariatric Surgery (ASMBBS) Center of Excellence? To earn the national designation, Cary Hospital provided information on all aspects of its bariatric surgery program and processes, including data on its surgical outcomes. The ASMBBS Center of Excellence program recognizes surgeons and facilities that demonstrate an unparalleled commitment and ability to consistently deliver safe, effective, evidence-based care. Congratulations! Visit www.wakemed.org and click on Cary Hospital to learn more about WakeMed’s Bariatric Surgery program.

WakeMed Earns Healthy Hospital Award

Stryker Sustainability Solutions recently bestowed Healthy Hospital Award honors on our health system for our dedication to reducing waste and investing in environmentally sound health care practices. The silver-level award specifically focuses on our work with Stryker to reprocess and remanufactures these devices in accordance with strict FDA guidelines. The devices are repackaged and distributed back to our facilities for reuse. “In 2011, we reduced our supply costs by $637,969 and diverted 12,746 pounds of medical waste from local landfills. These are significant economic and environmental achievements for WakeMed,” said Carolyn Kaasup, RN, vice president (Ambulatory Services).

Beginning April 1, all local calls will require the dialing of all 10 digits (area code + number). The new 984 area code will also be introduced.

REMINDER

JCAT Is Back!

It’s a Joint Commission (JC) year! Let’s be prepared. A fun and interactive 12-week preparation competition has been created and will begin later this month. It’s open to all staff. Prizes for participants include a paid day off (PDO) and great WakeMed giveaways. We’ll spend 12 weeks quizzing employees on their JC knowledge using the WakeMedWeb, all in preparation for a final exam called the JCAT (Joint Commission Aptitude Test). These optional quizzes and test will help employees review key information, processes and procedures analyzed by JC, including the JC National Patient Safety Goals.

Here’s How It Works

• The WakeMed Weekly e-newsletter will have the links to the JCAT quizzes for all staff to access.
• Weekly, online quizzes will be available on the WakeMedWeb homepage, so staff can test their knowledge of clinical and non-clinical information.
• Those who take the quizzes will be eligible for weekly prize drawings.
• After 12 weeks of review, staff who participated in at least six of the 12 quizzes will be eligible to take the JCAT, an online, comprehensive review test that will help them prepare for the JC visit.
• All employees who receive 100 percent on the JCAT will be entered into a drawing to receive eight hours PDO.
• If, after the 12 weeks, the JC has not yet visited, the course will start over with new quizzes and a new test. The program will repeat quarterly until the JC visit. This means more prizes and more chances to win PDO!
Go Red Day
On Friday, February 3, Crabtree Valley Mall was a sea of red as shoppers visited the American Heart Association’s Go Red for Women display in Center Court. WakeMed staff performed cholesterol and glucose screenings for participants and provided advice on how to be heart healthy. The event included a flash mob dancing throughout the mall and the AHA’s survivor gallery featuring Bhavani Balavari, MD (WFP - Raleigh Cardiology) and three graduates of WakeMed’s Healthworks Cardiac Rehab Program.

Hands-only CPR Classes
WakeMed Heart Center reached out to the community and taught bystander CPR at programs at the Raleigh Campus, Cary Hospital, Brier Creek Healthplex and White Deer Park Nature Center in Garner. Dr. Brent Myers, with Wake County EMS and Wake Emergency Physicians, and advanced practice paramedics from Wake County EMS paired with cardiologists Dr. George Hamrick, Dr. John Kelley (both of WFP - Carolina Cardiology), Dr. Jon Linden and Dr. Jimmy Locklear (both of WFP - Raleigh Cardiology) to teach participants about the typical and atypical symptoms of a heart attack, what to do if symptoms occur and how we treat coronary blockages at the WakeMed Heart Center. And, not to leave out the little ones, Dr. Courtney Mann, an emergency physician at WakeMed Children’s ED, spoke about childhood emergencies and led a class in infant CPR.

Touching Hearts During American Heart Month
WakeMed celebrated American Heart Month in February at multiple community events. Below are the highlights.

Great Work, Cluster 2! Cluster 2/ Cardiovacular and Thoracic Unit of Surgical Services – Operating Room (OR) on the Raleigh Campus reported 88.05 percent of their first case starts were successfully completed on time in the fourth quarter of our fiscal year, July through September 2011. This was more successful first case starts than any other cluster in the Raleigh Campus OR. Cluster 2 worked in cooperation with Heather Martin, RN, CNOR. An on-time first case start in the Heart Unit is when surgery begins as scheduled at 7 am. Cluster 2’s continuous goal is to maximize efficiency by encouraging an expedited patient flow of the case load. First-case starts are a large contributor to this goal. Team members demonstrated great teamwork and communication in ensuring their first patients were in the OR and ready on time.

AboVE PHoTo
Back Row (from left): Kris Turnar; Maurice Williams; Caiye Zhang, RN; Marcela “Cely” Case; Heather Martin, RN; Walter Mooreland, Florence Barrow, RN; and Tony Bray, RN. Middle Row Standing (from left): Kris Stebbins, RN; Carmela Ingle; Danielle Roberson; Andrea Maiaorno, RN; Patti Brissette; and Rachel Clendenin, RN. Front Row Kneeling (from left): Jonathan Thomas; Gloria Otora, RN; and George Noel. Not Pictured: David Fronleich, RN; Elena Mayo, RN; Agnes Hocutt; Nathaniel Lett; and Jason McKnight.

SECURITY TIPS
• Maintain situational awareness – always know what is happening in your immediate surroundings.
• Know the location of and how to activate panic alarms and emergency call boxes.
• Don’t bring items of value to work. Always lock personal items and vehicles.
• Walk to the parking garage with someone.
• Don’t work or walk in isolated areas by yourself after hours.

DOMESTIC VIOLENCE
• If you need resources, including a Safety Plan, contact Campus Police.

SECURITY RISK PATIENTS
• If a patient is a security risk, for example, a domestic violence victim or a gang member, there are procedures to protect the patient and staff. To implement security precautions, contact Campus Police.

SECURITY EMERGENCY OPERATIONS PLANS
• Plans include: Active Shooter, Bomb Threats, Civil Disturbances, Immediate Threats, Hostage, Missing Infants or Missing Persons.
• Refer to the Quick Response Guides for steps you should take should you identify one of these situations.

VIOLENCE IN THE WORKPLACE
• Take all threats seriously. Report all threats, intimidation, and physically violent events to your supervisor.
• When working with a person with the potential for escalating behaviors, use the Staff Safety Tip Guide for steps to protect yourself. It is located in the Environment of Care section on the WakeMedWeb.

Contact Environmental Health and Safety or Campus Police if you need additional information.
New Additions & Attachments
Welcome to the WakeMed family, all new brides, grooms and babies!

Meredith Decker, RN, (Neuro ICU) welcomed a healthy baby boy.
Codica Altford (Cary Hospital, 2E) welcomed son Griffin Scott on February 3.
Moira Dutton (Public Relations) and husband Brian welcomed daughter Charlotte.
Michele Jozczak (Public Relations) and husband Jason welcomed son Hayes.
Heather Monacelli (Public Relations) and husband Jeffrey welcomed son Tyce.
Debra Talancas (CTCUI) welcomed son Benjamin Cruz on February 8.
Kat (CICU) and Carol Roche (Invasive Cardiology) welcomed son Garrett.
Mini Chacko (CICU) welcomed daughter Grace on December 13.
Jodi Pankow (CICU) welcomed a baby boy, Joseph, on December 13.
Lauren Whitaker, RN, (BB Orthopaedics & Oculogy) and her husband Perry welcomed son Gabriel Turner on January 13.
Sarah Ruzier (Radiology) and Mark Walker (Float Pool) were married on October 1.
Kitty Cheung, PharmD, (Pharmacy) and husband Ian welcomed son Elton.
Lyne Eichenhaver, PharmD, (Pharmacy) and husband Steven welcomed daughter Sloan.
Julie Staus, PharmD, (Pharmacy) and husband Justin Geurink Staus welcomed twins Benjamin Josiah and Liam Nathaniel on December 6.
Lisa Deeren, PharmD, (Pharmacy) and husband Brad welcomed son AJ.
Courteny Evans (Medical Staff Services) welcomed daughter Breleigh Jade.
Ginger Joyce, CNA, (WPS - Women’s Center) welcomed daughter Emma Claire on December 21.
Janice Paradowski, (Foot & Nutrition) and husband Jay welcomed daughter Jamison Lily on December 2.
Bobbie Watson (Information Services) and husband Matt welcomed twin boys on September 22.
Andrea Honeycutt, MD, (WPS - Adult Hospitalists) and Travis Honeycutt, MD, (WPS Pediatric Intensivists) have welcomed son William Bingham Carter on January 31.
Eric Broush, RN, (NICU) and her husband Brian Broush (Staff Development & Training) welcomed daughter Lauren Eileen on January 8.
Taya Taylor (Cary Pathology) welcomed daughter Kaela on October 8.
Katelyn Johnson, RN, (NICU) and her husband Ryan welcomed a baby boy Brandon Colton on February 17.
Lauren Gregory Daniels, RN, (Observation 2) and husband Matt welcomed daughter Lila Grace on February 13.
Allison Strowitz (Invasive Cardiology) welcomed son Lucas Andrew on October 11.
Cristina Ward, RN, (ICU) and husband Andre welcomed son Jamison Daniel on February 2.
Congratulations to Chris D’Alessandra, RN, (IAB) on her marriage to Greg Lee on February 25.
Sherron Bassnight, associate director (Wake AHEC) welcomed Regina Hargrove on February 28.

Hunter Rises to Helton Challenge

In 2009 cardiothoracic surgeon Wm. Charles Helton, MD, WSP - Carolina Cardiovascular Surgical Associates, donated $1 million to the WakeMed Foundation to establish an endowment for nursing education – the Helton Scholarship Endowment Fund. He also committed an additional $500,000 in the form of a challenge grant to encourage others to contribute and increase the endowment to $2 million.

This year, Dr. R. Merrill Hunter and his wife Marilyn kicked off Dr. Helton’s challenge with a gift of approximately $210,000 to the Helton Scholarship Endowment Fund.

Dr. Hunter is a long-time colleague of Dr. Helton and, like Dr. Helton, he and his wife have tremendous respect for the employees at WakeMed who have supported him and his patients throughout the years.

Dr. Hunter and his wife encourage his fellow physicians and people throughout the community to rise to Dr. Helton’s challenge. Thank you, Dr. Hunter and Dr. Helton!

New Scholarship for Pediatric RNs

If you are a pediatric registered nurse looking to expand your skills and share what you have learned with your colleagues, then please consider applying for the Jill Perlette Skills Scholarship.

The scholarship was established in 2011 by Charles and Maureen Perlette. Jill Perlette, RN, was a pediatric nurse at WakeMed. “It’s an opportunity for personal growth,” said Charles Perlette. “It’s also an opportunity to apply that personal growth to the betterment of the organization.”

Up to $2,500 is provided for classes, seminars, conferences, and programs not normally supported through budgeted continuing education, staff development, nursing education or tuition reimbursement programs. May 1 is the next application deadline. Eligible applicants must be a pediatric registered nurse; employed at WakeMed for the past three or more years; and have management support and approval. For information, contact the WakeMed Foundation at 919-350-4596 or email mgurule@wakemed.org.

Drs. Susan Pate and Stephen Boone Scholarship

Awards up to $2,500 annually available. It is designated for staff nurses in care of neurological or surgical patients.

Sharon Eddy, RN (Neuro ICU)

CICU/CICUB congratulations: Ann Norman, RN, for receiving her Critical Care RN certification; and Mary Blake, RN, and Lisa Teck, RN, for receiving their master’s degrees in nursing.

The 2C/BB Rehabilitation Hospital team congratulations: Mary Ann Reesers, RN, Marvis Camiliones, RN, Ricia Trinidad, RN, and Elisa Malik, RN, for receiving their U.S. Citizenship.

Ellen Christopher, RN, (Rehab) assumed the role of educator for Rehab Nursing on January 29.

The Rehabilitation Hospital’s Mary Long, RN, Penny Schlaffold, RN; Bonnie Silverman, RN; Barbara Stancel, RN; and Shelby Elkhin, RN, recently earned their Certified Rehabilitation Nursing certifications.

6E Acute Neuro Care’s Christine Zalniddin, RN, and Priscilla Ananyue, RN, recently earned their Certified Rehabilitation Nursing certificates.

6A congratulations Ariel Solovance, RN, and Erica Cadic, RN on passing the National Licensure Council Exam for RNs.

Mary Long (2D Rehabilitation Hospital) obtained her Rehabilitation Certification.

Justin Rott, manager, (Cary Hospital CVICU) was accepted into the Johns Hopkins University Informatics Certificate Program for Fall 2012.

Matt Muka, PT (Rehabilitation Hospital) was promoted to supervisor of the Rehabilitation Hospital’s Physical Therapy department.

Regina Ross (OneCan) received her nursing degree from Wake Technical Community College.

Sarah Downtain, (Rehabilitation Hospital) successfully completed requirements for her clinical social worker license.

Lisa M. Soils, RN (Heart & Vascular Services) was recently inducted as a Fellow of the American College of Critical Care Medicine.

Nancy Canady, RN (Zebulon/ Wendell Outpatient & Skilled Nursing Facility) recently received her certifications in Rehabilitation and Neuroscience Nursing.

Recent Scholarship Recipients
WakeMed is pleased to announce the skills scholarship winners for the February application period (totaling $14,000):

Janet Jenkins, RN, BSN (Quality Reporting).
Dianna Knight, MSN, RN, NE-BC (6A CICU and Chest Pain Unit).
Susan Evans, RN, IBLLC (Milbank Bank).
Frans Powell, RN, BSN, MHA (Center for Innovative Learning).
Jamie Crompton, RRT, RCP (Respiratory Therapy).
Lucy Seelig, RRT (Respiratory Therapy).

Wow, What an Employee!
Congratulations to the Adult ED’s Nicole Hicks, RN, and Brittany Hair, RN, who were both promoted to clinicians.
Ryan Hutchinson (Neuro ICU) was promoted to SoTech/NA1.
Elizabeth Perry, LRT/CRIS, (Rehabilitation Hospital) recently earned her Lashe/Voeller Chair Yoga Teacher Certification.
Tina Lynn, RN (Women’s Pavilion & Birthplace – Raleigh) completed EUGN’s RN to BSN program.

Congratulations to Lori Marshburn, RN, (Anesthesia) for her successful attainment of her Certification in Emergency Nursing.
WakeMed orthopedics congratulates Curtis Henson, MD, who earned his Subspecialty Board Certification in Orthopedics Sports Medicine.

Kathy Thompson-Brazil, CRNP, (Heart & Vascular Services) has been appointed to the North Carolina Nurses Association’s Commission on Education for 2012-2013 and recently received her Certified-Vascular Nurse Certification from the American Nurses Credentialing Center.

Jill Salaz, RN, (Cardiology/ Electrophysiology) recently received her Progressive Care Certification in Nursing.

Congratulations to Amanda Core, OTR/L, (Rehabilitation Hospital) for her promotion to OT Supervisor, Acute Rehab Services Raleigh Campus.

Congratulations to Tonina Fehr, RN, manager, and Jennifer Prow, RN, (Chest Pain Center, Cary Hospital) who are the first nurses at WakeMed to earn certification from the American College of Cardiographic Nurses.

Congratulations to Nancy Blackman, RN, (Cary Observation), for completing her BSN degree.

News from the WakeMed Campus

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Huge Reduction in Copays for WakeMed Imaging and Rehab Services

WakeMed has made changes to the way outpatient diagnostics and short-term outpatient rehab services are covered under the health plan for 2012. Reflecting your feedback and that of providers, these changes provide significant financial savings for employees who are covered under the WakeMed BCBSNC health plan and select WakeMed facilities for services. For example, an outpatient diagnostic imaging procedure such as an X-ray or ultrasound performed by a WakeMed facility under the Select PPO plan only requires a $45 copay ($35 under the Premiere PPO Plan), down from the $100 copay and deductible required in 2011.

Both PPO Select and Premiere plan participants will also enjoy reduced copays for short-term rehabilitation services. When scheduling services, please alert your provider that you prefer to go to a WakeMed facility. All other imaging and outpatient rehab locations are considered “Other In-Network” or “Out-of-Network”, providers.

Wellness Matters – Biometric Screenings

Thanks to all the WakeMed BCBSNC health plan participants who signed up for biometric screenings. If you made a screening appointment, you will receive a reminder call the day before your screening.

Only employees enrolled in the WakeMed BCBSNC health plan can participate. Wellness Matters participants will pay less for their health insurance than employees who do not participate. Screenings take approximately 20 minutes and include height, weight and blood pressure checks; measuring your waist circumference and body mass index (BMI); a full lipid panel (to measure your cholesterol); and glucose level testing. You will need to fast for eight hours before your screening. If you have any questions, please call Bob Nelson, Benefits Wellness, at 919-350-6903.

Many thanks to Matthew Cumbee (Laboratory), Takisha Word (Physician Billing); and Fran Powell (Center for Innovative Learning) for agreeing to serve as Faces of Wellness Matters. They will share their experiences with the Wellness Matters screenings and educational resources as well as their achievements and temporary backslides (Yeah, they happen!) with their diet and exercise plans. Get to know Matthew, Takisha and Fran, our Faces of Wellness Matters in upcoming WakeMed Weekly emails.

Leaves of Absence

A HOW-TO GUIDE

Employees take leaves of absence (LOAs) for health-related and non-health-related reasons. Sometimes they are expected and sometimes they are unexpected. “LOAs can be confusing,” said Polly Booher, manager (Benefits). Often, confusion exists around using FMO as well as paying for benefits while on a leave of absence. Booher noted that, though circumstances vary, there are some general rules and guidelines employees should understand when an LOA is in their future.

Read the Leave of Absence Policy

It’s available on the WakeMedWeb. Click on “Policies & Procedures” then “Human Resources.” Once you reach the Human Resources page, scroll down to view and click the “Leaves of Absence” links on the left side.

Your Benefits Matter – Let’s Talk!

WakeMed Benefits representatives are available on-site at Raleigh Campus and Cary Hospital to speak one-on-one with employees and managers who have questions about benefits and Wellness Matters.

Raleigh Campus – Benefits representatives are available to speak with you from 7:30 am to noon every pay week Friday in the Human Resources office.

Cary Hospital – Benefits representatives are available to speak with you from 8:30 am to 12:30 pm every pay week Wednesday in Cary Hospital Administration. Appointments are not required.

Mail Order Prescriptions

Effective April 1, BCBSNC will move to a new pharmacy benefit manager, Prime Therapeutics, for all retail and mail order prescriptions. If you submit a refill before April 1, you may receive this message:

“Your mail-order prescription below will no longer be refilled automatically through the Worry-free Fills® program. Reason: No longer enrolled. (Your plan no longer participates in the Worry-Free Fills program).”

Please don’t be alarmed! Medco will fill mail orders received by midnight on March 31. Beginning April 1 outstanding prescriptions will be sent from Medco to Prime Therapeutics for processing.

Questions? Contact the Benefits Department, 919-350-8143.

Don’t Rely on Word-of-mouth

Policies change. Your LOA will likely be different than the one your co-worker took five years ago. Get the answers to your questions from Benefits representatives – 919-350-8143.

Discuss Your LOA

Talk with Occupational Health and your manager about an upcoming medical or FMLA leave – Occupational Health can steer you to the right resources for answers to your questions and assistance with program processes and policies. Their number is 919-350-7370. Keeping your manager in the loop when you are planning your leave and while you are on leave eliminates any unexpected issues regarding return to work, not returning to work or positions being held. Communication with your manager is very important!

(c_ontinued on page 8)
Putting Patients First

As nurses, we understand that the needs of patients are more likely to be met when the patient and family members (as defined by the patient) are engaged in their care. That is why we have decided to strengthen our model of care delivery by exploring the principles of patient and family centeredness.

Over the past six months, several members of our team have been working to refine our current model of care by analyzing the literature and best practices to determine the concepts valued most by patients, their families, nursing and clinical staff. That answer was soon obvious: When patients and families work together with health care providers and care team members, we can further ensure safe, quality care for the individual patient while improving processes and care environments throughout our system. A team is in the making to assess our care environments based on the principles of patient and family centered care. I have asked Dianna Knight, BSN, RN, NE-BC, Manager – 6A and the Chest Pain Unit, and Paula Bird, MSN, RN, NEA-BC, Director of Medical/Surgical Nursing at Cary Hospital, to co-lead this key organizational effort.

There are several examples of patient and family centered care in our health system. Some include family members participating in interdisciplinary care rounds, inviting patients to participate in focus groups to provide feedback on their experience and to share thoughts on new services, engaging patients in nursing bedside reports and encouraging patient feedback on their plan of care and whether we are meeting their needs for comfort and responsiveness.

That said, we have more work to do and want you to know we will continue to develop the process for your involvement and input. We want to ensure that our patients and families are partners having the opportunity to further participate in their care at WakeMed.

Cindy Boily
RN, MSN, NEA-BC
Senior Vice President &
Chief Nursing Officer

SPEAKING OF NURSING: A NOTE FROM OUR CNO

THE MISSION

To Improve Patient Flow

How to overcome lengthy patient stays in the emergency department. It’s the challenge our Adult Emergency Departments (AED) and EDs throughout the nation continue to tackle. In the face of economic constraints and no space or capital for expansion, it’s a tough one. But the Patient Flow Team is up to the task.

The WakeMed Patient Flow Team consists of nursing administrators and management, physicians, staff nurses and representatives from Mobile Critical Care Services, Imaging, Transport, Environmental Services as well as other disciplines. It grew out of Cindy Boily’s Patient Flow Stakeholders meeting in early September. The team’s charge? To improve patient flow from all points of entry (emergency departments, cath labs, OR/PACU, outside transfers, etc.) throughout our system.

Using baseline data collected throughout WakeMed, national evidence-based practices and innovative thinking, Patient Flow Team members created breakthrough solutions.

THE CHALLENGE: Bedside nurses were responsible for transporting discharged patients to curbside. The beds could not be filled until the nurse returned and completed the discharge process which would then activate a call to Environmental Services.

The Solution: Now, a Transport Team member transports discharged patients to curbside.

The Impact: December data indicated a 654-hour savings for nurses, giving them more time at the bedside (15 minutes/patient).

STAFF NURSE COUNCIL

The December Staff Nurse Council (SNC) meeting focused on two important initiatives: evidenced-based practice (EBP) and welcoming a very special guest, Dr. Kristen Swanson, author of “The Theory of Caring.”

Each SNC representative developed and created a poster that depicted how their unit incorporated the principles of EBP. Forty-six (46) posters were presented. There was a variety of topics including: “Humanization of Data;” “Value of Specialty Nursing Certification;” “Getting up Today: Progressive Mobility;” “A Unit…A Team…A Family;” and “What is EBP?”

Dr. Swanson reaffirmed to all in the audience how the components of her “Theory of Caring” is represented in the WakeMed Nursing’s CORE (C=Compassion A=Advocacy R=Relationships E=Excellence S=Safety) Values.

Nurse communication with patients and families was the focus of the February meeting. SNC representatives learned how to interpret Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) results, the significance of white boards to patients/families, and the importance of bedside reporting as vital venues for communicating with our patients.

Elaine Mariello, RN, MSN, (Nursing Education) presented “What is Magnet?”. Her presentation was a first look for many of our staff at how WakeMed Nursing seeks to align with those organizations around the globe that have sought and attained Magnet designation. Aligning ourselves with other Magnet organizations means keeping a close eye on patient outcomes, especially those that are primarily owned by WakeMed nurses such as pressure ulcers and prevention of falls, to name just two. Stay tuned!

Continuing Our Journey into Evidence-based Practice

On March 1, Daria Kring, PhD, RN-BC, director, Nursing Practice, Education & Research at Forsyth Medical Center, presented to 160 Nursing team members at Raleigh Campus and Cary Hospital about nursing research, evidence-based practices and performance improvement processes.

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Nursing Leadership Retreat

There was a packed house at the 2011 Nursing Leadership Retreat with guest speaker Elaine Scott, RN, BSN, MSN, PhD. Just as WakeMed continues the strong emphasis on the Magnet journey and providing patient and family centered care, Dr. Scott spoke on what nursing excellence looks like. The retreat was extremely successful and we thank Dr. Scott for being a part of the annual retreat.

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Open communication is a key attribute of transformational leaders. It is as important to our staff as it is to our patients and families. Rounding on the Nursing units is one avenue Cindy Boily, RN, WakeMed Chief Nursing Officer (CNO) uses to hear from staff. Monthly CNO Meet & Greet lunches are another forum where 35 to 20 staff nurses voice concerns and hear about recent initiatives from the CNO’s perspective.

Through Nurses in the Know, a bi-weekly email, Cindy communicates directly with staff nurses across the system. In turn, nurses are encouraged to reply directly and express any issues or ideas for system or practice changes. In addition, Nursing’s operational innovations are being routinely shared at all levels of the organization to include our physician colleagues, administrators, community partners and other key contributors who work to further the WakeMed mission.

The challenge: Delays occurred in assigning beds due to emergencies on the units, etc. The solution: Patient Placement now makes bed assignments for all portals of entry. Charge nurses use the “Be a Bed Ahead” concept to prioritize the next bed assignment.

The result: Bed assignments occur at the time a request is made, while still allowing charge nurses to make changes if necessary.

The challenge: The Adult Emergency Department (AED) needed a place where discharged patients could stay until an inpatient bed became available. The solution: A special discharge, admission, referral and transfer (DART) unit was created. Additionally, a concierge-type service coordinates family arrival and transport of the patient.

The result: Time savings and expedited patient flow.

Improving Patient Flow (continued from page 5)

The Patient Flow Team: Many people from a variety of disciplines throughout the health system are committed to constantly improving the flow of patients from the ED to inpatient beds.

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The Result: Time savings and expedited patient flow.

The Challenge: Inpatient nurses were completing admission assessments on AED patients after they reached the unit.

The Solution: To expedite flow, Float Pool nurses come to the AED to complete the admission assessment.

The Result: Rapid patient assessment and fewer interruptions in care.

The Challenge: Need to effectively monitor AED saturations to prevent back-ups.

The Solution: AED saturation is calculated two times per day. When it reaches 130 percent, unit management goes to the AED to expedite admissions.

The Result: Expedited patient care and enhanced patient safety.

These innovations have had a direct, positive impact on patient flow and processes. The Patient Flow Team thanks all those individuals who have made this a positive experience for patients and staff.

Survey Says …

Advisory Board Nursing Engagement Survey

In November, over 2,260 WakeMed bedside nurses across the WakeMed system took the 2011 Advisory Board Nursing Engagement Survey. That is over 90 percent participation! The survey consisted of 60 questions related to engagement in the workplace. The assessment shows that our nurses are engaged and above the benchmark! The specific engagement questions were averaged to calculate the engagement index. Here were the questions:

• I am willing to go above and beyond to help this organization succeed.
• This organization inspires me to perform my best.
• I would recommend this organization to friends as a great place to work.
• I am likely to be working for this organization three years from now.

The STICU team earned a pizza break too!

As the chart above indicates, WakeMed nurses are more engaged and content, as well as less ambivalent and disengaged than the benchmark (26,000 nurses nationwide). These are amazing results and WakeMed couldn’t be prouder.

WHAT THE TECH?

Continuous Renal Replacement Therapy Machines

Recently, WakeMed purchased seven new machines for Continuous Renal Replacement Therapy (CRRT) – Raleigh Campus has six and Cary Hospital has one. These machines are essential for patients who cannot tolerate traditional hemodialysis. In layman’s terms, the CRRT machines clean and filter the body’s blood so the kidneys can rest following an insult or injury. Traditional dialysis filters blood and removes a moderate amount of fluid in a short period of time, whereas the CRRT machine functions in a similar capacity around the clock. CRRT is only available in the critical care units and is used under the direction of the nephrologist or intensivist on duty. Trained nurses continuously monitor the patient’s vital signs and fluid output in addition to monitoring the dialysis circuit. They also take blood samples throughout therapy to determine the effectiveness of the therapy as well as the need to continue.

The machines have safety features built in, so an alarm may go off to indicate that one of the bags either needs to be changed or there has been a change in the patient’s access catheter pressure for example. These alarms are audible so any issue can be remedied very quickly to ensure limited interruption for the patient.

The length of time CRRT is required depends on a variety of issues. Each case differs depending on what the insult or injury was, as well as any co-morbidities that exist.

The purchase of this machine is an asset to our line of patient care devices. It allows us to offer critically ill patients state-of-the-art care.
Cary Hospital.

Infections. In April 2012, it is a shift for WakeMed, as hospitals no longer receive reimbursement for patients with hospital-acquired infections. In April 2012, it is expected that the nursing protocol will go system-wide for all inpatient units at Raleigh Campus and Cary Hospital.

Pathology Information Management welcomes Nicole Halasny.

Neuro ICU welcomes new team members Sydney Gaskins, RN; Jennifer Marion, RN; Jamie Russell, RN; Elizabeth Lopez, RN; Latesha Puryear, RN; and Cassandra Brown. Observation 1 welcomes Melanie Alexander, RN and Catherine Gitau, RN.

The Observation 1 team wishes Debra Bone a happy retirement after 33 years of dedicated service to WakeMed.

6B Orthopaedics & Oncology welcomes Toni Kohen, RN; Angelina Adkins, RN, and Katelyn Warren, RN.

Corporate Compliance is pleased to welcome Thijana Lawton, as the new manager.

WSP ENT Head & Neck Surgery and WFP - ENT welcomes Karen Short, RN, as a new supervisor.

WFP - ENT welcomes Kisa Wilson.

CTICU welcomes Nikki Dickens, RN; Don Lemanire, RN; Meg Turner, RN; Bianca Sink, RN; and Jamaun Williams, RN.

Patient Safety and Risk Management welcomes Maureen Pitts, RN, JD, to the team.

MICU welcomes Melissa Hocut, RN, and Brian Lane, RN.

A MIC welcomes Liz Karkoshi, RN, and recognizes their new Risk Management specialist Denise Hicklen.

The Cary Hospital Business Office & Patient Registration welcome the following new employees: Valerie Robinson and Sonia Guervara-Conger.

Corporate Accounting welcomes Andrea Righy, CPA.

Pharmacy welcomes Mike Beve, PharmD, Roseann Schrench, PharmD, Stephanie Freiman, Al Richards, Rob Nosbitt, Dwayne Hooks, and Deanna Howlett.

The Women's Pavilion & Birthplace - Raleigh welcomes Stanley Silber, RN; Claire Henderson, RN; Stacey Lawrence, RN; Kristen Morris, RN; Queston Wilds and Jennifer Gibson, RN.

SC Medicine welcomes Rona Francis, RN; Mona Terrell, RN; and Monica Paulouinis, CS.

The Raleigh Campus Adult ED welcomes Detria Brusan, RN; Dee Burleigh, RN; Melissa Canterbury, RN; Heather Ferguson, RN; Amy Nagay, RN; Wanda Joyce, RN; Denise Moeckl, RN; Alice Pohl, RN; Amy Bass, RN; and Danielle Hennett, RN, as well as several nurse fellows: Shtechanka Okean, RN; Wendi Taylor, RN; Lauren Egan, RN; Courtney Kehoe, RN; Sarah Holitna, RN; Mary Owens, RN; and Candice Gullif, RN.

Terri Chadwick is a welcome addition to the Invasive Cardiology team.

Microscope

MONUMENTAL MILESTONES

Comings & Goings

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Home Health welcomes a fond farewell to Scott Campbell, PT, and welcomes Julie Stisler, RN; Gerry Holzer, RN; Ashley Whorliss, RN; Maureen Yann, RN; Michelle Raper, RN; and Susan Kroll, PT.

WakeMed North Healthplex Imaging Services welcomes Tricia Hart.

The CPU welcomes Sonal Gandhi, RN; Nicholas Alexander, RN; Kimberly Hinton, RN; and Jacquelyn Battles, NT.

The Apex Healthplex ED team welcomes Sue Dunn, RN, and Brian Askew, RN.

Food & Nutrition Services welcomes Andrea Williams, Jessica Deove, Jennifer Leamos, Anillette Celestine, Leo Lopez, Mallory Smith and Bryant Herring II.

Cary Hospital Pathology welcomes Catherine McKnight, Lisa Anderson, Sharon Tucker and Jeff Lion.

WSP General & Pediatric Surgery welcomes Jessica Bell, Bernadette Cannon and David Honeycutt, RN, (practice supervisor).

6A welcomes Kasha Butta, NT/CS; Noreta Foster, NT/CS; Shane Johnson, NT; Angie Rochlin, RN; Randice Spiegel, RN; and Jessica Clark, RN.

The CPU team welcomes Kim Hinton, RN; Nick Alexander, RN; and Seanal Ghandi, RN.

Emergency Services Institute welcomes Greg Bauer, EMT-P, and Joa John Register-Mihalik, PhD.

Interpretation & Translation Services welcomes Karen Perez and Jose Peka.

6C welcomes Amanda Brown.

STICU is pleased to welcome Amy Jordan, RN; Steve Morcan, RN; Timothy Mutasse, RN; and Emily Burt, RN.

The 3B CVICU team is happy to have new employee Leslie Howard, RN.

Ashleigh Rogers, Amanda James, Sheena Levens and Marissa Singatory are welcome additions to the ICU team.

The Rehabilitation Hospital, 2C ED team welcomes Robin Johnson.

WakeMed North ED welcomes Morrison Devine, Angelo Wochowicz, Robert Powers, RN; Reggie Bostic, RN; and Sherri Fetzer, RN.

TRAUMA SERVICES RE-ORG

Trauma Services executive directors Dr. Osi Udekwu and Elaine Rohlik announce an enhanced organizational structure for the center. The new structure means well-deserved promotions and new roles for two team members.

Long-time leader in Trauma Registry & Improvement, Debra Petraca, will serve as the program manager of Trauma Services. In addition, Rhonda Vincent, RN, has been appointed as the newly designed position of trauma center coordinator/trauma clinical nurse specialist. They will also represent WakeMed on the State Trauma Advisory Council Committees and Capital KAC.
Leaves of Absence  A HOW-tO GUIDe

Talk with a WakeMed Benefits representative and your manager about a non-medical LOA – You can reach a Benefits representative by calling 350-8143. Keep your manager in the loop the same way you would if you were on a medical or FMLA leave. In all situations, contact WakeMed Benefits – 350-8143 – Unless you are using PTO, you must pay for your benefits through the Benefits office. Benefits staff members can help put your mind at ease by answering your questions and getting you the facts you need before you run into challenges.

Don’t Wait to Apply for LOA

Even if you use PTO during the first part of your leave, contact Matrix, our leave and disability intake line, 1-877-202-0055. Delays in reporting a medical situation that might qualify for a benefit payment will result in delays in your receiving that benefit payment.

$5 Jewelry Sale

Wednesday, April 25 - 7 am to 4 pm

Sponsored by The Volunteers at WakeMed

Raleigh Campus and representatives from Masquerade Jewelry

Payroll deduction will be available for full-time, 3/4 time and part-time employees who have been employed three months or more. Name badges are required for payroll deduction. Other methods of payment include cash or check (Vista and MasterCard only).

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The Balanced Scorecard is an important “report card” tool for WakeMed employees. It helps us see how we are performing in key areas throughout the system, including:

• Service excellence
• Quality outcomes
• Fiscal responsibility

Each of the measures is tied to system-wide goals and the organiza-
tion’s strategic plan. “We are not looking to be average,” said Tom Gettinger, chief operating officer and executive vice president. “These goals are set up to elevate the organization and differentiate WakeMed from its competitors.”

Financial profitability is one way to measure a hospital system’s performance. But more important, Gettinger said, is the quality of care and service patients and families receive when they come to WakeMed. Daily decisions employees make have an impact on the Balanced Scorecard – from taking the time to help a family member find a patient room to working as a team.

Remember that you can view the Balanced Scorecard regularly by visiting the WakeMedWeb (in the right-hand column) to see our latest performance. Please ask your management team how you can help improve our perfor-
mance in areas related to the Balanced Scorecard.