WakeMed Gains Two New Board Members

Joining the WakeMed Board of Directors this summer are Dick Baker, former corporate marketing and sales executive for IBM, and Lloyd Yates, current president and CEO for Progress Energy Carolinas. Baker fills the seat of Jack Clayton who completed his maximum 10-year term on the Board this year, and Yates will replace Paul Coblentz.

Along with 32 years of sales, marketing, business unit and management experience at IBM, at local, national and international levels, Baker possesses extensive board governance and committee experience. In fact, he has served on the WakeMed Foundation Board of Directors since August 2001 and will continue to maintain this membership even with his new appointment to the WakeMed Board. During his time with the Foundation Board, Baker has held several leadership positions and helped reorganize the Foundation after its first eight years in operation. This includes his work on the Foundation’s Capital Campaign to raise funds for major hospital initiatives.

With more than 27 years experience in the energy business, including nuclear and fossil generation and energy delivery, Yates has served as the president and CEO of Progress Energy Carolinas since 2007. Prior to this role, he held numerous other leadership positions for the electric utility that serves 1.5 million customers in the Carolinas. Additionally, Yates’ extensive professional background includes membership on several community-based boards as well as on the North Carolina Economic Development Board, the North Carolina Community College Foundation Board, the N.C. Chamber of Commerce Board and the Executive Leadership Council.

“No two community leaders are better suited to join our Board of Directors than Dick Baker and Lloyd Yates. They each bring to our organization corporate leadership experience and the knowledge and skills to help us further accomplish our goals,” said Dr. Bill Atkinson, WakeMed president & CEO. “On behalf of the entire WakeMed family, we welcome Dick and Lloyd with great enthusiasm and look forward to working with them as we continue to focus on meeting the diverse health care needs of this growing community.”

Cary Hospital Earns Red Apple Recognition

Led by NC Prevention Partners (NCPP), the Healthy Food Environments Initiative is a statewide project to help all North Carolina hospitals make healthy foods more available, visible and affordable for employees and visitors. After working for more than a year to meet specific requirements and criteria, Cary Hospital’s Food & Nutrition Services team received the initiative’s Red Apple award at the NCPP annual meeting this June. The Raleigh Campus Food & Nutrition Services team received their Red Apple in 2009.

“We were thrilled to accept the Red Apple on Cary Hospital’s behalf. Our team worked very hard for this accomplishment,” said Gail Douglas, director of Food & Nutrition Services at Cary Hospital. “As a health care organization, our mission has always been to ensure that healthy, great tasting food is readily available to all Cary Hospital patrons.”

To achieve NCPP’s Red Apple status, Cary Hospital’s Food & Nutrition Services team made several nutrition-based changes in the hospital cafeteria, Points West Café (PWC). As a result, PWC now offers a greater variety of healthy food items, such as foods made with whole grains, low-calorie snacks, sugar-free desserts, lean turkey burgers and veggie burgers. PWC also promotes WakeMed’s Campaign TLC (Teaching Lifestyle Choices), a program that helps people identify foods that fit into a healthy lifestyle, including those that are lower in sodium, fat and sugar.

The PWC salad bar has also been expanded to incorporate more nutritious salad toppings such as kidney beans and chickpeas, both high in protein, and an increased variety of fat-free salad dressings. And PWC now designates one day per week a Healthy Gourmet Day, for which a featured meal is guaranteed to be a good fit for a healthy diet. Vending at Cary Hospital has also added additional healthy snack options. All of these changes support good health and make eating a healthier choice throughout Cary Hospital.

For more information about NCPP’s Healthy Food Environments Initiative, visit www.ncpreventionpartners.org.

Preparing for the Unexpected

This June, WakeMed participated in three mass casualty drills designed to help leadership and staff prepare for any unexpected local disaster or emergency that might result in patient evacuations or patient surge management. Organized by the WakeMed Emergency Services Institute (ESI), mass casualty drills are conducted annually. WakeMed also experienced a real mass casualty event in May.

Two local “explosion” scenarios set the stage for the Raleigh Campus drill on June 18. Approximately 125 physicians, leaders and employees staffed the Drill Game Board and Incident Command Center in Conference Dining to test and tweak their response skills by processing 300 simulated patients. The possibility of widespread anthrax exposure and a bomb that unexpectedly arrived at the Emergency Department were also components of the disaster scenario.

(continued on page 3)

Cary Hospital exercise.

Nicole Jung, RN, (Women’s Pavilion & Birthplace - Cary) reviews patient admission information with David Coulter, senior vice president and administrator of Cary Hospital, during the Cary Hospital drill. Coulter acted as incident commander for the Cary Hospital exercise.

Top Photo: During the Raleigh Campus drill, Incident Command is in full swing in Conference Dining. Mary Ann Wilcox, RNC, senior vice president of Raleigh Campus Operations and chief nursing officer, acted as incident commander for the exercise.

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Service Excellence

WakeMed Wins PRC Leading Light Award

Professional Research Consultants (PRC) recently honored WakeMed with the 2010 Leading Light Award, honoring the efforts of all WakeMed managers and staff who keep service excellence and patient satisfaction at the forefront. The PRC Leading Light Award annually goes to only one hospital for which PRC measures patient satisfaction data. This year, more than 275 hospitals were eligible. WakeMed engaged PRC in 2000 to survey our patients after their stay and determine their feelings on the overall quality of care they received while at WakeMed. After scoring the responses,

(cut continued on page 2)

Rippee! It’s open!

Exuberant Pediatrics staff race a patient bed up the ramp toward the new WakeMed Children’s Hospital, which officially opened for patient care on Thursday, July 8. The 34,000-square-foot facility on the Raleigh Campus is the first and only dedicated children’s hospital in Wake County and was funded entirely through community support. A new Cardiovascular Intensive Care Unit (2E CVICU) and Cardiovascular Intermediate Care Unit (3E CVICU) also opened in late June for patient care in the same building.

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Working to Reduce Antibiotic Resistance

Over the past few years, hospitals and other health care facilities have seen an increase in bacterial resistance to a broad range of antibiotics. As a result, the Infectious Diseases Society of America/Society for Healthcare Epidemiology of America published their Guidelines for Antimicrobial Stewardship in 2007, including the recommendation for antimicrobial stewardship programs, or programs that attempt to reduce resistance to antibiotics, usually under the guidance of infectious diseases-trained physicians and pharmacists.

Last year, the Raleigh Campus Pharmacy formed the Antimicrobial Stewardship Program (ASP). Program goals are to ensure the optimal usage of antibiotics throughout the Raleigh Campus, decrease the opportunity for antimicrobial resistance and avoid the loss of current antimicrobial drug classes; and educate health care providers on the most current evidence-based antimicrobial treatment regimens.

“The ASP, we want to fight infections by using the resources we have to the best of our ability. This includes helping reduce resistance to antibiotics among our patients,” said Caroline Girardeau, PharmD, BCPP, (Pharmacy). “If there is an opportunity for improvement, we simply want to serve as stewards by making recommendations to optimize antimicrobial therapy.”

On a daily basis, two Raleigh Campus pharmacists, rotating from a team of seven, review the medication profiles of all patients who are actively taking antibiotics, including approximately 30 critical care patients and 240 non-critical care patients. The pharmacists look at the indication for the antibiotic and the amount of time the patient has been on the antibiotic, in addition to available lab and microbiological data. If the pharmacists see questions, concerns or recommendations, they consult with infectious disease specialist Chris Ingram, MD, (Raleigh Infectious Diseases). Based on the pharmacists’ findings, which are presented twice a week to Dr. Ingram, a final decision is made regarding whether or not a formal recommendation should be left in the patient chart.

“As pharmacists, we know that there are several good choices of antibiotics for each patient,” added Ryan Tahal, PharmD, BCPP, (Pharmacy). “However, some choices are better than others when considering side effects and the likelihood of inducing resistance. For the benefit of enhanced patient care, this is the insight the ASP hopes to provide.”

Overseeing the ASP is the WakeMed Antimicrobial Subcommittee, which reports to the Pharmacy & Therapeutics Committee. This group meets once per month and includes Microbiology, Infection Prevention & Control and representatives from the WakeMed Faculty Physicians - Hospitalists team as well as representatives from the Raleigh Campus and Cary Hospital Pharmacists. The Pharmacy at Cary Hospital is hoping to start an ASP at its facility in the near future.

Welcome to the WakeMed family, all new babies, grooms and babies!

Lakshita Oswes (WakeMed Faculty Physicians - Urology) and husband David celebrated the birth of son Bryce Jamin on April 2.

Ashley O’Neal, RN, (Heart Center Observation Area) and husband Lionel welcomed daughter Janelle Loeve on April 23.

Carole Balatbat (Pathology Labs - Lab Information Management) married Alfito Lopez Jr. on May 8.

Lorena Smith, RN (Imaging Services) welcomed daughter London Christina on May 9.

Tammy Orlando, RN (PCU) each obtained their Certified Pediatric Nurse (CPEN) credential.

Tia Uffey (Respiratory Care Services) and husband Steve celebrated the birth of son Everett Michael on May 29.

Trembeczki (Corporate Planning) traveled to New Orleans this June with a group sponsored by the Presbyterian Disaster Assistance program to help rebuild homes and other structures destroyed by Hurricane Katrina five years ago.

Above: With donuts and punch, staff from 2D Rehab celebrate reaching the goal of only two patient falls on their unit this June. Rehab raised money for the party with a basket raffle.

Rehab Hospital Dramatically Reduces Falls Rate

Recent efforts to reduce the falls rate within Rehab have been very successful. A friendly competition among staff on 2D Rehab sponsored by the Presbyterian Disaster & Oncology has contributed to a vast improvement.

Since November 2009, the units have been setting goals concerning the falls rate of their patients. First, they wanted to reduce falls to four in one month per unit, then three in one month, then two in one month. Upon reaching each goal, the units received a celebration such as a pizza party, an ice cream social and a donut party for all shifts.

Staff on each unit have also been keeping a special falls calendar. Each day without a fall gets an “X.”

Above: Welcome to the WakeMed family, all new babies, grooms and babies!

Service Excellence

Above: Elizabeth Leach, RN, offers a friendly smile to her patient at the Zebulon-Wendell Outpatient & Skilled Nursing Facility. (Continued from page 1)

PBC posts overall and departmental results online daily for managers to view and share with staff.

The PBC Leading Light Award is annually given to the hospital that stands out nationwide in embracing the concept of service excellence as a way to enhance patient loyalty. The hospital must be focused on creating an excellent experience for all patients so that they are more likely to return to the hospital for care or recommend it to family and friends. The award also honors hospital teams for keeping staff motivated, educated and updated on current patient loyalty scores. This includes translating the scores into meaningful data that can help frontline staff make a difference.

“What within many organizations, the concern is about the numbers, said A.J. Waits, project manager with PBC. “However, at WakeMed, you look beyond the numbers and focus on what really matters – the relationships and interactions with your patients.”

To ensure that every patient we encounter feels as though they are receiving outstanding, quality care any time they interact with our organization, a special team is in place to support managers and staff in their quest for service excellence. This team includes Chuck Lamorte, RN, manager, (Patient Relations - Quality Improvement), Brent Anthony, senior analyst, (Corporate Planning) and Amy Kegoury, executive assistant, (Corporate Planning). Together, they help managers and staff understand, interpret and translate our PBC scores into meaningful information they can learn from and use while they work. In response, managers and staff work hard on exceeding the expectations of all patients and families.

Efforts to enhance service excellence at WakeMed have included the 2008 re-launch of The Wake Way, when it was re-named The Wake Way of Today (WWoT), to remind staff of the unspoken agreement that guides our behaviors and attitudes, a WWoT intranet resource site and toolkit for managers to coach staff; customer service and service recovery training; service excellence seminars; and meetings/training with department and units. Also, since 2009, job performance evaluations have been tied to PBC results.

Way to go, WakeMed, for being PRC’s 2010 Leading Light hospital!
Summer Learning at WakeMed

Instead of splashing around in the pool or hanging out at home this summer, six students from the Wake Early College High School (WECHS) participated in WakeMed’s High School Summer Internship Program—designed to help rising WECHS seniors make informed decisions about their future careers in health care and the Regional Disaster Preparedness Program. For 20 hours per week, the interns worked alongside health care professionals and were mentored by our staff to become more familiar with health care procedures, the health care culture and our organizational structure. They each completed weekly journal entries and a presentation on the final day of their internship, taking with them a work-based learning experience that will prove valuable in the future, either for work or additional college education.

Thank you to all employees who help make this experience possible for WECHS students each summer. For more information about WECHS, visit www.healthsciencecc.wcpss.net.

Wake County’s first and only early college high school, WECHS gives students the opportunity to earn a high school diploma and an associate’s degree in five years. WECHS is the result of a partnership among the Wake County Public School System, Wake Tech Community College and WakeMed.

Hosting the non-paid interns for six weeks were staff from Infection Prevention & Control, Children’s Diabetes & Endocrinology, Cardiovascular Testing, the Emergency Services Institute and the Regional Disaster Preparedness Program. For 20 hours per week, the interns worked alongside health care professionals and were mentored by our staff to become more familiar with health care procedures, the health care culture and our organizational structure. They each completed weekly journal entries and a presentation on the final day of their internship, taking with them a work-based learning experience that will prove valuable in the future, either for work or additional college education.

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The Cardiovascular (CV) Midlevel Program welcomes Rich Schachtman, PA-C, who will be working with the CV Surgical Midlevels, and Lindsey Walls, PA-C, and Renee Wade, FNP-C, who will be working with the Cardiology Midlevels.

North Healthplex welcomes Bill Britt, RN, as the SCA Administrator for Surgical Services. He will work with all services related to Day Surgery including pre/post op, operating rooms, sterile processing and endoscopy. Britt was previously the Operating Room manager at Cary Hospital.

The Raleigh Campus Inpatient PACU welcomes Candy Peterson, RN, as she transitions from the Adult Emergency Department, and Tim Wilson, RN, as he transitions from the PACU - Cary Hospital.

Volunteer Services welcomes Kimberley Elliott as a Volunteer Services representative.

The Children’s Emergency Department welcomes Cindy McClem, nursing assistant, and Sandi Fernald, LPN.

Pathology Labs - Lab Information Management welcomes Victoria Clark.


CV Testing - Cary Hospital welcomes Cheyenne Coffey as a cardiac sonographer.

Megan Bailey, RN, transitions to the Chest Pain Unit from Staffing Resources. Pharmacy welcomes clinical pharmacist Jennifer Massey, PharmD, and Shannon Holt, PharmD; pharmacy practice residents, Xuan Seepolmaung, PharmD, and Patrick Gregory, PharmD; and third-shift supervisor Erica Lindsey, PharmD.

The 2E Cardiovascular Intensive Care Unit welcomes Jeannita Murray, RN, clinical educators/supervisor; Caroline Shore; Cheryi Buckner, RN; Carol Lyon; Connnie Martin; Cynthia Glass, RN; Ellen Ezez, RN; Emily Haupt, RN; Elizabeth Maslak, RN; Felisha McDaniel, RN; Elaine Vlah; Gleri Henderson, Jaxon Anderson, RN; Juliana Gallate, RN; Jennifer Whaley, RN; Kayla Blass; Leah Earnard, RN; Lili Joya; Lynetta Shopp, RN; Lisa Toek, RN; Lealina Vernoe, RN; Melanie Pellow, RN, Marwin Saquili, RN; Pamela Wood, RN; Jocan Childers, RN; Rene Flattin; Rachel Sneddon, RN; Scott Fulle, RN; Samantha Reaburn, RN; Tracy Fillingame, RN; Tanya Galley; Tracy Michael, RN; Tanja Rove, RN; Uma Ondasana, RN; and Vicki Schenauer, RN.

Home Health welcomes physical therapist Scott Campbell; Candice Brinkman, RN; and Tamara Berg, RN;

The Children’s Emergency Department welcomes Sandi Fernald, LPN.

JA Cardiovascular Intermittent Care welcomes nurse technicians Rita Sosa, Annette Harris and Melanie Fowler, as well as Jessica Henderson, RN, and Diana Joyner, RN.

Wake AHEC welcomes Sherrod Bassigian in the area of Pharmacy Continuing Education.

Enhancing Care for Spinal Cord Injury Patients

Trauma and Rehab Services recently embarked on a Performance Improvement (PI) initiative to enhance care and improve clinical outcomes for patients with traumatic Spinal Cord Injuries (SCIs). The team wanted to use best practices to serve this unique population with special needs—high acuity, high risk for instability and complications, and the emotions that an3 accompany paraplegia.

Because of their injuries, SCI patients spend a long time in the hospital and are at a greater risk for infections, skin breakdown, depression and frequent readmissions after discharge. They and their families struggle with quality of life issues as well, wondering if they will ever walk or use their arms again, work and support their families, have children or do other things that can be taken for granted.

Along with Rohlik, the Steering Committee includes Osi Udewa, MD, executive director, (Trauma Program), Patrick O’Brien, MD, medical director, (Rehab); Sylvia Schoil, RN, director, (Trauma Program); Tina Dennis, APN, Neurosciences clinical nurse specialist, Rhonda White, Advanced Practice RN, (APRN), RN; and Kathy Thompson, manager, (Rehab) and director of the WakeMed Rehab SCI Program; and Debra Petrarca, registrar supervisor, (Trauma Program).

At meetings, a focus group on best practice methods, the committee and their team finalized an action plan that addressed the need to enhance coordinated care and ensure a seamless transition between the Acute Care and Rehab units. Among the top priorities were interdisciplinary care planning and decision making; shared medical/surgical management by Trauma and Rehab; an SCI Team Consultant to organize patient care; and more staff education on all disciplines of care. Staff education also included coaching on the emotional response to SCI patients and better communication with patients and families.

“We have moral and ethical obligations to deliver best practice for these patients here at home, where there can also tap into existing support structures,” said Dr. Udewa.

The PI team set out to ensure patients were getting mobilized more quickly, safely and effectively, and that better methods were being used to prevent skin breakdown, prevent respiratory infections and enhance medical stability. The action plan showed care teams how to better facilitate recovery, improve independence while in the hospital, and improve psychosocial outcomes through patient/family education, routine meetings with the patient, family and care team, better technologies, therapeutic recreation and counseling, etc. A new SCI Pathway defined a set of goals for SCI patients as well.

“These patients and families require an extraordinary amount of nursing care as well as frequent interventions, intense rehabilitation therapy, medical monitoring and psycho-social support from all team members,” said Dr. Udewa. “We will continue to work together to enhance care and clinical outcomes for this unique patient population.”
Smooth Move is a service excellence program designed to make patient transfers between STICU and 6C as “smooth” and seamless as possible, for both the patient and the care team. Because the STICU transfers the majority of its patients to 6C, there was a need to enhance the transfer process and eliminate any hiccups along the way. “Last April, we identified the need to polish the patient transfer process between these two units to create an enhanced patient experience,” said Chuck Lamothe, RN, left, preparing smoothies manager; (Patient Relations – Organizational Process Improvement). “I worked with unit leaders and nurses, discussing opportunities for improvement as well as methods to build solid, trusting relationships among staff.”

Naming their initiative Smooth Move, the workgroup focused on several areas – improving relationships and respect between the units; understanding expectations and minimizing surprises, and sharing education. To address these areas, they developed a transfer checklist, transfer guidelines, a patient welcome letter; and multiple methods for recognizing staff and rewarding each other’s units for a job well done. They also implemented morning huddles for charge nurses to discuss the patient, thereby developing their knowledge of ongoing care. They ran an in-depth story about Cary Hospital’s disaster drill, including details on Noelle, the Center for Innovative Learning’s birth simulator, Amar Patel (Center for Innovative Learning) was quoted.

Unit leadership also began building relationships with one another by rounding on each other’s units. Additionally, staff continue to participate in shared educational programming, while the Smooth Move workgroup continues to refine the orientation program for new hires on both units. For example, new employees now familiarize themselves with the other unit by participating in shadowing opportunities and minimizing surprises, and sharing education. To address these areas, they developed a transfer checklist, transfer guidelines, a patient welcome letter; and multiple methods for recognizing staff and rewarding each other’s units for a job well done. They also implemented morning huddles for charge nurses to discuss the patient, thereby developing their knowledge of ongoing care. They ran an in-depth story about Cary Hospital’s disaster drill, including details on Noelle, the Center for Innovative Learning’s birth simulator, Amar Patel (Center for Innovative Learning) was quoted.

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WakeMed Foundation Launches Next Phase of the

\textit{Just For Kids Kampaign}

Above: Stephens Leinonenreber, MD, (WakeMed Faculty Physicians - Pediatrics) and Brenda LeConey, RN, care for a young patient in the new WakeMed Children’s Hospital.

Thanks to support from the community, physicians and employees, the WakeMed Foundation has raised the first $1.85 million needed to open the new WakeMed Children’s Hospital in July. Now that the new Children’s Hospital is open, the Foundation has launched the next phase of its $30 million Just For Kids Kampaign. The remaining $11.5 million will be dedicated to a much-needed expansion of the Neonatal Intensive Care Unit (NICU), as well as numerous other critical pediatric service enhancements.

“We are extremely grateful to the community for their outsourcing of financial support to help us expand much-needed pediatric services here in Wake County, but our work here is not done,” commented Jack Radford, executive director of the WakeMed Foundation. “There is a great need to continue to fund enhancements in pediatric services, particularly our Neonatal Intensive Care Unit, and we are dedicated to raising an additional $11.5 million to continue to expand services for the children of our community.”

In September 2009, WakeMed received Certificate of Need (CON) approval to expand the NICU by 12 beds, giving it a total of 48 beds. However, as with the Children’s Hospital, community support to facilitate a capital expansion of the NICU is imperative. The Foundation must raise 100 percent of the funds before the CON expansion and any other enhancements can occur. WakeMed’s Raleigh Campus is home to the only Level IV NICU in Wake County, offering the highest level of neonatal intensive care. The expansion would allow WakeMed to begin converting neonatal beds to private rooms, so parents could sleep near and care for their hospitalized infants.

As one of the largest providers of pediatric care in the state, WakeMed has taken the lead on this project because more parents and providers seek our pediatric specialization and expertise than any other hospital in North Carolina. Last year, WakeMed provided care to 148,000 pediatric patients including over 60,000 in our Children’s Emergency Department. “As we answer the call to meet a community need, we hope we can count on the community’s continued financial support,” Radford added. The Foundation still needs your help. Visit childrenscantwait.org to learn more about the Just For Kids Kampaign, and join the community members and WakeMed employees who have already been involved. For example, Respiratory Care Services donated the proceeds from their annual Ventilator Conference - $1,445 - to the campaign, their third annual gift. Over the past three years, they have donated close to $4,000. Additionally, the Heritage community in Wake Forest raised close to $1,000 by holding a scavenger hunt.

In health care training, we were taught all kinds of things – about the human body, how it works and how it can fail; about using certain medications and treatments; about the technical aspects of a procedure, like inserting an IV, drawing blood, or depending on the specialty, performing a cardiac catheterization or removing a diseased gall bladder. But all of this teaching left out one very important step. It assumed that we knew who the patient was. We would simply walk in, say, “Hello, Mrs. Smith? I’m Dr. Kelley and I am here to...” and as long as the patient didn’t say, “Whoa– wait a minute...I am not Mrs. Smith,” we proceeded.

Years later, with much attention being paid to patient safety, we have come to learn that once in awhile, this doesn’t work; sometimes, which is too many times, we have the wrong patient in front of us, and we find that we have given medications intended for one person, but to another because we made the mistake of using the wrong patient identification. And although we believe that the wrong patient has not been harmed, we know that it could have been, and we know that it will happen again, if we don’t learn from this experience.

What does this mean for us and for our patients? We MUST confirm the patient’s identification, including name and medical record (MR) number, each and every time, before we do anything to them. We must compare that name and MR number with a source such as the consent form, medication list, transport information, procedure order or other key document. We must do this even though most of the time we get it right, and we think we know the patient, and even if we were just in their room an hour ago.

As health care becomes more advanced, technology is helping us. For example, with medication administration checking, we use a barcode scanner to check the patient’s arm band against the medications. However, as hospitals have learned, technology is not error proof. We MUST rely on the fundamentals. At WakeMed, we take this so seriously that we are creating a “Red Rule” related to patient ID. Every time a patient is removed from the bed, he or she must wear an arm band prior to doing anything to them, and the ID on the arm band must be compared with the source related to what we are about to do. We should also engage our patients in the process as much as possible, because the more they know the more they can help ensure their care is provided safely.

As with most rules, there may be exceptions, such as in an emergency situation when someone is choking. These situations are fortunately infrequent. But as a routine, on a daily basis, we will make patient ID a habit. One we expect from ourselves and our colleagues...because our patients deserve nothing less.

**McConnell Golf Challenge**

Many community members came together this June for a good cause at the WakeMed Foundation’s first annual McConnell Golf Challenge benefiting the WakeMed Children’s Hospital. The event helped raise more than $65,000 for the Just For Kids Kampaign. A special thank you goes to team sponsors McConnell Golf, CAPTURE, First Citizens Bank, Wachovia Bank, BlueCross BlueShield of North Carolina, the Sultz Family and Pathology Sign Company. Teams were organized around players’ favorite colleges and universities. For event coverage, visit childrenscantwait.org.

**Just For Kids Kampaign**

This summer, Jeff Abrams, MD, (WakeMed Faculty Physicians - General Surgery & Trauma) received the prestigious Harry E. Dascob Award. Dr. Abrams also serves as an assistant professor at The University of North Carolina (UNC) at Chapel Hill, where he earned his medical degree in 1995. A published author and accomplished presenter, he is a candidate fellow in the N.C. Chapter of the American College of Surgeons, a fellow in the American College of Surgeons, a member of the American Trauma Society as well as the Nathan Womack Surgical Society. The Harry E. Dascob Award for Excellence in Clinical Teaching and Care was created in honor of Dr. Harry Dascob, MD, who served as an infectious disease physician at WakeMed. He epitomized the consummate teacher and clinician. Known for his ability to provide compassionate patient care and for his bedside clinical skills, Dr. Dascob joined the faculty at UNC-Chapel Hill in 1989 as a clinical assistant professor of medicine after a distinguished 41-year career in infectious disease.

Above: Jeff Abrams, MD, (WFP - General Surgery & Trauma) (left) receives the Dascob Award from John Perry, MD, director, (WFP - Internal Medicine), executive director, (Wake AHEC) and president of the Raleigh Campus Medical Staff.
New Behavioral Health Holding Area on the Raleigh Campus

Several beds located within Observation Unit 1 on the Raleigh Campus are now serving as a holding area for behavioral health patients (adults only) who are waiting for transfer to a behavioral health facility. Patients in this new holding area must be medically cleared.

Behavioral Health Nurses and Nurse Technicians Wanted

To staff the Behavioral Health Holding Area, management is currently recruiting nurses and nurse technicians, both within WakeMed and outside of the organization, who have experience caring for behavioral health inpatient patients.

If you are interested, please contact Laurie Cook, RN, interim manager of Observation Units 1 & 2, at ext. 08772 or lcook@wakemed.org. The open positions have also been posted at www.wakemed.org.