Cary Hospital Makes Great Strides for Orthopaedic Patients

In an effort to meet growing demand for orthopaedic services, a multidisciplinary team has been working to reignite the joint replacement program at Cary Hospital. The team, which includes representation from the medical staff, nursing, physical therapy, operative services, pharmacy, home health, case management, administration and others, was tasked with increasing patient and physician satisfaction, improving care delivery, and providing consistency for clinical staff. Some of their successful initiatives include:

- Introducing a pre-operative joint class for knee and hip replacement patients and their caregivers to provide education about their hospital stay and care after discharge.
- Re-educating staff to improve their knowledge and skills in caring for orthopaedic and spine surgery patients, with a focus on early ambulation.
- Designating a nurse to focus on this patient population by teaching classes, rounding with physicians and promoting continuity of care.
- Standardizing pre- and post-operative order sets.
- Identifying some operative services staff members as part of the orthopaedic/spine team to engage in collaborative efforts, along with a focus on pain management and blood administration protocol while working to reduce the average length of stay to 2.9 days.
- Engaging hospitalists to co-manage joint replacement patients and ensure that all medical needs are met during their hospital stay.
- Designating a nurse to focus on this patient population by teaching classes, rounding with physicians and promoting continuity of care.
- Partnering with physical therapy to meet the goal of getting all patients out of bed the afternoon of surgery.

Thanks to these initiatives and others, post-surgical length of stay for joint replacement patients was reduced to an average of 3.2 in 2013. This year, the team will continue these efforts, along with a focus on pain management and blood administration protocol while working to reduce the average length of stay to 2.9 days.

“The collaboration between hospital staff and orthopaedic surgeons has led to fast and timely results. In addition to improving care delivery, we have rebuilt relationships with our community surgeons by engaging them in our process changes, which will lead to even better outcomes for our patients,” said David Coulter, senior vice president and administrator, Cary Hospital.

Most recently, Cary Hospital designated 10 beds on 3 West Medical/Surgical for orthopaedic patients. Patients will now benefit from consistent staff and streamlined access to support services, while physicians will be happy to have their patients in close proximity to provide even more efficient care. “With this designation, staff will have easy access to standardized equipment needed to care for orthopaedic patients,” said Angela Newman, interim director (Women’s Services, 3 West & MDTU). “We want Cary Hospital to achieve orthopaedic center of excellence status, and bed designation is one of the steps toward achieving this goal.”

As a result of these efforts, Cary Hospital has seen steady increase in orthopaedic volume toward achieving this goal.”

Newman, interim director (Women’s Services, 3 West & MDTU). “We want Cary Hospital to achieve orthopaedic center of excellence status, and bed designation is one of the steps toward achieving this goal.”

WakeMed, Wake County EMS and SAS Institute Conduct Collaborative Research Project

Findings Suggest Prolonged CPR May Not Impair Brain Function

When a person’s heart stops, CPR can be the best chance of starting it back up. In the past several years, improved resuscitation techniques have significantly improved the cardiac arrest survival rate. Here in Wake County, this number has tripled in the past 10 years. However, with better results come more questions. For example, how long should first responders and EMS professionals continue CPR and other resuscitative techniques before considering them ineffective? Even less is known about how extended cardiac arrest affects a survivor’s neurologic function – if prolonged CPR successfully brings a patient back, what state will their brain be in?

WakeMed Clinical Research Unit team members Valerie De Maio, MD, MSc, director, and Jeff Williams, MD, MPH, associate director of research, recently partnered with Wake County EMS and SAS Institute to conduct a research project to answer two questions:

- How is survival affected by extended CPR?
- Does extended CPR have any negative effects on brain function?

The team, which also included Michael Bachman, Brent Myers, MD, MPH, and Joseph Zalkin of Wake County EMS, along with Kathy Hart from SAS Institute, looked at data from 2,365 out-of-hospital cardiac arrests, including 362 cardiac arrest survivors, to see how the duration of resuscitation affects survival rates and brain function. The results were very encouraging; as expected, the chance for survival declines the longer CPR progresses, however, survivors seem to have a similar chance for preserved brain function (about 80 percent) no matter when they are resuscitated. “We found that people can survive neurologically intact a lot longer than previous guidelines suggest,” said Dr. Williams, who is also deputy medical director for Wake County EMS.

“We are fortunate here in Wake County to have the infrastructure in place to track this information and do this type of analysis. We now know that even if you are administering CPR for 30 or 40 minutes, that time is not going to negatively impact the patient’s brain function,” said Dr. De Maio.

The team is now working on spreading the word about these findings. The research was presented recently at the 2014 National Association of EMS Physicians conference and received recognition for being the best poster presented by an EMS professional. Congratulations to the team on this honor!
Reduce Your Health Care Costs with the WakeMed Network

This year, WakeMed is proud to offer employees access to nearly 100 exceptional physicians throughout the Triangle area with the expanded WakeMed Network. In addition to the primary care providers and specialists employed by WakeMed, our growing network now includes all the WakeMed Key Community Care members. This means that even more primary care providers and pediatricians are now part of our network!

Benefits of the WakeMed Network

For employees who are members of either of the WakeMed Health Plans, seeing doctors in the WakeMed Network offers several benefits, including lower copays, deductibles, and out-of-pocket maximum costs as illustrated below:

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<tr>
<th>SELECT PLAN</th>
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<td>WakeMed Network</td>
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<td>Annual Deductible</td>
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<td>Urgent Care</td>
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<td>Hospitalization Inpatient &amp; Outpatient</td>
<td>Plan pays 90% after deductible is met</td>
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<td>Occupational, Physical &amp; Speech Therapy</td>
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All of the above benefits have changed since 2013 Plan Year. Please see your 2014 handbook.

Who Is in the Network?

The WakeMed Network includes WakeMed services provided at any of our in- and outpatient locations, as well as all WakeMed Physician Practices locations, and many members of the Key Physicians Network. All employees on the WakeMed BCBS Health Plan should have received a booklet mailed to their homes in early January that lists all the participating practices. If you did not receive a booklet, please email benefits@wakemed.org to request one.

A current list of the WakeMed Network is also posted on the WakeMedWeb (under For the Employee) and will be updated throughout the year.

If your doctor is already a member of the Network, lucky you – you’ll benefit from even lower copays and deductibles! Looking for a new doctor? Why not check the WakeMed Network list to see if one is available to meet your health needs. Of course, you are always free to visit any doctor you choose – the WakeMed Network is in place only so we are working to make it more affordable for our employees to stay healthy.

Food & Nutrition Services – Cary Hospital sends warm wishes for a happy retirement to Lise Zublena as she leaves her role as director after 14 years of service to WakeMed.

Kay Johnson retired on Jan. 7 after more than 31 years of service in Birth & Parent Education. Property Management wishes Nelson Ennis, supervisor, a happy retirement.

Raleigh Clinical Administrators welcome Angie Weiser, Jennifer Falzarano, Benita Smith and Denise Burrell. Guest Services welcomes Lakeshia Bond.

6B Orthopaedics & Oncology welcomes Ashley Stancil, RN; Robin Mohley, RN; Janelle Williams, RN; Jason Strother, RN; Lily Daughtrey, RN; Linda May, RN; Cathy Burke, RN; Tom Mayas, RN; Sarah Olin, RN; George Berkley, NA; Natasha Metzner, NA; and Laze Wingfield, NA I.

Pathology Labs – Phlebotomy welcomes Tiffany Hicks and Melissa Carignan.

Food & Nutrition Services – Cary Hospital welcomes Ken Eckstein and Miriam Zavala.


The NICU welcomes Ashley Johnson, BSN, RN; Mary Williams, RN; Cristina Darling, RN; and Ashley Jacpzyk, BSN, RN.

Birth & Parent Education welcomes Larcacia Bell and Linea Gwynne.

Cary Hospital Operating Services – Endoscopy welcomes June Adamio, BSN, RN, as the new bariatric nurse coordinator.

Surgical Services – Endoscopy welcomes Connie Phillips, RN, supervisor/clinical educator.

Surgical Services – Day Surgery welcomes Sylvia Bryant-Washington, RN, and sends her best wishes to Laura Rose, RN, as well as Charlene Steward, who is transitioning to WakeMed Physician Practices Off/Gyn clinic.
You are responsible for paying the first $100 in costs before the deductible. Once you have met the deductible, you will only be charged a co-pay for your prescriptions.

For details regarding your employee benefits, costs and services, please review your 2014 Employee Benefits Handbook. If you have questions, contact benefits@wakemed.org or call ext. 08143.

Executive Vice President & Chief Financial Officer

Mike DeVaughn

Getting to Know Mike DeVaughn

When Mike DeVaughn took his first job as a hospital chief financial officer (CFO), the role seemed like a perfect fit. And it should have – after all, he had written the job description for the position. A Florida native, DeVaughn came to North Carolina to attend Western Carolina University in Cullowhee, N.C., where he studied business administration with a focus on accounting. He moved to Raleigh after graduation and began working for a large national accounting firm. It was a good job, but it didn’t take long for DeVaughn, a self-described introvert, to realize the travel and networking required in the corporate accounting world wasn’t for him. He soon got a job with a local firm where he was assigned an auditing contract for Johnston Memorial Hospital. With this experience under his belt, when Johnston Memorial created a CFO position a few years later, DeVaughn was a logical first choice.

DeVaughn spent six years at Johnston Memorial and two years at a hospital in rural Virginia before becoming WakeMed’s CFO in 1989. A few years later, DeVaughn went back to school, earning a master’s in business administration at Duke University. During his tenure at WakeMed, he has been involved in several significant undertakings: the transition from public ownership to a private, not-for-profit hospital system; entering the bond market; and the implementation of WakeShare.

DeVaughn has also witnessed major changes to health care financing in his 33-year CFO career. The first occurred in 1983 when Medicare introduced diagnosis-related groups (DRGs). DRGs meant hospitals were no longer reimbursed for procedure costs, but instead would receive a set amount for each procedure. “It changed the whole business model. Regardless of your costs, they only paid a set amount. Everyone realized you had to start managing costs.”

More recently, the Affordable Care Act is having widespread effect on health care financing and operations. That’s one of the primary reasons WakeMed formed WakeMed Key Community Care, an Accountable Care Organization (ACO), which will allow us to improve quality and patient satisfaction while reducing costs. “We are putting processes in place to improve the health of our community. The ACO isn’t about making a profit, it’s about taking care of patients, but we have to turn a profit or we won’t be here.” DeVaughn has been closely involved in the ACO’s development and expects it to have a huge effect: “Nothing we are doing as a system has the potential to have as big an impact as the ACO.”

With a new fiscal year underway and ACO implementation going smoothly, DeVaughn feels very confident about WakeMed’s path. “We’ve hit some bumps in the road, but we are positioned well for the future. There may be some more bumps up ahead, but that’s life.” Looking forward, he’s excited about North Hospital and the competitive edge it will provide WakeMed. “I like sports, I like competition – and it’s no different in business,” he says with a laugh.

DeVaughn’s willingness to take on new challenges and experiences carries over into his personal life, too. In October 1996, he and his wife, Cynthia, and their two children, Ashley and Jonathan, moved to a 300-acre farm in Louisa. DeVaughn had no prior farming experience, but by December he was the proud owner of 13 Black Angus cattle. He had a steep learning curve that first winter, but now the farm has expanded to a herd of 70 cattle (and two dogs). DeVaughn and his son take care of it together, doing everything from cutting and baling hay to administering vaccinations. “We have a whole different life out there. It’s my stress relief and I just love it.” While DeVaughn doesn’t plan to retire any time soon, when he does, he’ll likely be found on the farm. In the meantime, though, he’ll continue working to ensure WakeMed maintains a strong financial standing while staying true to its mission. “We serve a unique role in this community. We’ve made a promise to be here for everyone in this community – that’s what makes us different, and that’s what makes us better.”

Attention WakeMed Health Plan Members

Pharmacy Benefit Change for 2014

Effective January 1, 2014, the WakeMed Blue Cross Blue Shield health plans now include an annual prescription drug deductible of $100. The deductible is applied to all name-brand prescription medications (it does not apply to generic medications).

• You are responsible for paying the first $100 in cost before the plan will begin paying a benefit.
• Once you have met the deductible, you will only be charged a co-pay for your prescriptions.

For details regarding your employee benefits, costs and services, please review your 2014 Employee Benefits Handbook. If you have questions, contact benefits@wakemed.org or call ext. 08143.

We are pleased to announce that we are now using WakeMed Physician Practices to designate all of the WakeMed practice locations throughout the area. WakeMed Physician Practices should now replace all references (internal or external) to either Wake Specialty Physicians or WakeMed Faculty Physicians.

We’ve Moved!

The Clayton office of Raleigh Cardiology recently moved to a new location off of Hwy 42 near Johnston Medical Center. They are now located in the Spring Branch Medical Pavilion at 166 Springbrooke Avenue, Suite 205.

WakeMed Physician Practices Brand Replaces WakeMed Faculty Physicians & Wake Specialty Physicians

Questions? Contact Bob Nelson, ext. 06903 or bonelson@wakemed.org.
Meet Bobby Clark
ED Registration – Brier Creek Healthplex

How long have you worked at WakeMed? Three years

What’s your favorite part of the job? I love being able to help people. No matter who comes in and no matter what is wrong with them, it’s my pleasure to help people and try to make them feel better in any way I can.

How do you make people feel welcome when they enter the facility? I greet people the moment they come into the door. We are the first person they see and if we can set a positive tone, maybe their whole visit will be better because of it.

What do you do if someone asks a question that you don’t know how to answer? When I’m trying to find the answer to a question, I hate being pushed around from one person to the next, and I am determined not to let that happen to our customers. If I don’t have the answer, I’ll ask around until I find it. I’ll make every effort to make sure our customers get the information they need.

Meet Ricardo Garde Chique
ED Registration – Brier Creek Healthplex

How long have you worked at WakeMed? Almost four years

What’s your favorite part of the job? I love the opportunity to build relationships with people when they come through the door. If it looks like they need a laugh, I try to lighten the mood and lift their anxiety by telling a little joke. But, sometimes the situation is serious and that’s not appropriate. You have to get to know each patient who comes through.

How do you make people feel welcome when they enter the facility? People who come to the emergency department are often stressed out. I try to be sensitive with each patient and let them know that I’m sorry they are in this situation while reassuring them that we are going to help them as fast as we can.

How do you handle customers who seem angry or who have had a bad experience before? I try to solve their problems as quickly as possible, and I always let people talk. It’s helpful to get everything out if you are angry or upset, so I let people do that. I try to build relationships with people when they come through the door. If it looks like they need a laugh, I try to lighten the mood and lift their anxiety by telling a little joke. But, sometimes the situation is serious and that’s not appropriate. You have to get to know each patient who comes through.

Every heard the old adage, “You never get a second chance to make a first impression?” It’s true. “Whether the interaction is over the phone or in-person, first impressions are powerful and set the tone for all interactions that follow. First impressions can be long-lasting and shape an individual’s perception of WakeMed and those who work here. How we greet patients, their families and visitors is one of the most important things we do. It is our first opportunity to make a positive, lasting impact,” said Oral Wise, director, (Ambulatory Services) and chair of the Patient & Family Centered Care First Impressions Team.

As part of the WakeMed Patient & Family Experience initiative, the First Impressions Team established a new standard for greeting individuals who enter through our main portals of entry (main entrances, volunteer desks, registration areas), and for those who call any WakeMed facility. These behaviors will help ensure we are using consistent customer service practices system-wide. The team offers these best practices for all employees:

Face-to-Face Meeting
- Make people feel welcomed within three seconds of arrival – be ready and know you are “on stage”
- Smile, make eye contact and introduce yourself – use your name and job title
- Acknowledge people with a greeting and offer help – use the person’s name often
- Always say “please” and “thank you” – express gratitude for their visit

On the Phone
- Answer phones within three rings
- Be prompt with your answer; if you don’t know the answer, find someone who does
- Remember to smile, it will reflect in your voice
- And always adhere to HIPAA guidelines

These behaviors help create a warm and inviting culture that enhances the patient and family experience and thereby improves patient satisfaction. Thank you for helping us improve our service excellence!
February is American Heart Month and WakeMed is celebrating by encouraging people to do everything they can to help fight heart disease and promote healthier lifestyle choices.

According to the Centers for Disease Control and Prevention, approximately 600,000 people die from cardiovascular disease (including heart attack and stroke) in the United States each year, making it the country’s leading cause of death. The good news is that heart disease is preventable and controllable. Here are a few tips to help your heart stay healthy:

- Eat a healthy diet
- Maintain a healthy weight
- Exercise regularly
- Monitor your blood pressure
- Don’t smoke
- Limit alcohol use
- Have your cholesterol checked regularly
- Manage your diabetes
- Take your medicine

When patients press their call bell, they immediately start watching for assistance to arrive. Immediacy can be really tough to achieve, so it’s up to all of us – clinical and non-clinical employees and leaders – to help and do the right thing for our patients. So how do we fulfill a patient’s expectation of responsiveness? That’s where the No Pass Zone concept comes in.

Where is the No Pass Zone?
Once a patient rings the call bell and the call bell light comes on, the area outside the patient’s room becomes the No Pass Zone.

What should I do to help?
It’s up to you to go into the patient’s room, introduce yourself and offer help.

What if the patient needs help I cannot provide?
Tell the patient you will share their request with a staff member at the nurse’s station and assure them that a nurse or nurse aide will be in soon to assist them. Then, head to the nurse’s station and find the person who can meet the patient’s needs.

What are the goals of the No Pass Zone?
- Respond to all call bells within two minutes
- Improve the patient experience as it relates to call bell response
- Meet the Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS) benchmarks
- Engage all leaders and staff members in our efforts to improve patient experiences

Responding to patients when we are in the No Pass Zone now is a system-wide expectation and the right thing to do for our patients and coworkers. And don’t forget: Be sure to gel in and gel out upon entering and exiting a patient’s room.

WakedMed Adopts ProVation Medical’s Evidence-Based Care Plans

New Care Plans to Be Part of Epic Implementation

When WakeMed’s inpatient units adopt Epic electronic health records in February 2015, new, evidence-based, interdisciplinary care plans will be just one of the exciting new features in our Epic platform. The care plans, provided by ProVation Medical, include the latest research, best practices, treatments, drug information, diagnostic tests, and quality and safety measures. The care plans will be seamlessly embedded into the Epic interface and updated quarterly to make use of the most current information.

“Adopting the ProVation software will allow us to develop and maintain customized care plans that adhere to industry-accepted nursing and medical diagnoses, goals and interventions. This is a distinct advantage over both our current care plans, which were developed in-house, and the standard Epic care plans, which may not be evidence-based,” said Cindy Boily, MSN, RN, senior vice president and chief nursing officer, who has championed the initiative.

The project team, led by Sabrina Tyndall, RN, director (Nursing Operations & Adult Medicine); Kelly Johnson, RN (Nursing Administration); and Pam Rock, RN (Information Services), is now working to adapt the ProVation templates to WakeMed’s needs in time for Epic testing, which begins this summer. Approximately 50 care plans will be in place when testing starts, with many more to be added during Epic optimization. In addition to having evidence-based content, the care plans offer several advantages:

- Each care plan will include WakeMed-specific standards of care, which will remind and prompt nurses to ensure that all the steps are completed in an appropriate and timely fashion
- The interdisciplinary format will allow for more streamlined collaboration among nurses, physicians, case management, respiratory therapy, rehabilitation and other members of a patient’s comprehensive care team
- Improved governance and tracking methods will make it easier to give ownership of care plans to the appropriate departments and track who is involved in updating them over time
- The timely, research-based updates will allow us to demonstrate compliance with credentialing and standards for the Joint Commission, Magnet and other regulatory bodies.
The excellent work of all WakeMed nurses.

to represent such an amazing group of people and share
WakeMed Board of Directors monthly meetings to be a
with the leadership team and the WakeMed Board. Going
delivery system in action and will share your dedication
I look forward to hearing how each of you put our care
concepts every day, with every patient, every time.
the meantime, I encourage each of you to view the PFCC
(PFCC). PFCC was also highlighted at the December
delivery system, Patient and Family Centered Care
Practice Model, which is the perfect partner to our care
us as providers!

Speaking of Nursing: A Note from Our CNO

outsiders! That’s the first word that comes to mind when I think about December’s Clinical Nurse Council
Poster Presentations. Every year I am impressed by this event that showcases the embrace of best practice, evidence
and research by our clinical nurses. The creativity, energy and dedication in that room was incredible! There were
47 different posters highlighting initiatives that nurses had launched in order to support the patient and family
experience. As we all know, improving the patient experience is paramount to everything we do; it encompasses improving the quality, the safety and the satisfaction of all involved, including the satisfaction of
us as providers!

These posters are just one example of how WakeMed nurses have embraced the values of our Professional
Practice Model, which is the perfect partner to our care delivery system, Patient and Family Centered Care (PFCC). PFCC was also highlighted at the December meeting, and you’ll hear much more about this soon. In
the meantime, I encourage each of you to view the PFCC PowerPoint and discuss how you apply the five core concepts every day, with every patient, every time.

I look forward to hearing how each of you put our care delivery system in action and will share your dedication
with the leadership team and the WakeMed Board. Going forward, I will be representing the Nursing division at the
WakeMed Board of Directors monthly meetings to be a
voice for each of you. I am excited about this opportunity
to represent such an amazing group of people and share
the excellent work of all WakeMed nurses.

A Note from Helen Voss, BSN, RN, CNC Chair

Dear Nursing Colleagues:

I have been a registered nurse for more than
23 years and have spent 13 of those years at
WakeMed. I became a nurse because I wanted to
make a positive difference in the world and be part
of a community that cared for others in significant
ways. Nurses support patients and families during
times of pain and also times of triumph. During
moments of their greatest stress, we listen, we act
and we advocate. Most of all we care.

Thanks to the WakeMed Division of Nursing Shared-
Decision Making framework, we can also advocate for ourselves.
WakeMed nurses have a voice
and a venue to bring questions directly to all levels of
leadership. Our model encourages such participation
and recognizes that every voice
is significant if we are to provide outstanding
patient care.

As a clinical nurse on 2D Rehab, I work with a
wonderful team led by Diane Gilewicz, RN. Diane
and my colleagues inspire me to be my best,
support me when facing challenges, and are always
encouraging. Together, the staff on 2D makes
a positive and powerful impact on our profession
and most importantly, to those we serve. As your
Clinical Nurse Council Chair, I’m hoarding lots of
eamples of how this same culture of excellence is
alive and well on your units, too. Like you, I have
a choice about where I practice nursing, and I am
proud to call myself a WakeMed nurse.

The Nursing PFCC Education Team shared their excitement about WakeMed’s care delivery system at the December CNC meeting.

A team of nurses – Nicole Creech, RN; Jodi DelJoseph, RN; Cicely Hairton, RN; Millie Lovic, RN; Sarah McIntyre, RN; Kim Perdue, RN; Jessica Schmidlin, RN; Bethany Shadid, RN; Karen Skowronski, RN; and Amy Sullivan, RN; led by Nursing directors Betty Woodard, PhD, RN, and
Dianna Knight, RN, and working in conjunction with Laura Aiken, director (Patient & Family Experience) – designed the PFCC rollout which will later serve as the foundation for PFCC
discussions with all employees, physicians and volunteers throughout the health system. They
first presented it to members of Clinical Nurse Council in December.

All nurses throughout the health system are charged with viewing the PFCC education PowerPoint
by the end of February. To access it, enter “NPFCC” in the WakeMedWeb search box, click the entry
that comes up, then look for the red pinwheel on the left of the Nursing Administration page. It will
be 15 minutes well spent!

We think you’ll find the ‘real world’ practice examples – presented by your peers! – compelling and
familiar. From scheduling nursing care around a Muslim patient’s prayer time, to going the extra mile
for the husband of a patient who passed away, to including patients and family members in
structured interdisciplinary bedside rounds. WakeMed nurses
bring PFCC’s five core concepts to life:

• Dignity & Respect
• Information sharing
• Collaboration
• Participation
• Leadership & Empowerment

The PFCC rollout is all about heightening awareness of what we do to fully integrate patients and their families into their
care. What are the special, individualized and personal things
you do to make them feel comfortable, at ease and safe?
Nursing and Public Relations would like to hear about these examples and share them with others.

Please send your examples to Becky Scolio (Public Relations)
at bscolio@wakemed.org.
The 5th annual Clinical Nurse Council (CNC) Poster Presentations were held at Cary Hospital in December 2013. This year’s theme was the Nursing Professional Practice Model (PPM) and participating nurses found excellent ways to show how patient outcomes tie directly to our Division of Nursing values: Compassion, Advocacy, Relationships, Excellence and Safety.

“A focus this year was on showing outcomes and really exploring whether these strategies and programs improve patient satisfaction, safety and quality,” said Harriet Stephenson, RN, director (Nursing Education). “It was exciting to see the amazing work being done throughout our system and the positive impact of these strategies.”

The 47 posters on display were evaluated by CNC representatives and their managers. This year CNC representatives evaluated ‘best-in-show’ for the following categories: Most Creative, Best Example of Evidence-Based Practice, Most Exemplifies PPM, Demonstrates the Most Positive Outcomes and Overall Favorite.

Want to see all the great posters? They will be on display this May at Nursing Education’s annual poster presentations on both the Raleigh and Cary campuses. Details to come!

The 6th Annual CNC Poster Presentations will be held in December 2014; the theme will be the Magnet Journey: Patient Outcomes, Best Practice, Healthy Work Environment, and Shared Decision Making. What will you present?

Nurses Shine at Clinical Nurse Council Poster Presentations

The 5th annual Clinical Nurse Council (CNC) Poster Presentations were held at Cary Hospital in December 2013. This year’s theme was the Nursing Professional Practice Model (PPM) and participating nurses found excellent ways to show how patient outcomes tie directly to our Division of Nursing values: Compassion, Advocacy, Relationships, Excellence and Safety.

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The 2014 Nursing Engagement Survey Is Coming!

March 31 through April 14

Nurse satisfaction is an important part of delivering safe, expert nursing care. With that in mind, WakeMed’s non-management direct care nurses (RNs and LPNs) are invited to participate in this confidential online survey. “Staff responses help us understand key issues that affect clinical nurses ability to care for patients and enjoy their work,” said Cindy Boily, MSN, RN, senior vice president and chief nursing officer. “The results will be used to make important decisions about how to positively impact the work environment of our nurses.”

The link to this online survey will be sent via email. The survey will take approximately 15 minutes and can be completed from a WakeMed computer or from home.
When life gives you snow, make snowballs!

When a winter storm blanketed the Triangle in several inches of snow, patient Ricky Smith enjoyed a special ‘snow therapy’ session with Randy Agapito (Occupational Therapy). These two had a ball throwing snowballs!

The Volunteers at Raleigh Campus will host a professional shoe sale on Wednesday, Feb. 26, from 7 am to 4 pm in the Andrews Center. Cash, credit cards and payroll deduction will be available (badge required for payroll deduction).

Staff Development & Training

Enroll in any of the listed classes via Learning Link or have your manager/supervisor email SDRegistration@wakemed.org that includes your name, employee number, and course name, date(s) and time(s). For information, visit http://wakemedweb or call ext. 08306. Please note: Some classes require an introductory course or satisfactory completion of an assessment test.

Employee Development

EAP: Releasing Negativity: Altering thinking for stress reduction – Friday, Feb. 21, 9 to 11:30 am, Medical Office Building, Ground Floor Classrooms (Code=SDEAP-RN)

EAP: Stressed Out? Identifying Strategies for Managing Stress – Wednesday, Feb. 26, 9 to 11:30 am, Medical Office Building, Ground Floor Classrooms (Code=SDEAP-SQ)

EAP: CHANGE: Strategies for resilience and adaptability – Wednesday, March 26, 9 to 11 am, Medical Office Building, Ground Floor Classrooms (Code=SDEAP-CE)

Management Development

Leading Change: Tuesday, February 18, 8:30 am to 12:30 pm, Medical Office Building, Ground Floor Classrooms (Code=M0143)

Nursing Education

Medicine of Compassion – Monday, Feb. 17, 8 to 11 am, Cary Hospital Conference Center (NE014-9073)

Compassion in Action – Thursday, March 6, 1 to 3 pm, Cary Hospital Conference Center (NE014-12099)

Nurse Preceptor Workshop – Thursday, March 20, Raleigh Campus, Andrews Center (NE014-12047)

Stroke Certified Registered Nurse (SCRN) Review Course – Monday, March 24, and Tuesday, March 25, Raleigh Campus, Andrews Center. (Day 1: NE014-14044; Day 2: NE014-14045)

Patient Education Essentials – Wednesday, March 26, 8:30 am to 12:30 pm, Raleigh Campus, Andrews Center (NE014-14016)

Wake AHEC

Intraoral Radiography for the Office Trained Dental Assistant: Tuesday, March 4, 6 pm, through Saturday, May 3, 4:30 pm, Raleigh Campus, Andrews Center

Webinar (Live) – Treating Opioid Dependence During Pregnancy: Wednesday, March 5, noon to 1:30 pm, online

Beyond Square One: Breastfeeding Support for Health Care Providers: Thursday, March 6, 9 am to 4:15 pm, Raleigh Campus, Andrews Center

Beyond the Silos: Further Down the Road Toward Integration: Wednesday, March 12, 6 to 8:30 pm, Raleigh Campus, Andrews Center

Second Annual Interprofessional Geriatric Grand Challenge Institute: Dementia Care – Thursday, March 13, 8:45 am, through Thursday, Sept. 25, 4:30 pm, Duke University School of Nursing, Durham

Certified Cardiographic Technician (CCT) Certification Review Course: Saturday, March 15, 8 am to 5 pm, Rex Healthcare

Coronal Polishing for the Dental Assistant II: Saturday, March 15, 8:30 am to 4:15 pm, Wake Technical Community College – Dental Lab

Using Nutrition to Improve the Biochemistry of Development, Learning and Mood: Saturday, March 15, 8:45 am to 4:15 pm, Jane S McKeon Center, NC State University

WakeMed Support & Education Groups

Ampuete Support Group: Third Wednesday of every month, 4 to 5 pm, Raleigh Campus, Health Park Classroom, call Beth Soto at 919-350-9083.

Raleigh Stroke Support Group: Second Tuesday of every month, noon to 1 pm, Raleigh Campus, Health Park Classroom, call 919-350-4163.

Cary Stroke Support Group: First Monday of every month, 6:30 to 8 pm, Cary Hospital, Conference Room A, call 919-450-9994.

Clayton Stroke Support Group: Third Wednesday of every month, noon to 1 pm, Clayton Medical Park, call 919-350-4174.

Patient and Family Brain Injury Education Series: Every Wednesday, 4-5 pm, Raleigh Campus, Health Park Classroom