New Doctors Join WakeMed Physician Practices

WakeMed announces the addition of Carolina Cardiology Consultants and several new doctors to its growing Physician Practices division.

“Many of our communities in Wake County lack access to primary care services. The primary care doctors and practices that are joining the WakeMed family are enhancing access in communities where significant growth continues,” commented Susan Weaver, MD, senior vice president of Medical Affairs & WakeMed Physician Practices. “WakeMed is also the state’s leading provider of cardiac services. Linking cardiology practices closer to the WakeMed Heart Center is a win for patients in our community because direct relationships enhance access to quality cardiac services. With three offices located throughout the Triangle (Raleigh, north Raleigh and Garner), Carolina Cardiology will continue to practice from all existing sites and is now aligned with WakeMed’s regionally renowned Heart Center.

WakeMed will also assume ownership of Carolina Cardiology Consultants’ cardiac testing clinic, Park Place Diagnostics. The diagnostic clinic is located immediately next door to Carolina Cardiology’s Raleigh office and offers cardiovascular tests, including treadmill, echocardiogram, stress echocardiogram and nuclear cardiology stress tests, among others.

Additionally, Jack Newman, MD, of WakeCardiovascular Center, recently joined Raleigh Cardiology - WakeMed Physician Practices. His office, located in the WakeMed North Healthplex Physicians Office Pavilion, serves as the only full-time cardiology specialty practice in north Raleigh. With this new relationship, the existing providers at Raleigh Cardiology, an eight-provider practice that joined WakeMed in October, recently began practicing at this location on a rotating basis, further enhancing the specialty offerings in northern Wake County. With the addition of the new cardiology practices, WakeMed Physician Practices’ cardiology practices now feature 17 physicians and three physician extenders.

Lastly, two new physicians have joined Mary Forbes, MD, at Wake Specialty Physicians - City Center Medical Group, Raleigh’s only downtown internal medicine practice. Theresa Amerson, MD, joined on January 17 as a full-time physician, and Dr. Weaver has also joined as a part-time physician.

All practices are accepting new patients and welcome WakeMed employees. For an appointment, call:

- Carolina Cardiology - WakeMed Physician Practices: (919) 781-7772 or (919) 781-2807
- Wake Specialty Physicians - City Center Medical Group: (919) 834-5286

Café 3000 Employee Survey Inspires New Offerings & Enhancements

Café 3000 thanks all employees who responded to their 2010 Employee Satisfaction Survey conducted last summer in collaboration with Corporate Planning.

A random sample of 1,000 Raleigh Campus employees were invited to complete the survey by mail or online. In all, 383 responses were received containing valuable feedback on menus offerings as well as the cafeteria’s operations.

“We conducted this survey to better understand our employees’ opinions about Café 3000 as well as their expectations. We also wanted to identify potential opportunities for improvement,” said Alice Franklin, director, (Food & Nutrition Services). “Our goal is to offer our employees and other patrons the highest quality food at the best possible value. The feedback we gained from this survey greatly helped us in this effort.”

In the months since the survey, Franklin and her team have made several enhancements in Café 3000 to address employee requests and suggestions.

YOU ASKED FOR IT:
More Variety Overall & More Healthy Options

In response, the Café 3000 team added new offerings to the Grab ‘n Go station – many healthy and nutritious – all prepared by Café 3000 chef Jennifer LeGrande and her staff. Selections include a parfait with fresh fruit, granola and yogurt, a crudité (vegetable) tray, layered bean dip with tortilla chips, a breakfast casserole, a twice-baked potato, hummus and pita bread, and chicken salad with crackers. Pre-packaged dried fruit and nuts have also been added.
WakeMed Organ Donation Program
Makes Great Progress in 2010

According to Melissa Craft, RN, (Neuro ICU), WakeMed made tremendous strides in organ donation in 2010 as compared to years past. Craft is co-chair of WakeMed’s Hero Support Network, an organ donor resource team comprised of staff nurses from the intensive care units and emergency departments, representatives from Respiratory, Admissions, and Spiritual Care, and a representative from Carolina Donor Services (CDS), the federally designated organ procurement organization that partners with WakeMed. WakeMed’s 2010 organ donation data, as reported by CDS, was as follows:

Conversion Rate Data Reported Nationally for WakeMed

This percentage shows how many patients became organ donors out of those who were eligible for donation. In 2009, we had a 68 percent conversion rate, but in 2010, we had a 73 percent conversion rate, just two percent shy of the national goal.

Organs Transplanted
Per Donor at WakeMed

This number shows the average number of organs donated per patient. In 2010, we reached 3.25, very close to the national goal of 3.75.

Lives Saved
Most importantly, 58 organs from WakeMed patients were transplanted in North Carolina in 2010. Add 2 were transplanted out of state for a total of 50 organs transplanted and over 70 lives saved!

Craft credits much of this success to enhanced education for nurses on how to care for patients who will become organ donors, keeping organs viable and working with families to obtain consent. Either Craft or a representative from CDS presents at every orientation session for new nurses, and a Learning Link course was created that highlights the results of organ donation.

“Since WakeMed is a donor hospital and not a transplant center, our nurses are not often able to see the other side of the process,” said Craft. “The Learning Link course has been helpful in illustrating the life-saving outcomes of this process, putting a new face on organ donation for our team.”

The Hero Support Network meets monthly to discuss processes, procedures, data and opportunities for improvement. Mary Ann Wilcox, RN, WakeMed’s former senior vice president for nursing operations and chief nursing officer (CNO), had been serving as the network’s other co-chair, but since her departure, she will be replaced by Guillaume Stuhaug, RN, interim SVP and CNO, and executive director of nursing at Cary Hospital.

Concluded Craft, “Everyone has done a fabulous job, and we look forward to continued success with organ donation at WakeMed.”

Cardiac Rehab at the Kraft YMCA
(continued from page 1)

living with a cardiac condition, at a beautiful facility located closer to them,” said Pratik Desai, MD, FACC, director of the WakeMed Cary Hos- pital Cardiac Rehab Program and a cardiology- gist with Cary Cardiology.

Cardiac rehab has been shown to lower the risk of heart attack and heart disease in elderly patients, as proven in a study reviewing 30,000 Medicare records completed by the Center for Clinical and Genetic Econom- ics at the Duke Clinical Research Institute in Durham. The study also found that fewer than one in five eligible patients attends cardiac rehab, and that the more sessions a patient attends, the better the outcome. These findings were published in a Decem- ber 2009 issue of Circulation published by the American Heart Association.

“We see similar results in our practice; patients who participate in cardiac rehab following a cardiac event are generally healthier and have a better quality of life,” added Dr. Desai.

Additional WakeMed Cardiac Rehab Pro- grams include those on the Raleigh Campus (operated by Healthworks) and at Betsy Johnson Regional Hos- pital and Sampson Regional Medical Center. Each program involves a medical director, ACLS registered nurse, exercise and fitness specialist, registered dietitian and a stress man- agement counselor. A physician referral is necessary for program admission.

Cardiac rehab sessions at the Kraft Family YMCA (8921 Holly Springs Road) will be held Mondays, Wednesdays and Fridays from 7 to 8 am. For details, call the WakeMed Cary Hospital Cardiac Rehab Program at (919) 350-1875 or visit www.wakemed.org.
WakeMed Emergency Departments Successfully Manage High Volumes

Emergency Department (ED) volumes across the system, including the Children’s ED and Adult ED on the Raleigh Campus, Cary Healthplex, Cary Hospital, the North Healthplex ED and the Apex Healthplex ED, were way up in January 2011 (and continued this way through February and into March). The EDs reported their highest volumes since March 2008, including over 200,000 people more than 18,000 received emergency care in one month!

“As our volumes continue to grow, our Emergency Department teams continue to meet the need and exceed expectations, exemplifying the highest level of skill, professionalism and compassion for our patients,” said Tom Gertler, executive vice president and chief operating officer. “The January report shows great work and dedication by ED staff, physicians and leaders. We applaud their efforts.”

Imaging Services Adopts Good Catch Program

After learning about the Children’s Emergency Department’s (CED’s) Good Catch Program, Michael Newman, RT(R), clinical operations manager for Imaging Services, felt a similar program would be beneficial for his department. A “Good Catch” is the recognition of an event or circumstance that could have caused patient harm, but did not, due to protective action and/or timely intervention. The CED’s Good Catch Program was implemented by Kevin Anton, RN, and former CED supervisor/educator Tiffany Young, RN, in 2008. It is a way for nurses to report near-miss events, or errors that are caught before reaching the patient, to improve processes before a real event occurs – a great benefit to patient safety.

“I approached several coworkers, including Janice Dyer, RN, Holly Carpenter, director (Radiology), and Jennifer Narron, supervisor (Radiology), and we agreed that our department’s current near-miss reporting was not sufficient enough to track opportunities for improved patient safety,” said Newman. “We decided to adopt the Good Catch Program for all Imaging Services modalities, system-wide.”

Before creating the Good Catch Program, Anton and Young surveyed nurses to determine barriers to near-miss reporting. They discovered that many nurses didn’t know how to report a near miss, felt the process was too lengthy and feared punitive action. They then created a program that would make it easy and convenient for nurses to report near misses and, with the help of Risk Management and Patient Safety, reassured nurses that punitive action would not be taken. Their findings were published in the Journal of Emergency Nursing (Sept. 2009).

With the support of Janice Jones, RN, (Quality & Patient Safety), Newman took the knowledge gained by Anton and Young and presented the Good Catch Program to all Imaging Services modalities across the system (including CT, MRI, Angiography, Ultrasound, Diagnostic and Management). During this meeting, they educated the difference between near-miss reporting and incident reporting, and instructed them on how to complete a near-miss form. The Imaging Services Patient Safety Team simplified the form so it would be quick and easy to complete. Newman also reassured staff that they would not get in trouble or be punished for reporting near misses.

“I want to take our expertise to the community,” commented Betsy Gaskins-McClaine, RN, vice president, Heart & Vascular Services. “By giving our community members training and education on both CPR and how to detect a heart attack, we hope to give them the awareness they need to seek early medical treatment and save lives.”

The road tour, which ran February 14 through 19, included a 30-minute CPR presentation that gave participants a quick and easy tutorial on how to perform CPR. A participant from each household received a free CPR kit. The event also included a discussion on the warning signs of chest pain and heart attack, the importance of early activation of the 911 emergency system, and what to expect from EMS and the hospital in treating and managing heart attacks and cardiac arrest. Each discussion was led by WakeMed physicians, nurses and staff, and they contacted the manufacturer to obtain tubing that was rated for high pressure.

“The benefits of Good Catch are unbelievable,” said Newman. “We now realize the difference each frontline caregiver can make.”

To encourage participation in Good Catch, Newman and his team developed a bulletin board to spotlight staff who have achieved good catches and processes/equipment that may need to be fixed. This knowledge is shared at staff meetings so other teams can learn.

“Staff are the most valuable resource we have in keeping our patients safe,” added Jones. “If staff do not report near misses or actual incidents, we cannot effectively improve patient safety.”

“In the past, many Imaging Services staff didn’t know how to report a near miss,” said Newman. “In November 2009, zero near-miss reports were reported to the Risk Management System. Raleigh Campus, Cary Hospital, North Healthplex, Apex Healthplex, Brier Creek, Zebulon and Clayton.”

After educating coworkers, Newman was thrilled to see this number increase. By October 2010, more than 120 near-miss reports were submitted at Raleigh Campus, North Healthplex, Brier Creek, Zebulon and Clayton, and almost 25 reports were submitted at Cary Hospital and Apex Healthplex combined. As a result, many Imaging Services processes were improved to benefit patient safety.

“Eighty to 90 percent of our patient safety initiative are a direct result of the Good Catch Program,” said Newman. “Now, we can identify problems before they happen.”

For example, near-miss reporting led the department to confirm the importance of testing cerebral coils (used to treat aneurysms) prior to a procedure. This process saved hundreds of dollars. However, during one pre-test, a coil was found to be faulty. In another instance, CT identified that an extension tubing used for IVs was not rated for high pressure causing it to split during a procedure. Another team leader found this information.

Members of the Imaging Services Good Catch Initiative: (Back row, 1 to 5) Cynthia Gwathney (Imaging Services); Jennifer Narron (Imaging Services); Janine Jones (Quality & Patient Safety), Brandy Holzhaus (Imaging Services), John Olea (Patient Transport), Holly Carpenter (Imaging Services); (Front row, 1 to 5) Travis Williams and Michael Newman (both of Imaging Services)
**Gail Sturtevant Named Interim Chief Nursing Officer as Search for New WakeMed CNO Continues**

Since the departure of Mary Ann Wilcox, MS, RNC, NEA-BC, WakeMed’s former CNO, I can advise you are on the search for a new chief nursing officer (CNO). Gail Sturtevant, RN, MSN, NEA-BC, is now serving as interim CNO and CNO in addition to her role as executive director of nursing for Cary Hospital.

“This is the opportunity to move forward with our nursing practice while focusing on our mission, vision and goals.”

Sturtevant wants to be as visible as possible for all WakeMed nurses. She plans to spend one day a week at Cary Hospital and four days on the Raleigh Campus, all the while familiarizing herself with each WakeMed nursing unit and the care they provide.

Since joining WakeMed in 2007, Sturtevant has provided outstanding leadership for Cary Hospital and the Raleigh Campus Heart Center, and has made great strides in enhancing physicians/nurse relationships. She brings more than 25 years of nursing administration experience with operational leadership in a wide variety of clinical areas, including: cardiovascular, pulmonary, emergency, and critical care, among others.

She has a master’s degree in nursing (MSN) from Duke University and a bachelor’s degree in nursing (BSN) from the University of South Carolina at Columbia. She is certified in Nursing Administration by the American Nurses’ Credentialing Center, and is a member of numerous professional organizations, including the American Organization of Nurse Executives, the North Carolina Organization of Nurse Leaders and the American Association of Critical Care Nurses, among others.

The Search for a New Chief Nursing Officer

Nursing leaders, the executive team and Human Resources are continuing a comprehensive national search for a new senior vice president (SVP) and chief nursing officer (CNO) in partnership with a national recruiting firm, Dr. Bill Atkinson, president & CEO, Jeanene Martin, SVP of Human Resources, and Tom Gettyer, executive vice president and chief operating officer, are integrally involved in the process. Chaired by Carolyn Knaup, RN, vice president (Ambulatory Services), the search committee includes representation from Nursing Administration, Women’s & Children’s Services, Heart & Vascular Services, Nursing Education, Adult Acute Care Nursing Services, nurse managers and staff nurses.

“Right now, we are screening a variety of candidates. We meet with the recruiting firm weekly to continue to narrow our search,” said Gail Sturtevant, RN, interim SVP & CNO, and executive director of nursing at Cary Hospital. “Once we are ready to interview potential candidates, we will be making many more members of the nursing team in this process.”

While they strive to follow an aggressive timeline, the search committee is dedicated to finding a strong leader for our nursing program, one who will build upon the outstanding work already done by Mary Ann Wilcox, RNC, former SVP & CNO, and her team. Stay tuned for details!

**A Note from the New SNC Chair**

Jennifer Myers, RN, (Women’s Pavilion & Birthplace - Raleigh), the new chair of the WakeMed Staff Nurse Council (SNC), considers it an honor to represent the nurses at WakeMed. In addition to being a patient advocate, she calls herself a nursing advocate who seeks to represent nursing in a positive way.

“As SNC chair, my vision for nursing is simple. I would like to see all nurses invest in the idea of Shared Governance and view themselves as vital to the care of our patients,” said Myers. “Each nurse has important ideas and opinions to share. I hope to see more unit-level nursing committees encourage practice enhancements and positive change. I also hope all health care disciplines can understand the importance of nursing input. And, ultimately, I would love to see our system receive Magnet designation.”

Myers started working at WakeMed in July 2008 as a staff nurse on 3B CVICU. After two years, she transferred to the Women’s Pavilion & Birthplace on the Raleigh Campus where she still works today as part of the Labor & Delivery team.

“I love every aspect of nursing,” said Myers. “If I had to choose my favorite part, it would be patient interaction. I love being at the bedside, and, as a labor and delivery nurse, it is an honor to be part of such a sacred moment for a family.”

Myers has been involved with Shared Governance since it began at WakeMed. She started by chairing unit committees and was elected the Raleigh Campus Labor & Delivery SNC representative in 2008. She was elected chair of the WakeMed SNC in October 2010, and her term will run from February 2011 to December 2012.

“I believe that Shared Governance is important because it gives direct care nurses a voice. We can impact how patients are cared for and how our system views nursing,” added Myers. “As frontline caregivers, nurses have historically been viewed as the ‘doers.’ However, nursing has evolved. Shared Governance now provides nurses with a venue through which they can express their opinions on all aspects of patient care and ultimately enhance patient care throughout our system. There is so much ahead for us as WakeMed nurses, and I am looking forward to our continued Magnet journey.”

**Certified Nurses Day**

You are cordially invited to celebrate Certified Nurses Day as we recognize the invaluable contributions of WakeMed’s Board Certified Nurses. Come support the advancement of nurse credentialing and learn more about how you can become a certified nurse. Currently, 797 national certifications are held by nurses at WakeMed. Thank you to all our Board Certified Nurses!

Because Certified Nurses Day (March 19) falls on a Saturday, WakeMed will celebrate on Tuesday, March 15.

**Certified Nurses Day Receptions**

Tuesday, March 15

Cary Hospital
Conference Center
10 to 11 am

Raleigh Campus
Conference Dining
1 to 3 pm

**STAFF NURSE COUNCIL**

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Swanson Theory of Caring Highlighted at SNC Poster Presentations

After being rescheduled due to inclement weather in December, the WakeMed Staff Nurse Council (SNC) hosted their second annual Poster Presentations on Thursday, February 10, at Cary Hospital.

Nurses were challenged to show how they apply the Swanson Theory of Caring every day, but they may not have the words to express it," said Betty Woodard, RN, PhD, director, [Nursing Research & Evidence-Based Practice]. “This event gave them an opportunity to show how their work is connected to the theory and to learn from their nursing colleagues who might be applying it in different ways.”

In all, 46 different posters were presented by WakeMed nurses on topics including support for women in labor, improving family and patient satisfaction, nurse to patient communication, stroke education, meeting the criteria for a PRIC line, patient flow in the Heart Center and Emergency Department, spinal cord injury interventions, visitation, maternal comfort after a birth, pain, patient mobility, nursing in the operating room, caring for newborns and many more.

1 Desiree Hunter, RN, (5B Neuro Intermediate Care) and Angela Jones, RN, (Rehab Hospital) take a moment to smile for the camera.

2 Lisa Wilson, RN, (CICU) presents the CICU’s poster on the “We Care” relationship model.

3 Donna O’Leary, RN, (Heart Center Pre- & Post-Procedure Area) and Tracey Fillingame, RN, (26CICU) catch up at the Poster Presentation event.

4 Lynn King, RN, and Bonnie Cotton, RN, (both of Surgical Services - Day Surgery) present on the importance of deep breathing during all aspects of surgery.

5 Gary Jenkins, RN, (CV Testing) presents “Guiding a Safe Passage toward Learning and Caring” on behalf of his team.

6 Betty Woodard, RN, PhD, (Nursing Research & Evidence-Based Practice) learns more about “Shock Absorb- ers,” WakeMed’s Implantable Cardioverter Defibrillator (ICD) Support Team, from Jodi McLean, RN, (Cath Lab - Cary Hospital).

7 Joan Kaufmann, RN, (Observation Unit - Cary Hospital) presents on the middle-stage “Swanson Theory of Caring Concepts in Action” on behalf of her team while Steph Hurley, RN, (Staffing Resources - Cary Hospital) (far left) and Kimberly Perdue, RN, (Staffing Resources - Cary Hospital) join her for a photo.

8 On behalf of her team, Kamron Moody, RN, (Emergency Department - Cary Hospital) presents a poster on how the Theory of Caring applies to caring for stroke patients.

9 Eleanor Valentine, RN, (Heart Center Pre- & Post-Procedure Area) talks with other nurses about her department's work to improve patient flow while increasing patient satisfaction.

10 Nancy Canady, RN, (Zebulon- Wendell Outpatient & Skilled Nursing Facility) explains her facility’s “Five Stars to Performance” program to Sabrina Tyndall, RN, (Adult Acute Care Nursing Services).

The SNC thanks all nurses who presented and hopes even more nurses will choose to participate in the third annual event, likely to be held later this year. Added Woodard, “The opportunity to share nursing innovations with one another and learn more about the quality improvement projects that have been beneficial on other units is invaluable to each nurse at WakeMed.”

After the presentations, the SNC held a meeting at which they invited several staff nurses to share stories of their personal experiences with the Theory of Caring. The SNC also presented awards to Mary Ann Wilcox, MS, RNC, CNAA, BC, former senior vice president and chief nursing officer, and Michelle Clements, RN, former NICU nurse and SNC Chair, in recognition of their contributions to the establishment of Shared Governance at WakeMed. Both Wilcox and Clements left WakeMed in February to pursue other endeavors, and the SNC thanks them for their dedicated service and contributions.

[Management]

WakeMed to Establish a Pain Resource Nurse Committee

Improving patient comfort and management of patients’ pain is currently one of the top strategic goals for nursing at WakeMed. By working toward this goal, we will also improve our patients’ perception that we are doing everything we can to help control and manage their pain.

Pain management is one of the measures used to determine our patient satisfaction scores, as reported by Professional Resource Consultants (PRC). PRC is the firm that surveys thousands of our patients each year to track our patient satisfaction data. WakeMed’s HCAHPS results have also demonstrated that we need to focus on pain management. HCAHPS is the national standard for collecting or publicly reporting patients’ perspectives of care information that enables valid comparisons to be made across all hospitals nationwide.

“Pain management is an area that we really want to improve upon. Our goal is to provide excellent pain management for all of our patients,” said Annie Brito, RN, clinical nurse resource, (Adult Care Division). “This has to be a system-wide initiative if we want to do a better job of managing our patients’ pain.”

Under Brito’s leadership, representatives from 15 clinical areas throughout the Raleigh Campus, Cary Hospital and North Healthplex have formed a planning committee that will establish a dedicated Pain Resource Nurse Committee. The planning team is now working to understand any barriers to pain management, define a mission statement, determine a definition of pain management and outline expectations for patient care – all for the Pain Resource Nurse Committee’s review. The nurses will eventually be made up of frontline staff nurses from all clinical areas across the system who have agreed to serve as their unit’s pain resource nurse. These nurses will attend a two-day training session and quarterly committee meetings.

“Our pain resource nurses will be responsible for taking the knowledge they gain from the committee back to the bedside nurses on their units,” said Brito. “They can do this through in-services or any other unit-based activity that will, in the end, impact our patients’ perception of how we manage our pain.”

Jill Whade, RN, (Nursing Administration), who has provided administrative support for the planning committee, added, “Each pain resource nurse will be someone who is passionate about assisting patients with their pain and enthusiastic about sharing that passion with coworkers.”

Brito hopes the committee will have representation from all clinical departments by April. Along with Caroline Girardeau, PharmD, (Pharmacy), Brito will utilize the Pain Resource Nurse Curriculum & Planning Guide (the standard for the Alliance of State Pain Initiatives, which includes North Carolina) to teach a two-day course to planning team members in March. Whade was instrumental in procuring funds to order this standardized program. Once the committee’s pain resource nurses are chosen, Brito will train them using this guide as well. In the future, she and the planning team hope to make the education widely available to all clinical staff on an ongoing basis.

If you are interested in becoming a pain resource nurse on your unit, please speak with your manager. Pain resource nurses will receive PRN credit. With questions, please contact Brito at ext. 02983 or abrito@wakemed.org.
WEIGHT LOSS SURGERY
Free Information Sessions

Wake Specialty Physicians - General Surgery has added its services bar to its list of weight loss services with adjustable gastros surgery. Brandon Roy, MD, (WISP - General Surgery) performs surgical weight-loss procedures at the WakeMed Physicians Hospital. Patients receive support from a team of nutrition experts. Free information sessions are held at WakeMed Healthplex (3rd Floor Conference Room) on Thursday, March 24, 11 am to 12:30 pm and 6:30 to 7:30 pm; and on Tuesday, April 26, 11:30 am to 12:30 pm and 6:30 to 7:30 pm. For details, call Carol Kunkel at ext. 01604.

Pre-register at: www.wakemedphysicians.com/bariatricsurgery

Songs from the Heart

Lynn Bailey (Accounting) plans the piano in the Heart Center lobby on Valentine’s Day as part of the Heart Center’s Songs from the Heart program, organized by Sheila Debastiani (Invasive Cardiology).

“Live music often has a healing effect and helps reduce anxiety for patients and families,” said Debastiani. “For the past three years, we have provided music during the Christmas season, so we thought Valentine’s Day would be a perfect opportunity as well.”

In addition to Bailey’s performance, Alvin Smith (Clinical Engineering) sang in the Heart Center lobby on Valentine’s Day.

WakMed Interpreters Achieve National Certification Status

Several members of the Interpretation & Translation Services team were recently among the first group of professionals to receive the Certified Healthcare Interpreter (CHI) credential from the Certification Commission for Healthcare Interpreters. Pictured from left to right, they are Brenda L. Perez, Linnea Higuera-Pizzaro, Francia Giraldo, Veronica B. Maldonado, M. Cristina Krasny, Maria Gonzalez-Ruiiz, Kimberly Marmel and Claudia Poncelett.

Bobbi Plumlee and Cassandra Parra-Garita Martinez. The team thanks the WakMed Foundation for helping them fund this accomplishment.

CONSTRUCTION UPDATES

Duke Realty to Develop WakMed Medical Park

Duke Realty plans to develop a medical park adjacent to WakeMed Cary Campus, in a joint venture between WakeMed and community surgeons, that will be located off Sunnybrook Road. Capital City Surgery Center is the primary tenant of WakeMed Medical Park, which will also include comprehensive outpatient imaging and laboratory services, as well as physician office space. Duke Realty will finance, develop, own, lease and manage the building, which will be built on a 7.84-acre site leased from WakeMed. It is anticipated that the new facility will open in mid-2012.

“This new facility will strengthen our ability to achieve our mission of providing outstanding and compassionate care to our patients, their families and the communities we serve,” said Kathleen Gormley, WakeMed’s executive vice president of Operations and Ambulatory Services. “The location adjacent to our flagship campus provides easy access for our patients who need outpatient care without having to navigate the complexity of the hospital. We are pleased to support Duke Realty as they bring significant expertise in developing complexes like this.”

Future WakMed Healthplex Locations - Brier Creek & Garner

WakeMed has broken ground on Brier Creek Healthplex at the corner of T.W. Alexander Drive and ACC Boulevard in Raleigh. Featuring a stand-alone emergency department and support services, this healthplex is scheduled to open in November.

Go Greener!

YOU ASKED FOR IT:

Fresher Fruit Baskets

Previously available in Café 3000, Café 3000 now offers a selection of fresh, healthy ingredients; new entrées such as sterling beef, chicken and vegetarian burgers; and Café 3000 has made a full salad bar available to all employees.

In response, Café 3000 purchased new salad bowls and utensils. Using signage, patrons are encouraged to use reusable ceramic plates and reduce the use of disposable plates. In addition, disposable beverage lids and straws were moved to the area next to the fountain beverages. Additionally, the register near the coffee station was moved to the area next to the fountain beverages for added convenience.

Café 3000 Employee Survey (continued from page 1)

Additionally, the new Self-Serve Hot Bar opened in January. The Hot Bar allows employees to choose from a selection of toppings and side items. The area now features the Hot Bar, Gourmet Burger Bar, Taco Bar, and Salad Bar, Gourmet Burger Bar, Taco Bar, and Salad Bar, and a selection of toppings and side items.

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Be Prepared: It’s Coming!

The U.S. Department of Health & Human Services has mandated that the United States adopt the ICD-10 (International Classification of Diseases-10) procedure and diagnostic classification system by October 1, 2013. This overhaul of our nation’s medical coding system will be a complex undertaking for hospitals across the country, including WakeMed. Preparation and readiness at the highest levels are essential so that we can meet the federally directed deadline.

“The adoption of ICD-10 is not merely an upgrade of the ICD-9 coding classification system that we are using now,” said Jennifer Ross, RN, Imaging Services.

Terminology

The ICD-10 challenges faced by using ICD-9 are solved by ICD-10, such as:

- Severity of illness
- Anatomic site
- Terminology
- Severity of illness

How will ICD-10 help?

According to the American Medical Association, many challenges faced by using ICD-9 are solved by ICD-10, such as:

- Lack of specificity of the information conveyed in the codes
- The inability to add new codes
- The need to use full code titles
- Being able to appropriately reflect advances in medical knowledge and technology

Where will we see changes?

Requiring a lot more descriptive details than ICD-9 codes, ICD-10 codes include changes in:

- Terminology
- Expanded concepts for injuries
- Laterality
- Etiology
- Anatomic site
- Severity of illness
- Codes connected to operations and procedures will require a much deeper description of a patient’s condition by the physician.
WakeMed Health & Hospitals
3000 New Bern Avenue
Raleigh, North Carolina 27610

ADDRESS SERVICE REQUESTED

ICD-10 (continued from page 7)

The chart below shows the structural change that will result from the ICD-10 transition. The bars in blue show how many codes are associated with ICD-9, and the bars in red show how many codes are associated with ICD-10.

What are the reasons for ICD-10?

The main goals of ICD-10 are to:
- More accurately track diagnoses
- Create room to code new diseases
- Report better disease epidemiology data to the World Health Organization (i.e. signs, symptoms, risk factors and co-morbidities)
- Allow health care organizations to remain compliant with federal regulations
- Make data available for quality metrics, patient safety and compliance
- Ensure clinical pathways are based on detailed codes
- Collect better data for research and the enhancement of predictive accuracy
- Support national health care reform: payment for performance, episodes of care and high-risk pools

“Additionally, we are reimbursed based on the specificity of the information we give to the payor about a patient’s diagnosis or procedure,” said Guthrie. “The accuracy of our reimbursements depends on the accuracy of our coding. ICD-10 will help enhance this accuracy and lead to reimbursements for new procedures, with fewer rejected claims.”

How is WakeMed working toward ICD-10?

WakeMed is currently following a four-step implementation timeline recommended by Hospitals & Health Networks.

STEP ONE
Organize the Implementation Effort – Develop a steering committee, educate and train staff.

STEP TWO
Analyze and Plan for Implementation – Launch an awareness campaign, inventory information systems, assess vendor readiness and support.

STEP THREE
Implement New ICD-10 Coding System

STEP FOUR
Post-Implementation Evaluation – Measure success of the implementation effort.

Stay tuned for regular updates as we move through this timeline. In the meantime, send questions to Fish at bfisher@wakemed.org or Guthrie at lkguthrie@wakemed.org.

GIVING FOR BOOKS
Sunday, March 13, from 1 to 4 pm – Benefiting the Reach Out and Read program at WakeMed – Enjoy an afternoon of bowling, arcade games, music and food at The Alley, 2512 Hillsborough Street, Raleigh. $15 per person (includes unlimited bowling and shoes). Donate new and gently used books for kids, ages 6 months to 5 years.

VOLUNTEER ORIENTATION
Raleigh Campus – Wednesday, March 16, from 1 to 4 pm; Monday, March 21, from 5:30 to 8:30 pm; and Wednesday, April 13, from 9:30 am to 12:30 pm. All sessions held in the Conference Center.

Cary Hospital – Tuesday, March 15, from 8:30 am to noon; Thursday, April 7, from 5:30 to 9 pm; and Tuesday, April 26, from 8:30 am to noon. All sessions held in the Conference Center.

STAFF DEVELOPMENT & TRAINING
Enroll in any of the listed classes via LearnLink or ask your manager/supervisor to e-mail 2DRegistration@wakemed.org with your name and employee number, course name, date(s) and time(s). For information, visit the WakeMedWeb or call ext. 0388. Please note: Some classes require an introductory course or satisfactory completion of an assessment test.

Computer Training
- Kronos Time and Attendance for Management – Tuesday, March 15, from 8:30 am to 12:30 pm, Raleigh Campus, Medical Office Building, SD&T Classroom #4 (Code=CTRKR)
- Management Development: Substance Use and Fitness for Duty – Friday, March 11, 9 to 11 am, Raleigh Campus, Medical Office Building, SD&T Classroom #3 (Code=MDDSA)

Wake AHEC
- A Positive Approach to Discipline – Thursday, March 31, 10 am to noon, Raleigh Campus, Medical Office Building, SD&T Classroom #1 (Code=MDDAP)

NURSING EDUCATION
- Nurse Aide Program: Pre-licensure – Begins Monday, March 21, at 8:30 am, and runs through Friday, March 25, in the Andrews Center

Neurology Update for Primary Care – Saturday, April 2, 8 am, in the Andrews Center

Mental Fitness as a Spiritual Journey: Creating Caring Communities – Friday, April 1, 9 am, at The Catholic Community of St. Thomas Moore, Chapel Hill

Wake AHEC Online Learning Webcasts
- Perinatal Mood Disorders Update: Current Treatment/Resources
- Understanding Family Obesity: What Works
- Type 2 Diabetes: When Nursing Knowledge Makes a Difference

NURSING EDUCATION
- Nursing Professional Development Book Series: Inspired Nurse – Monday, March 21, from 2 to 4 pm, and Friday, March 25, from 8:30 to 9:30 am. Both sessions will be held in Raleigh Campus Conference Dining.

Learning Link code: NE014-11004

Medicine of Compassion – See Learning Link for dates, times and locations as there are multiple offerings. Learning link code: NE014-9003.

2011 Pediatric Conference: Stepping Into the Future – Thursday, April 14, and Friday, April 15, in the Andrews Center. Learning Link codes: NE014-11003 for April 14, and NE014-11001 for April 15.

Adult Diabetes Management Program Recognized for Excellence

The WakeMed Adult Diabetes Management Program received continued accreditation status and recognition for their outpatient programming from the American Diabetes Association (ADA) for the period of February 4, 2011, through February 4, 2015. This accreditation means the program is recognized for promoting quality education for people with diabetes.

To support this goal, the ADA Education Recognition Program (ERP) assesses whether applicants meet the National Standards for Diabetes Self-Management Education. The ADA endorses these standards that are designed to be flexible enough to apply to any health care setting, from physicians’ offices and HMOs to clinics and hospitals.

WakeMed offers outpatient programming at different locations in Raleigh and Cary, as well as pre-diabetes classes throughout the community. For more information, contact the WakeMed Adult Diabetes Management Program at (919) 550-7292.