Raleigh Cardiology Associates Joins WakeMed

Raleigh Cardiology Associates (RCA) and WakeMed have signed an agreement that joins RCA with WakeMed Faculty Physicians. This agreement, effective October 1, aligns RCA even more closely with WakeMed’s Heart & Vascular program.

“Raleigh Cardiology Associates is proud to establish a formal partnership with WakeMed,” explained Charles Manganese, MD, president, Raleigh Cardiology Associates. “After a long history of working closely together to provide outstanding cardiovascular services to the region, this official partnership will allow us to take our practice and WakeMed’s Heart & Vascular program to the next level – bringing the opportunity for beneficial new programs, services and quality initiatives for all cardiovascular patients.”

With eight highly-trained cardiologists, RCA provides a wide range of diagnostic, invasive and interventional cardiology services to patients from throughout the region. And as one of Wake County’s first cardiology practice formed in 1979, RCA has played an integral role in the development, growth and expansion of WakeMed’s Heart & Vascular program during the past 30 years. In fact, RCA’s own Amarendra Reddy, MD, performed the first cardiac catheterization in Wake County at WakeMed in 1976.

“WakeMed is pleased to welcome the providers and staff of Raleigh Cardiology to our growing physician practices division,” commented Susan Weaver, MD, senior vice president of WakeMed Physician Practices. “Cardiovascular services play such a vital role in the WakeMed system that we are thrilled to have the opportunity to integrate RCA with our staff. Under this agreement, RCA will continue to offer its patients a full range of preventive, diagnostic and treatment services.”

RCA will continue to operate from its existing office on the WakeMed Raleigh Campus, and all existing phone numbers, contact information and scheduling procedures will remain unchanged for patients and referring physicians. For more information on RCA, visit www.raleighcardio.com.

Pictures above are (seated) Mary McNeely, MS, PA-C and Jason Licht, MS, PA-C. Back row (l to r) Amarendra Reddy, MD, John Sinden, MD; Charles Manganese Jr., MD; Tom DeVito, MS, PA-C; Brian Go, MD; G. Ray Cheely, MD; Marc Silver, MD; Virgil Wynia, MD; and Senthil Sundaram, MD.

COMING THIS FALL

WSP to Offer Bariatric Surgery at Cary Hospital

Wake Specialty Physicians (WSP) - General Surgery will be beginning offering bariatric surgery with adjustable gastric banding this fall. This comprehensive, surgical weight loss option will be offered by Brandon Ray, MD, as well as Paul Enochs, MD, and Jon Bruce, MD (both of the Bariatric Specialists of North Carolina) in partnership with WakeMed Cary Hospital.

Dr. Enochs and Dr. Bruce completed a successful one-year pilot program for bariatric surgery with adjustable gastric banding at Cary Hospital last year. They will be working with WakeMed consultants to assess our operations and identify opportunities that will help us reach our financial and operational goals.

This August marked the beginning of the second phase of the project, WakeMed’s Road to Excellence. Over the next 10 to 12 months, we will work in management-led teams with WakeMed consultants to focus on key areas such as care management, clinical documentation, physician integration, revenue cycle, labor, human resources and non-labor. These benefits are expected to help bring our total operating margin to four percent or more, which will align WakeMed with best practice hospitals and position us for long-term success.

The Road to Excellence is one of the most comprehensive strategic initiatives in WakeMed’s history and will be our major focus for the next year. Not only will you hear a great deal about it, but we encourage you to get involved and provide input. Regular communication about our progress will be shared throughout our journey, and a dedicated intranet page, employee blog and e-mail account are now available to facilitate open communication. Visit the WakeMedWeb homepage for further details.
Comings & Goings

attendance. For
3.5 contact hours
Educ.
WakeMed Nursing
Sponsored by
any time during the day to
stroke caregivers. Drop by
professionals and any other
4.0 am to 12:30 pm
Monday, September 20
Cerebral Anatomy
WakeMed welcomes
application. The services offered include:
wellness benefits when you schedule an
Health Plan holder. Your
3.0 copay ($20 to $30, varies
Executive Physical for Everyone.
WakeMed has partnered with Lifesigns, a provider of comprehensive, physician-led physical exams, to offer employees a once yearly physical wellness exam for a small copay ($30 to $30, varies by plan) if you are a BlueCross BlueShield health plan holder. Your covered dependents can also take advantage of this exciting new benefit.
The Lifesigns wellness exam can detect possible illnesses at the earliest stages and prevent vital preventive health information. Additionally, Lifesigns makes your time and convenience a priority as the clinic is only open for wellness visits, no sick visits, and all testing equipment is located on site.
 Opening this October in WakeMed’s Brier Creek Medical Park (10208 Cemmy Street, Suite 210, Raleigh), Lifesigns will verify your plan’s wellness benefits when you schedule an appointment. The services offered include:
**BASE EXAM**
- Complete physical exam
- Ultrasound screening of the carotid arteries, thyroid gland, aorta, gallbladder, kidneys, liver and spleen

SB Neurs Intermediate Care welcomes Karen Phillips, RN; Katie Corrigan, RN; Holly Short, RN; Virginia Isabel, RN; Susmitha Sasidharan, RN; Connie Brion, NT, and Sheila Harris, NT. The department also wishes a fond farewell to Candice Whitley, NT, as she transitions to the Zeolite/Wound Outpatient & Skilled Nursing Facility, as well as Amy Carawan, RN, and Laura Hammond, RN, as they transition to new positions outside of WakeMed. Pharmacy welcomes Elizabeth Faust as business manager, Abby Williamson, PharmD, as operations manager, Alex Jenkins, PharmD, as medication safety officer, and Erica Lindsay, PharmD, as third-shift supervisor. Pharmacy welcomes clinical staff pharmacists Terren Kinnedy, PharmD, Ryan Ovenshe, PharmD; and Frances Gravemy, PharmD.

CVCU welcomes Jennifer Faltzaroan, RN; Tricia Cooke, RN; Brew Meyer, RN; Andrea Crumbrarto, RN; Jennifer Lowe, RN; Christy Cassa, RN; and David Devine, RN.

CONGRATULATIONS TO ALL STAFF WHO EARNED THEIR MASTER’S DEGREE IN HEALTH ADMINISTRATION (MHA) THIS AUGUST AFTER COMPLETING WAKEMED’S ON-SITE DEGREE PROGRAM OFFERED BY PFEIFFER UNIVERSITY.

First row (l to r): Lee Ann Walsh (Corporate Accounting), Cheri Lee (Emergency Department - Cary Hospital), Aurora Frein (Inpatient Pharmacy), Teresa Harvey, RN, (2 East Medicine - Cary Hospital) and Bei Ye, RN, (2 East Medicine - Cary Hospital). Second row (l to r): Mirror Tarekegn-Clark, RN; (Staffing Resources), Robin Hill (Patient Financial Services), Joanne Zick (Heart Center - Invasive Cardiology), Laura Extermkamp, RN, (Emergency Department), Lisa Pace, RN, (Emergency Services), Megan Andrews, (Rehab Case Management) and Lesia Lee, RN, (Rehab Nursing Staff). Back row: Dave Kososki (Imaging Services), Tracy Frisbee, RN, (Observation Unit 1), LeeAine Powell, RN, (Emergency Department) and Kyle Rayger (Outpatient Rehab).

WakeMed Neurosurgery welcomes Angela Barakat, RN, and Trish Oliver, RN.

Food & Nutrition Services – Cary Hospital welcomes Katrina Nickles, clinical dietitian technician.

Medical Staff Services – Cary Hospital welcomes Sharon Schone as a Medical Staff Services specialist.

PICU welcomes Jessica Mohan, RN, who transitions from MICU; Sarah Calabria, RN, who transitions from 4E Pediatrics; Tammy Wolfe, CNIT, who transitions from SC Medicine; Elisha Leonardi, CS/NT; Heather Schell, CS/NT; and Lin Bogory, CS/NT. 4E Pediatrics welcomes Dori Bartholomew, RN, Alana Duckworth, RN, who transitions from SC Intermediate Care; Michelle Hyland, RN, Claire Townsend, RN, who transitions from IC Surgery & Trauma; Christina Gutierrez, RN, and Janine Vinson, CS/NT, who transitions from the Women’s Pavilion & Birthplace – Raleigh. PICU wishes the following staff good luck with their new endeavors: Paige Knickerbocker, RN, as she transitions to the NCNCU, and Ronce Zale, RN, as she transitions to Surgical Services - Inpatient PACU.

Women’s Pavilion & Birthplace – Raleigh welcomes Mary Underhill, RN, to the Labor & Delivery team.

Birth & Parent Education wishes Ann Tumbl a fond farewell upon her retirement in September. Tumbl has given 16 years of service to WakeMed as a childbirth educator and doula in addition to teaching groups throughout the United States, China, North Korea and Romania about childbirth education.

STICU welcomes Juliam Edwards, RN, and Marc Coulombie, RN.

Cath Lab – Cary Hospital welcomes Diane Smith, RN, and Janet Early, RN, as they transition from the ICU.

Food & Nutrition Services welcomes Deisa Woods and Edbert Ruano as food service assistants.

CV Testing welcomes Mike Assar to the Echo team.

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A great learning opportunity for nurses, nurse technicians, therapists, respiratory care professionals and any other stroke caregivers. Drop by any time during the day to learn more about:
- Cerebral Anatomy
- Types of Stroke
- Abnormal Assessment
- NIH Stroke Scale

Sponsored by WakeMed Nursing Education. 3.5 contact hours awarded for attendance. For details, call ext. 80124.

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Nursing Units Honored for Patient Care

Seven WakeMed nursing units were recently recognized by Professional Research Consultants (PRC) for achieving excellence in the overall quality of patient care they provided throughout 2009. PRC and WakeMed have partnered to conduct patient surveys on a regular basis to determine and track patients’ perceptions of the care received. Six WakeMed units received the 2010 5-Star Award for scoring in the top ten percent of PRC’s national client database; and one WakeMed unit received the 2010 4-Star Award for scoring in the top 25 percent. Each unit received their award during a special presentation this summer.

These achievements result from each unit’s continued focus on building sincere relationships and improving communication and personal interactions with patients and families. By focusing equally on a patient’s personal experience and the medical and technical elements of their care, we can continue to enhance the level of patient care we deliver.

Additionally, the award-winning units remain focused on methods of service excellence such as building high-performance teams, putting the right people in the right places, regular patient rounding, following up with patients after discharge, creating programs that help staff manage the right people in the right places, regular patient rounding, following up with patients after discharge, creating programs that help staff manage
to enhance the level of patient care we deliver.

Two WakeMed Nurses Named to Great 100

WakeMed congratulates Tina Dennis, RN, MSN, CICU, CCRN, APRN, neurosciences clinical nurse specialist, and Dana Earle, RN, (CVICU) on recently being named two of the Great 100 Nurses in North Carolina. The Great 100 Nurses in North Carolina is a statewide, grassroots organization that recognizes registered nurses for making a positive impact on the field of nursing and for their commitment to patient care. Peers nominate their colleagues for this honor.

“On behalf of the entire nursing team, I congratulate Tina and Dana for receiving this well-deserved, prestigious honor,” commented Mary Ann Wilcox, RN, chief nursing officer and senior vice president of Operations. “The dedication these nurses have shown to enhancing patient care is invaluable, and I am proud that they will represent WakeMed throughout the state.”

Following are excerpts from the nomination forms for these two nurses:

Tina Dennis

As one of WakeMed’s first nurses to earn advanced practice status, Dennis specializes in neurosciences and is passionate about the workings of the brain. She is committed to sharing her knowledge, in understandable terms, with her coworkers as well as her patients and their families. To help streamline the quality of care our neuroscience patients receive, Dennis developed pathways for several neuroscience populations, and she has developed classes and programs to help frontline staff better understand new practices and clinical issues – not to mention the fact that she has served as an instructor for various nursing certification courses.

As an expert clinician in neurosurgical, surgical and trauma nursing quality improvement, Dennis is always looking for opportunities to enhance the nursing care we deliver. Some of the many WakeMed initiatives in which she has been a key player include the development of the Code Stroke process, the Neuro Intensive Care Unit Quiet Time program and the WakeMed Concession Clue.

Dana Earle

Earle is driven by her desire to assist her colleagues as they grow in their profession and to provide the best patient care possible. Her excellent nursing and critical-thinking skills allow her to handle even the most acute patients calmly and with ease. She is widely respected for her positive attitude, poise and ability to make tough decisions during even the most challenging situations.

As a kick-off to the American Heart Association’s 2010 Start! Triangle Heart Walk, WakeMed team captains attended an information session with special guest speaker North Carolina State Representative Becky Carney, D-Mecklenburg, pictured center with team captain coordinators Eleanor Rawls, RN, (CICU), and Sandra Van Scy, RN, (3B CVICU). Representative Carney was treated at WakeMed after experiencing sudden cardiac arrest in her office last April. She also received an automated implantable defibrillator (AICD) and continues her treatment for heart disease.

The 2010 Start! Triangle Heart Walk will take place on Sunday, September 26, at the RBC Center in Raleigh. If you are interested in joining Team WakeMed, contact Patricia Jones, RN, (3B CVICU) at ext. 07922. For more information, visit www.starttriangle.org.
Red Rules Are an Effective Safety Strategy

After a medical mistake occurs, we generally find that there was something in the process that wasn’t opti-
mal. We recognize that unless we take steps to make sure that the error-prone process is improved, the error could occur again. Fortunately, one of the most common “changes” that we made was simply to educate people. Unfortunately, this alone is not effective enough. According to the National Patient Safety Foundation, the following are strategies listed from least effective to most effective at reliably preventing another such error:

Education and Training: Necessary so that people understand what we are asking and why we are asking them to do it, but humans are human and will make mistakes.

Changes to Policies: Can be helpful but are only as good as the people who understand and follow the policies.

Checklists and Double-check Systems: Good examples are taking a Time Out, or when two people review the labels in the patient armband and blood label before a transfusion.

Standardization and Protocols: These can be very help-
ful. People can refer to a tool as they are proceeding, and others can hold someone accountable, saying, “Remember to do this first.”

Automation and Computerization: If we scan the bar codes on the patient’s armband and the medication, and the computer detects a match each time we give a medication, our process can become very reliable.

Forcing Functions and Constraints: These are the best. For example, you cannot place tube feedings intended for the stomach into an IV because the two different tubes are impossible to connect. But while all of these are important, where the rubber meets the road is in our CULTURE, and whether we have a CULTURE OF SAFETY.

Culture is defined by our values and priorities and is reflected in our actions and behaviors, every day, even when no one is looking. One strategy that other industries have taken to help move the culture is to focus on important key standards by implementing Red Rules, or standards that should be taken every time in a particular process, except in rare or urgent situations.

Some examples from other industries and our own include:

Construction – Always wear a hard hat on the job site.
Aviation – Always conduct the pre-flight checklists before take-off.
Nuclear Power – Always wear protective gear and dispose of waste in special sealed containers.
Health Care – Always wear appropriate surgical attire when entering the surgery area. If you have EVER tried to do other-
wise, I am sure that you were immediately stopped!

At WakeMed, we recognize that verifying patient identification before performing any procedure is critical as well. We will focus on this by making it a Red Rule. We will hold each other account-
able. It will become second nature, ingrained, part of our safety culture, something we do every time.

Why is Patient Identification a WakeMed Red Rule?

A Red Rule outlines steps that should be taken every time (except in rare, urgent situations) – otherwise, serious conse-
quences could result. Patient identification is a Red Rule because it is so critical to patient safety. Did you know that one of the most common errors in hospitals is the mis-
identification of patients? When patients are misidentified, serious harm can result.

Defining the Red Rule for Patient Identification

Caregivers will identify every patient by com-
paring the name and medical record (MR) number on the patient’s armband with a source docu-
ment (i.e. computer screen, specimen or treat-
ment label, procedural consent, physician order, etc.) prior to:

> Performing any procedures (i.e. sur-
gery, blood draws, etc.).
> Administering any medications.
> Providing any services (i.e. transport, imaging, EKGs, etc.).

In outpatient areas that do not require an admission or registration prior to the placement of an armband, at least two other identifiers (such as name and date of birth) must be used.

All WakeMed Staff are Responsible for Patient Identification

All staff throughout the WakeMed sys-
tem, from nursing to Environmental Ser-
vices to Finance to Imaging Services, are responsible for ensuring that the patient identification Red Rule is fol-
lowed, regardless of their involvement with the procedure or service. If any staff member happens to observe a caregiver or other colleague not prop-
erly identifying patients, that staff mem-
ber must remind them to do so.

WakeMed’s Red Rule Policy

The Red Rule Team, made up of execu-
tives and managers, will review any violations based in a Just Culture using a special algorithm. The algorithm is a fair, structured way to evaluate a staff member’s accountability in the event as well as their actions and behaviors. All staff should alert their managers to any challenges they see in properly check-
ing patient identification.

Stay tuned! Employees will soon be provided with comprehensive education about the patient identification Red Rule and asked to commit to this important step.

Microscope

Welcome to Safety First, a new Microscope column to help staff focus on our most critical safety goals and sort through the many messages they receive daily. The column will feature a different top-priority safety goal each month. This month, we cover patient identification.

WakeMed’s first Red Rule that will be implemented officially on November 1, 2010. Read Meera Kelley’s column at left for a background on Red Rules and why they are essential to any organization where safety is critical.

Meera Kelley, MD
Vice President, Quality & Patient Safety

Cary Hospital recently established a Comfort Care program to better serve the hospital’s end-of-life patients as well as the needs of their family and friends. The program, spearheaded by Teresa Harvey, RN, education resource specialist, (Adult Acute Care Nursing Services - Cary Hospital), along with intense research support from Susan Hardree, supervisor, (Wake AHEC Medical Library), takes the training program a step further by preparing nurses and technical staff to better care for Comfort Care patients and understand their needs.

“This entire project represents a team effort,” added Harvey, who also said that Volunteer Services at Cary Hospital will be providing program support in the future. “It is amazing how everyone has come together to create a better experience for our Comfort Care patients and their families.”

Volunteers Serve as Guest Relations Ambassadors

(Upper) Guest Relations Ambassadors Shanaaz Cupper and Bill Brooker with program leader Gayle Dowrick (Guest Services).

Stationed at the main information desk on the Raleigh Campus, volunteer Guest Relations Ambassadors welcome patients, family members and visitors as they enter the hospital and assist them with finding their destinations. They also provide wheelchair assistance for those who need it.

Chosen for having excellent communi-
cation skills and a knack for customer service, Guest Relations Ambassadors want nothing more than to enhance customer service and ensure that each guest’s experience at WakeMed goes as smoothly as possible.

The Guest Relations Ambassadors pro-
gram is led by Gayle Dowrick, Guest Services representative, and Rosie Pacheco, supervisor, (both of Guest Services), while Marie Johnson, man-
ger, and Jackie Kennedy, Volunteer Services specialist, (both of Volunteer Services) manage recruitment efforts to keep the program’s 50+ volunteer positions filled. Future goals for the program include providing assistance at the Critical Care Waiting Room and Heart Center reception desks, as well as providing more assistance with wayfinding and wheelchair transport throughout the hospital. If you or some-
one you know is interested in becoming a Guest Relations Ambassador, call Volunteer Services at ext. 00293.
Nursing Units Honored for Patient Care

(continued from page 3)

What an Employee!

Jennifer Donaldson and Aimee Norton (both of Imaging Services - Cary Hospital) each received their Certified PICC Ultrasound Insertion (EUPIT) certification.

Summer Graft, RN, (ER CVIC) earned her Progresive Care Certified Nurse (PCCN) certification.

Maggie Driccoli, RN, was named manager of Risk Management - Patient Safety.

Barbara Dickerson, RN, (WakeMed Home Health) was promoted to Telehealth team leader.

Brenda Moore, (Supply Chain) and Paula Cole (Largo Springs) were recently quoted and quoted in an article that appeared on the VHA website for their outstanding efforts in using the VHA Price/Link tool to better manage pricing and negotiate vendor contracts for equipment and supplies. Those efforts led to $2.5 million in savings in less than one year.

Carla Stevens, RN, (Occupational Health & Safety) was selected the director of Region 5 for the Association of Occupational Health Professionals in Healthcare. The region includes North Carolina, South Carolina, Georgia, Alabama and Florida.

Sara Griffin, RN, (ER CVIC) was re-elected to a 2nd term on the staff nurse representative for the North Carolina Board of Nursing.

Jennifer Ross, RN, (supervisor/educator for STICU, STICU, NCICU and NICU) obtained her CCRN certification.

Elizabeth Griffin, RN, and Jennifer Ellison, RN, (both of the Children’s Emergency Department) each earned their Certified Pediatric Emergency Nurse (CPEN) certification.

Jessa Duke, RN, and Andrea Williams, (both of WakeMed Children’s Hospital) and Karen Tung, RN, (ER Pediatrics) each obtained their Certified Pediatric Nurse (CPN) certification.

Jennifer Sossa (Imaging Services - Nuclear Medicine - Cary Hospital) was promoted to supervisor.

WakeMed Home Healthexpanded the capabilities of its Telehealth program by adding 20 Honeywell HomeMD monitors this July. Now, up to 60 patients can benefit from this technology that allows them to independently monitor their health and vitals daily from home without a nurse visit.

The Honeywell HomeMD monitor includes an in-home patient monitoring device with scale, blood pressure cuff and non-invasive finger sensor to measure heart rate and oxygen saturation, as well as Web-based software called Lifstream that stores data from the monitor in a secure online database. The software can be programmed to ask patients questions about their health, such as, “Are you feeling difficulty breathing?” or “Are you more tired than usual?” Answers to these questions can better help a Home Health nurse evaluate the patient’s condition when viewing the patient’s online Lifstream report.

Additionally, the home monitors can be programmed to give patients various reminders, for example, to take their prescribed medications daily and to follow their diet plan. “By using home monitors and the Lifstream Web-based software, we are reducing the number of home visits for each patient,” added Hansen. “More importantly, because we can remotely monitor our patients as closely as possible, patients can act as direct indicators for their home visits. If a patient’s health is changing in a negative way, we can immediately see that and address it with a visit or phone call, rather than visiting the patient on a schedule that we create.”

Added Hansen, “Telehealth represents a commitment that WakeMed has made to the health of our patients and our entire system. We look forward to helping the program continue to grow.”

Valerie John, RN, (Information Services) and Graham Snyder, MD, (Wake Emergency Physicians, PA) were among a group of professionals who researched the clinical experiences of emergency department residents and developed a poster that was presented at the International Conference on Emergency Medicine this June. The poster won a Faculty Merit Award.

Mary Ann Willcox, RN, senior vice president and chief nursing officer, was selected to receive the 2013 Distinguished Alumni Award given by The Ohio State University College of Nursing Alumni Society. This award is presented to a College of Nursing graduate for outstanding service to the College or for recognition of exceptional achievement or national/international leadership in one or more areas of nursing.

Mary Richardson (Human Resources - Compensation) earned her certification as a Senior Professional in Human Resources (SPHR).

Rehab Nursing congratulates the following staff nurses for obtaining their Certified Rehabilitation Registered Nurses (CRRN) certification: Sally Lang, RN, Theresa Roberts, RN, Rolando Parra, RN, Memo Oropeza, RN. Jenann Page, PA; Helen Yous, RN, Main Qin, RN; and Vera Miller-Young, RN.

Courtney Burch (Pathology - Transfusion Services) received her master’s degree in health administration (MHM).

Melissa Malinowski, RN, (Women’s Pavilion & Birthplace - Raleigh) completed her nurse practitioner degree.

Drew Bullington, RN, (MICU) graduated from East Carolina University with his nurse practitioner degree.

Ginger Bryan, RN, and Jessica Latham, RN, (both of 3A CVIC) each earned their Progressive Care Certified Nurse (PCCN) certification.

Leila Thakker-Kumari, RN, and Jen Ross, RN, (both of MICU) each obtained their CCRN.

Phelps, RN, (Information Services) and Graham Snyder, MD, (Wake Emergency Physicians, PA) were among a group of professionals who researched the clinical experiences of emergency department residents and developed a poster that was presented at the International Conference on Emergency Medicine this June. The poster won a Faculty Merit Award.

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The Honeywell HomeMD monitor includes an in-home patient monitoring device with scale, blood pressure cuff and non-invasive finger sensor to measure heart rate and oxygen saturation, as well as Web-based software called Lifstream that stores data from the monitor in a secure online database. The software can be programmed to ask patients questions about their health, such as, “Are you feeling difficulty breathing?” or “Are you more tired than usual?” Answers to these questions can better help a Home Health nurse evaluate the patient’s condition when viewing the patient’s online Lifstream report.

Additionally, the home monitors can be programmed to give patients various reminders, for example, to take their prescribed medications daily and to follow their diet plan. “By using home monitors and the Lifstream Web-based software, we are reducing the number of home visits for each patient,” added Hansen. “More importantly, because we can remotely monitor our patients as closely as possible, patients can act as direct indicators for their home visits. If a patient’s health is changing in a negative way, we can immediately see that and address it with a visit or phone call, rather than visiting the patient on a schedule that we create.”

Added Hansen, “Telehealth represents a commitment that WakeMed has made to the health of our patients and our entire system. We look forward to helping the program continue to grow.”

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WakeMed Health & Hospitals
3000 New Bern Avenue
Raleigh, North Carolina 27610

ADDRESS SERVICE REQUESTED

CALENDAR OF EVENTS

To help you plan ahead, this calendar lists upcoming system-wide events, training classes and community events. For complete details and fee information, visit the WakeMedWeb. Please call 919-350-7827 to request a calendar submission to the Public Relations department or e-mail microscope@wakemed.org.

New Additions and Attachments

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

Camelia Franz (Outpatient Rehab) and husband Steve celebrated the birth of twins Kieren Raine and Alexander David on May 20.


Mandy Spencer, RN, (Bariatric Observation Area) married Derek Conlin on June 26.

Kristen Jenda, RN, (3B Intensive Care Unit) married Lendl Johnson on July 12.

Melissa Hocutt, RN, (SA Critical Care) and husband Jeremy welcomed Connor Owen on July 19.

Marie Johnson, RN, (Children’s Emergency Department) married Derek Richard on July 24.

Susan Stout (Patient Access) and Scott Driver (Mobile Critical Care Services) were married on June 9.

Sally Sole-Taylor, RN, (STICU) welcomed daughter Khimanie Christina Anyah Lane on July 26.

Tamuura Jones (ECC/OCC) celebrated the birth of Courtney Nicole on August 8.

Shannon Holt, PharmD, (Pharmacy) and husband welcomed daughter Khimanie Christina Anyah Lane on July 26.

Melissa Malinowski, RN, (Women’s Pavilion & Birthing Center) and husband Mike welcomed a baby boy.

Kristen Carson, RN, (Women’s Pavilion & Birthing Place – Raleigh) and husband Mike welcomed a baby girl.

Sally Sole-Taylor, RN, (STICU) welcomed daughter Khimanie Christina Anyah Lane on July 26.

WakeMed’s Neonatal Intensive Care Unit Reunion
A Day at the Park
Saturday, October 2
11 am to 2 pm

Anderson Point Park, 50 Rogers Lane, Raleigh

All former NICU patients and their families are invited for entertainment, games, activities and refreshments. Bring your Stroller.

RSVP by Monday, September 13, by calling ext. 97827 internally, or 919-350-7827 externally.

SHOCK ABDOMINO: DEFIBRILLATOR SUPPORT GROUP
Sunday, September 19 from 1 to 3 pm in the Cary Hospital Conference Center – A quarterly support group for people with an implantable cardiac defibrillator (ICD). Family members and support people are welcome. Guest speaker provides current information and resources. Call (919) 350-2108.

SAS CHAMPIONSHIP
September 20-26 at Prestonwood Country Club in Cary – Presented by Bloomberg Businessweek, the tenth annual SAS Championship features notable PGA professionals on the Champions Tour. WakeMed is proud to host WakeMed Health Day on Friday, September 24, from 8 am to 2 pm, giving ticket holders access to free health screenings and health information at the event. Tournament tickets are available online at www.sascampionship.com or call (919) 531-GOLF (4653).

2010 START! AHA TRIANGLE HEART WALK
Sunday, September 26 from 2 to 5 pm at the RBC Center in Raleigh – Help the American Heart Association (AHA) raise funds to fight heart disease. To join Team WakeMed, contact team captain coordinator Patricia Jones at pjones@wakemed.org. For information on WakeMed’s involvement with the event, visit www.wakemed.org.

WAKEMED FOUNDATION’S 2010 SOCIETY OF 1961 GALA
September 26 at the North Ridge Country Club in Raleigh – An annual event hosted by the WakeMed Foundation to recognize Society of 1961 members (donors who contribute $1,350 or more annually for their generous support. Guest speaker will be Ken Burns, a director and producer of historical documentaries.

Volunteer Orientation
Raleigh Campus – Wednesday, September 15, from 1 to 4 pm, and Thursday, October 7, from 9:30 to 8:30 pm. Both sessions held in the Conference Center.

Cary Hospital – Tuesday, September 21, from 8:30 am to noon, and Tuesday, October 5, from 9 am to 9 pm. Both sessions held in the Conference Center.

NURSING EDUCATION
Hot Topics in Infection Prevention Conference – Wednesday, September 22, from 8:30 am to 4:30 pm in the Andrews Center. Learn about current topics in infection prevention. Register via Learning Link using code ND014-1009.

Wake AHEC Continuing Education
Educational credit available for all programs. For details/fee call ext. 0847 or visit www.wakeahec.org and click Program Listings.

SPICE: Infection Control in Dentistry – Tuesday, September 14, through Tuesday, September 21, 9:45 pm in the Andrews Center.

Gang Awareness Update 2010 – Wednesday, September 15, from 9 am to 5 pm at Hope Community Church, Raleigh.

Basic Spanish for Health Care Professionals: Communicating Effectively with Your Clients (Level Two) – Monday, September 20, 8:30 am at Events at Newton Square, Raleigh.

Interventions for Problematic Behavior in Schools: An Overview – Friday, September 24, 9 am at Hope Community Church, Raleigh.

Dr. Science: Update in Clinical Microbiology 2010 – Monday, September 27, 1 pm in the Andrews Center.

Adult Physical Assessment for Nurses: The Basics – Thursday, September 30, through Friday, October 1, 9 am at Johnston Medical Mall, Smithfield.

Attachment Theory: Applications to Mental Health Services for Young Children and Families – Thursday, September 30, 9 am at Hope Community Church, Raleigh.

Women’s Cancer Summit 2010: Advancements in Risk Determination, Diagnosis and Treatment – Thursday, September 30, 9:30 pm in the Andrews Center.

Breast Cancer Rehabilitation and Related Concerns (including Exercise, Lymphedema and Osteoporosis) – Friday, October 1, 9 am in the Andrews Center.

Breastfeeding 101 – Monday, October 4, 8:30 am at the Friday Center, Chapel Hill.

The 20th Annual Art of Breastfeeding Conference: Celebrating the Past, Present and Future of Breastfeeding – Monday, October 4, through Wednesday, October 6, 6:15 pm at the Friday Center, Chapel Hill.

Tenth Annual Heart Failure Symposium 2010: Reducing Hospital Readmissions – Saturday, October 9, 7:30 am, in the Andrews Center.

Interscience Radiography for the Office-Trained Dental Assistant – Tuesday, October 12, through Saturday, December 11, 6 pm in the Andrews Center.

STAFF DEVELOPMENT & TRAINING
Enroll in any of the listed classes via Learning Link or ask your manager/supervisor to e-mail SDRegistration@wakemed.org with your name, date(s) and time(s). For information, visit the WakeMedWeb or call ext. 08306. Please note: Some classes require an introductory course or satisfactory completion of an assessment test.

Computer Training
Excel Introduction (Code=CTEX) – Wednesday, October 6, and Thursday, October 7, 8:30 to 12:30 pm in the Raleigh Campus MOB, SD&T Classroom #3.

Wakemedia Foundation's 2010 Annual Golf Tournament
Hole 12 Dinner – Thursday, October 7, 5 pm at the RBC Credit Union at Prestonwood Country Club in Cary.

WakeMed's Neonatal Intensive Care Unit Reunion
A Day at the Park
Saturday, October 2
11 am to 2 pm

Anderson Point Park, 50 Rogers Lane, Raleigh

All former NICU patients and their families are invited for entertainment, games, activities and refreshments. Bring your Stroller.

RSVP by Monday, September 13, by calling ext. 97827 internally, or 919-350-7827 externally.

MONDAY, OCTOBER 25

Join the Volunteers for their 12th annual charitable golf outing benefiting programs and services at WakeMed Cary Hospital and the WakeMed Children’s Hospital. For more information, visit www.childrenscantwait.org.

Monday, October 25
MacGregor Downs Country Club, Cary

Non profit Organization
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