WakeMed Recognized by U.S. News & World Report

WakeMed is proud to announce that it has been recognized as high performing in 10 of 16 different specialties by U.S. News & World Report. WakeMed's high-performing categories include:  
- Cardiology & Heart Surgery
- Diabetes & Endocrinology
- Gastroenterology
- Geriatrics
- Gynecology
- Orthopaedics
- Nephrology
- Pulmonology
- Neurology & Neurosurgery

"WakeMed offers the highest level of care available in Wake County in many different specialty areas, including critical, neonatal, neuroscience, cardiology and trauma care, among others," commented Meera Kelley, MD, vice president of Quality & Patient Safety. "Historically, U.S. News & World Report's rankings focused exclusively on care provided at academic medical centers and excluded high-performing community-based hospitals. We are very pleased they have broadened their rankings to recognize all hospitals providing high-level, high-quality care."

This is the second year U.S. News & World Report ranked the 51 largest metro areas and included them in its annual "Best Hospitals Guide." The rankings showcase 720 hospitals in or near major cities with a record of high performance in key medical specialties. There are nearly 5,000 hospitals nationwide.

BREAKING GROUND!

On Wednesday, July 13, we broke ground on the WakeMed Raleigh Medical Park, located on Sunnybrook Road, across from the Raleigh Campus. Duke Realty will finance, develop, own, lease and manage the building, which is being built on a 7.84-acre site leased from WakeMed. The medical park's primary tenant will be Capital City Surgery Center, a joint venture between WakeMed and community surgeons. Other offerings will include outpatient imaging, laboratory services, pre-admission testing and physician office space. It is anticipated that the facility will be operational by mid-2012.

Participating in the groundbreaking ceremony (above) are David Brownlee of Perkins-Will; Carolyn Knaap, RN, vice president of Ambulatory Services; Jason Hinkel of Duke Realty; Dr. Bill Atkinson, president & CEO; Tom Oxholm, chair of the WakeMed Board of Directors; Michael Fajgenbaum, MD, PA, of The Bone & Joint Surgery Clinic; representing the physician steering committee for the Surgery Center; Kathleen Gormley, executive vice president of Operations and Ambulatory Services; Tom Cavender, vice president of Facilities & Construction; Larry Jaremka of Duke Realty; and Scott Duckworth of Brasfield & Gorrie.

A BIRTHDAY TO REMEMBER

THE 2011 WAKEMED GIVES EMPLOYEE CAMPAIGN
August 29 to September 9

You can make a difference for your favorite charity in honor of WakeMed's 50th birthday, and every day your charity of choice helps someone in need. Themed A BIRTHDAY TO REMEMBER, our annual employee campaign is about giving back to the community through employees' favorite charities and celebrating with great events. Turn to page 8 for all the details. Watch for more information via WakeMed Weekly, e-mail and the WakeMedWeb.

All employees are invited to participate in giving opportunities and events that will be held on the Raleigh Campus and at Cary Hospital. Visit the WakeMedWeb for event details, giving options and volunteer opportunities during the campaign.

Several positive changes are being made to WakeMed's Employee Retirement Savings 403(b) Plan.

Automatic Three Percent Contribution for All Staff

Last week, our Board of Directors voted to establish an automatic contribution program to begin in 2012. WakeMed will automatically contribute three percent of each employee's annual salary, subject to governmental limitations, to an employee retirement plan administered by VALIC regardless of whether or not the employee contributes to the retirement savings plan. This is in addition to our 403(b) matching program and replaces the pension plan that was in place several years ago.

Unlike a pension plan, the 403(b) program allows employees to manage their own funds, move funds, and/or borrow from the funds for certain major events such as the purchase of a home or a financial hardship. On-site VALIC representatives will provide counseling and assist with management of each employee's retirement accounts.

New Retirement Education and Advice Program

We are also establishing a new education and investment advice program called Retirement Planning Insights, offered through VALIC. The Insights program will provide employees with a personalized Annual Portfolio Review with detailed information and analysis related to retirement goals. The program offers personalized investment advice including recommended fund allocations and deferral rates. Look for more details this fall.

Expanded Fund Options, Changes in Funds

WakeMed has also partnered with VALIC to enhance investment fund options available through the 403(b) plan by introducing four new fund options. These new funds are specifically developed to allow employees to strategically invest based upon their age and expected retirement date. In addition, the current American Funds Growth Fund of America (RGACX) will be replaced by the T. Rowe Price New America Growth Fund. All employees received a letter at home with details on these new funds and changes, which are effective August 30.

Providing our employees with valuable retirement programs is a top priority, and we believe these changes will allow us to continue to assist our employees in meeting their retirement savings goals.

With questions, contact Sharon Murphy, director of HR Operations, at ext. 08763 or smwrphy@wakemed.org.
First WakeMed Patient Safety Stars Honored

Ruth DeBrito, RN (Staffing Resources) and Aly Anguizone Abaya, RN (3A CVIC) are the first two recipients of the new WakeMed Patient Safety Star Award for this summer. Managed by Quality & Patient Safety, this new award program recognizes nurses and caregivers whose extraordinary efforts have a positive impact on patient safety.

DeBrito was named a Safety Star when she pursued treatment for a potentially life-threatening heart rhythm after the patient she was caring for discharged, avoiding serious complications.

Abaya was named a Safety Star because he listened closely to a patient who complained of rib pain, performing several assessment measures and paging the physician with his concern. The patient was sent immediately to surgery thanks to Abaya’s careful work.

For more information, contact Janine Jones at jmjones@wakemed.org.

U.S. News & World Report Recognition (continued from page 1)

The mission of “Best Hospitals” is to help guide patients who need an especially high level of care because of a difficult surgery, challenging condition, or added risk due to other health problems or age. “These are referral centers where other hospitals send their sickest patients,” said Avery Comarow, U.S. News Health Rankings editor. “Hospitals like these are ones you or those close to you should consider when the stakes are high.”

Covering 94 metro areas in the United States, the regional hospital rankings complement the national rankings by including hospitals with solid performance nearly at the level of nationally ranked institutions. The regional rankings are aimed primarily at consumers whose care may not call the special expertise found only at a nationally ranked Best Hospital or who may not be willing to travel long distances for medical care. The metro rankings give many such patients and their families more options for hospitals within their communities and health insurance networks. Hard numbers stand behind the rankings in most specialties: death rates, patient safety, procedurally volume and other objective data. Responses to a national survey, in which physicians were asked to name hospitals they consider best in their specialty for the toughest cases, also were factored in. The rankings cover 16 medical specialties and all 94 metro areas that have at least 500,000 residents and at least one hospital that performed well enough to be ranked.

Relocations & Renovations – Andrews Center, First Floor

Above: (left) Jungle-themed murals now decorate the walls of the Pediatric Surgery suite. (right) New furniture and décor.

Endoscopy - Surgical Services, located on the second floor of the Raleigh Campus main hospital, is being relocated to the first floor of the Andrews Center in the space formerly shared by WakeMed Faculty Physicians (WFP) - General Surgery and Pediatric Surgery. The reason for this relocation is to accommodate the addition of four minor procedure rooms and a dental procedure room. The new area is expected to open by October 2011.

Meanwhile, General Surgery and Pediatric Surgery have moved directly across the hall to a newly renovated practice suite. WFP - Gastroenterology recently moved out of this space and temporarily relocated to the first floor of the Andrews Center, across from the Outpatient Pharmacy. Gastroenterology will join Endoscopy in October once suite renovations are complete.

The successful move and renovation of the General Surgery/Pediatric Surgery suite is already benefitting staff and patients. “The flow of the new suite has been modified to make it easier for patients, physicians and staff,” said practice manager Ed Amend. “The Pediatric Surgery area was expanded so they can have their own dedicated equipment and to accommodate the addition of a second pediatric surgeon, George Wade, MD.” Dr. Wade is an accomplished pediatric surgeon who currently serves as medical director for the Department of Pediatric Surgery at Sacred Heart Medical Center in Oregon. He will join J. Duncan Phillips, MD, director of Pediatric Surgery for WakeMed and surgeon-in-chief of the WakeMed Children’s Hospital, in October.

In addition, the physicians and care team for both practices now have more work space, a handicapped-accessible restroom was added (directly connected to the procedure rooms in the General Surgery suite) and the patient registration area has been reworked for the convenience of patients and registration staff. New furniture and décor now adorn both practices, including kid-friendly artwork and murals in the pediatric area.

“All of these changes are the result of input and suggestions offered by doctors, nurses and registration staff,” added Amend. “We’re very excited about these enhancements and the benefits they bring to everyone who enters this space.”

On Thursday, July 14, WakeMed participated in Healthy Communities Day at Saint Augustine’s College in Raleigh. Hosted by YMCA of the Triangle, the event was an opportu-
nity for more than 700 local children from the YMCA’s summer day camps to receive wellness checks, including height, weight, vision, scolio-
sis and blood pressure. The children also participated in fun, educational opportunities and physical activities. WakeMed nurses, Corporate & Community Health, Corporate Planning, ENERGIZE! and Rehab helped conduct the screenings along with Eye Care Associates, local dentists and Wake County Health & Human Services.

Photos: (top) Twinkle, the WakeMed Children’s mascot, dances with Y-Guy, the YMCA’s mascot, at a Healthy Communities Day group assembly. (bottom photo) Sadie Carson, RN, (STICU) checks a child’s blood pressure.

WakeMed Receives Leadership Award for Supply Chain Management Excellence
VHA Inc., a national health care network based in Texas, has recognized WakeMed for supply chain management improvement. WakeMed is one of only eight VHA member hospitals nationwide to receive the 2011 VHA Leadership Award for Supply Chain Management Excellence. This award is given to member organizations that demonstrate high levels of performance in one of four areas:

- Sourcing and resource management
- Distribution, logistics and inventory management
- Supply chain innovation and creativity
- Supplier diversity

WakeMed won this award for its efforts to improve inventory accuracy and inventory control in its Surgical Services departments. A Surgical Services Process Improvement Team was formed utilizing WakeMed’s Lean/Six Sigma process improvement model known as DMAIC (Define, Measure, Analyze, Improve and Control). Working for “long-term and continual” improvement, the team identifies opportunities for improvement, brainstorm solutions and develops plans for deployment. The team is led by an executive steering committee with members from Finance, Supply Chain Management, Strategic Sourcing, Information Services (IS), Ambulatory Services and Surgical Services. Meeting every six weeks, the working team includes members with a financial, IS, strategic sourcing, inventory management or patient/physician satisfaction focus.

Though this project is ongoing, significant results have already been achieved, building the foundation for further process improvement. Examples include the increase in or stabilization of inventory turns, a reduction of $1 million and $400,000 in the Raleigh Campus and Cary Hospital Surgical Services inventories (respectively), and the realignment of the Raleigh Campus Surgical Services inventory management function under Supply Chain Management (formerly managed by Surgical Services).

“This award validates the focus of our Supply Chain team to improve purchasing processes and enhance the methods by which we distribute and manage the products needed to take care of our patients and keep our hospital system running,” said Carolyn Knaup, RN, vice president of Ambulatory Services, who serves as the executive advocate for this project. “I am extremely proud of this team and look forward to their continued success in the improvement of supply chain management for Surgical Services.”

Bedside Reporting at Shift Change Improves Patient Satisfaction Scores on 3A CVIC
3A Cardiovascular Intermediate Care implemented a bedside reporting program in 2009 in preparation for WakeMed’s Joint Commission (JC) survey, and it continues to be a success today. Unit leaders knew that involving the patient and family in the patient’s care was a JC standard, and bedside reporting helped meet this need. In fact, since the program’s implementation, 3A has seen a steady incline in education and clinical outcomes.

Bedside reporting is now a required practice on our unit,” said Kathy Wray, RN, manager, who studied best practice literature on the process. “It took us about six months to get it going and change our culture, but now it is a natural part of the care we provide to our patients.”

Ginger Bryan, RN, clinical educator/supervisor, helped Wray with the implementation of bedside reporting at WakeMed. “Bedside reporting is now a required practice on our unit,” said Kathy Wray, RN, manager, who studied best practice literature on the process. “It took us about six months to get it going and change our culture, but now it is a natural part of the care we provide to our patients.”

Along with Bryan, supervisors Andrea Lee, RN, and Julia Salas, RN, assisted with the implementation. A traditional, full report on each patient is also conducted in the foyer at shift change, but the bedside report helps get the patient involved and has other advantages.

“We receive very positive feedback from our patients. They tell us that they really appreciate it when the nurses care enough to keep them informed,” said Wray. “And the program has a positive impact on our staff as well. When the nurses go into the room together, they are conducting a real-time report on the patient. This sometimes triggers a nurse might not have time to bring up. Or, they realize that a patient’s status has changed – something the oncoming nurse may not have recognized.”

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WakeMed Departments Recognized for Work in Infection Prevention

This February, the Infection Prevention and Environmental Services teams were recognized with an honorable mention in the Kimberly-Clark Hospital-Acquired Infection (HAI) Watchdog Awards program. This program was designed to recognize hospitals for the best practices they are using to help prevent the spread of infection.

WakeMed won second place out of seven teams for the TEAM campaign – Together Eliminating All Microbes – created in collaboration with Infection Prevention and implemented by Environmental Services on the Raleigh Campus. Votes for each contest entry were captured online by Kimberly-Clark.

Christopher Ingram, MD, medical director of WakeMed’s Infection Prevention program, stands with Environmental Services employees (back row) Karen Wilson, Ron Lewis, Cynthia Jones, Rachel Durham, manager Lance Hoover and director Bob Bos (front row) Annette Smith, Kathy Rossa and Gloria Garrison as they display their Kimberly-Clark HAI Watchdog Award.

The TEAM campaign began when the Centers for Disease Control and Prevention (CDC) made a call for all hospitals to monitor the cleanliness of high-touch objects. The TEAM campaign has already been a great success, and Infection Prevention and Environmental Services staff are now in the process of creating a formal way to test the cleanliness of high-touch objects throughout the hospital on a regular basis.

Welcome to the WakeMed family, all new brides, grooms and babies! Beckey Wilson, RN, (MICU) and husband Tim celebrated the birth of Julia Gayle on March 14. Karyl Kilioksi, RN, (MICU) and husband Bob welcomed Bradley James on April 13. Nicole Weaver, RN, (MICU) and husband John celebrated the birth of Jonah Benjamin on April 27. Lauren Parrish, RN, (SICU & Trauma) was married to Jonathan Taylor on May 28.

Megan Andrews (Rehab Case Management) was married to Derrick Holler on June 5. Ryan Vick, RN (Surgical Services - Inpatient PACU) and wife Jamie welcomed their daughter Kinsley Ryan on June 19. Beth Wilson, RN, (Neuro ICU) was recently married to Phil Karam on August 13. Beth Wilson, RN, (Women’s Pavilion & Birthplace - Cary Hospital) passed her National Certification Exam in Infection Control on September 5, 2011.

The WakeMed Circle of Excellence program recognizes employees who go above and beyond their daily responsibilities to impact one or more of the five Strategic Plan Goals. Employees are nominated by their peers and represent the top one percent of WakeMed staff.

Don’t Text, Don’t Drive. Sign the Pledge when G105 Visits WakeMed Tuesday, August 23 Raleigh Campus Courtyard Noon to 1 pm

Don’t Text, Don’t Drive. For more information on the Don’t Text, Don’t Drive Campaign, visit www.g105.com.
I am so pleased to have been selected as your new chief nursing officer. Over the years, I have cared for many people, just like all of us in nursing. I was recently asked to share one meaningful patient experience that I remember. I am sure that each of you can recall patients that impacted you personally as significantly as their memory of you impacted them.

It was the end of my 3 to 11 shift, and I went in to say goodbye to a patient I had been caring for over the past several days. He was a patient without any family, set in his ways with over 90 years behind him. He reminded me of my grandfather. On this particular night, he asked me to sit with him. He was a man of few words, and I had to figure out what he might be feeling. I felt that something bad changed for him. OP had been tratematized with prostate cancer, and I did not want to leave him alone. I did most of the talking while trying to keep him comfortable. At about 2:30 am, OP passed away. As I was remembering how I felt about this experience, I thought that this may not be appreciated as an experience of significance, a big deal, if you will. On reflection, this was a big deal for me, both personally and professionally. And I know my presence made a difference to him.

We nurses don’t always think that what we do is a big deal. Many times we take ourselves and our profession for granted. We fail to appreciate that what we know and what we can do truly make an impact on people’s lives every time we assess a patient; every day we take on our assignments. We save lives because we know how. We are educated to observe subtle changes in a patient and take action. These actions may involve advanced therapies, protocols, complex medications, and critical decision-making. We explain to someone how to take their insulin to control their diabetes. We know how and we teach. We hug someone who just learned they have cancer. We comfort and we care. We are experts in practice. We understand how the human body works, assessing and anticipating changes in responses to care or rescuing a patient whose condition changed. We are technically savvy and adaptable to new tools using sophisticated technology. We make someone feel safe just before they go into the operating room by saying, “I am your nurse, and I will be with you.”

I became a nurse because my mother was a nurse, and I heard the stories of what she did for more than 40 years. My sister is a nurse, and my sister-in-law is a nurse, too. I am excited today about patient care and the profession of nursing as I was the day I took care of my first patient. Over the next couple of months, I will be meeting with physicians, organizational leaders and staff, rounding on units and departments in order to facilitate dialogue and understand your issues related to patient care, supporting families and working together for WakeMed. This will help me understand our current practices, what we are proud of, and our opportunities and challenges. Thank you in advance for sharing your time and your important perspective.

Many WakeMed nurses and support staff were honored this May at the Professional Nursing Excellence and Support Excellence Award ceremonies held on the Raleigh Campus and at Cary Hospital during National Nurses Week. For the fourth year in a row, Nursing Excellence award winners were nominated by their peers for the superior work they do above and beyond their daily responsibilities. Support Excellence award winners, including nurse techs, secretaries, respiratory therapists, Environmental Services staff, Food & Nutrition Services staff and many more, were also nominated by their peers for the difference they make as it relates to patient care.

Gail Sturtevant, RN, former interim senior vice president and chief nursing officer and current executive director for Nursing at Cary Hospital, attended both awards ceremonies to thank the recipients for their dedicated service and to identify ways for awards. Dr. Bill Atkinson, president and CEO, spoke to ceremony attendees on the Raleigh Campus, and Tom Gettenger, executive vice president and chief operating officer, spoke at the Cary Hospital event.

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TOPICS: DISCHARGE INSTRUCTIONS AND HAND HYGIENE

At the June meeting of the WakeMed Staff Nurse Council (SNC), two topics were of main importance: discharge instructions and hand hygiene. Council members chose to concentrate on discharge instructions after Brent Anthony, director, (Accreditation Services) and Sabrina Tyndall, RN, director, (Adult Acute Care Nursing Services) presented at the SNC April meeting on WakeMed’s Hospital Care Quality Information from the Consumer Perspective (HCARPS) scores and Professional Research Consultants (PRC) scores, both of which measure patient satisfaction.

“After the April presentation, we pinpointed the areas that nurses could directly impact to help improve patient satisfaction. Nurses play a key role at discharge, so we chose to focus there,” said Lori Heinig, RN, (1 West - Medical/Surgical/Cary Hospital), SNC liaison to Cary Hospital.

When the group reconvened in June, units with proven discharge processes were presented, including 3E/CVICU, Adult Acute Care, Women’s & Children’s Services, and Emergency Services. SNC members worked in small groups to identify ways to enhance the discharge process. Some strategies were simple, such as enrolling text so patients could easily read instructions, to a process change in which charge nurses would compile discharge packets at admission with color-coded instruction sheets.

This message, written by Diana Knight, MSN, RN, NE-BC, manager, (SA Telemetry) was posted on the Advance for Nurses website on May 5:

“This year our hospital is celebrating its 50th anniversary, which has given me the opportunity to think about how nursing has changed over time and how many things have stayed the same. The art of nursing at its core has remained unchanged, but the science of nursing is now rooted in research, quality outcomes, and individualized plans of care. And while nurses have always been respected, they are now valued much more for their accomplishments and ability to positively impact quality outcomes. Additionally, over time, nurses’ roles have expanded and become more specialized, and it is during Nurses Week each year that we are able to be recognized by the public and our peers for contributions to patient care and positive outcomes. To my fellow nurses at WakeMed and around the country, keep up the great work.”

STAFF NURSE COUNCIL

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At the June meeting of the WakeMed Staff Nurse Council (SNC), two topics were of main importance: discharge instructions and hand hygiene.
At each ceremony, the Department of Nursing honored the volunteers at WakeMed Raleigh Campus and The Volunteers at WakeMed Cary Hospital for the work they do every day to support nurses in areas such as the Rehabilitation Hospital, the WakeMed Heart Failure Support Group, the Newborn Hearing Screening department, the Neonatal Intensive Care Unit, the Birthplace – Raleigh, the Ronald McDonald Family Room within the WakeMed Children’s Hospital, plus many more. Whether they are transporting a patient, holding a baby, performing data entry, washing clothes or providing home cooked meals, the volunteers are a critical part of patient and family care at WakeMed.

Sandra Bullock, RN, (2C Rehab)

Home cooked meals, the volunteers are a critical part of patient and family care at WakeMed.

At each ceremony, the Department of Nursing honored the

Mary Jo Outlaw

Robert McVeigh

Felisha McDaniel

Shannon Massengill

Michelle Lampley, RN, (Emergency Medical Services - Cary Hospital)

Susan Dickinson, RN, (Patient Care - Cary Hospital)

Gail Sturtevant, RN, executive director of nursing at Cary Hospital, presents Rod Karcher (Rehab Nursing) with a Supportive Excellence Award for his work as a nurse aide.

2011 Support Excellence Award Winners

Naim Abdelhamid (Adult Emergency Department)

Mary Anderson (Surgical Services)

Diana Baker (3B CVIC)

Jill Whade, RN, (Observation Unit 1)

Shawn Bolin (1N BC)

Gigi Bray (Operative Services - Cary Hospital)

Gloria Brown (5C Medicine)

Commita Campbell (Surgical Services - Day Surgery/PACU)

Anna Carter (Women’s Pavilion & Birthplace - Cary)

Jay Verk (Observation Unit 1)

Phileana Coker (Emergency Department - North Healthplex)

Yang Bae (Cardiovascular Services - Cary Hospital)

Jim Keilen (3E Cardiovascular Services)

Dina Hay (ICU/PATU - Cary Hospital)

Lauren Suchy, RN, (Case Management)

Emily Temple, RN, (Pediatric Intensive Care Unit/4E Pediatrics)

Christina Thurston, RN, (5A Medical Intermediate Care)

Katie Wagner, RN, (Women’s Pavilion & Birthplace - Raleigh)

Patricia VanHorne, RN, (PACU - Cary Hospital)

Jennifer Watkins, RN, (Observation Unit 2)

Julie Weathers, RN, (Surgical Services - OR)

April Wilder, RN, (6C Surgery & Trauma)

Jamie Wilson, RN, (Neuro ICU)

Sam Shortland, RN, executive director of nursing at Cary Hospital, presents Rod Karcher (Rehab Nursing) with a Supportive Excellence Award for his work as a nurse aide.

In July, DAISY co-founders Bonnie Barnes and Tena Barnes Carrarah were special guests at a DAISY Award ceremony at WakeMed that honored Strickland as well as Milb Mason, RN, (2 East Medicine - Cary Hospital) and Jasmine Palka, RN, (Observation Unit 1), the June and July recipients. The event was held on the Raleigh Campus and all nurses were invited to attend. Cake and punch were served.

DAISY nomination forms are due at each unit and any nurse can be nominated. Return boxes are at the main entrance of each facility. Completed forms can be mailed to Jill Whade, RN, (Nursing Administration) or given to a nurse manager.

LAURIE Dvorec

Karen Haynes

Nursing Excellence Award Winners

Nursing Excellence Awards (continued from page 5)

Candace Alford, RN, (2 East Medicine - Cary Hospital)

Jason Bradsher, RN, (Home Health Services)

Leslie Brothers, RN, (Emergency Department - North Healthplexes)

Sandra Bullock, LPN, (Adult Emergency Department)

Liz Cain, RN, (Orthopaedics & Oncology)

Nicole Carpenter, RN, (Women’s Pavilion & Birthplace - Cary)

Gail Casey, RN, (Women’s Pavilion & Birthplace - Raleigh)

Heart Clark, RN, (3B Neuro Intermediate Care)

Christine Colton, RN, (2B Rehab)

Rodney Connell, RN, (Surgical Services - Day Surgery)

Helen Cox, RN, (2C Rehab)

Jeanette Curran, RN, (Surgical Services - Inpatient PACU)

Melinda Dawson, RN, (ICU/CICU)

Susan Dickinson, RN, (2 West CVIC - Cary Hospital)

Mini Dominick, RN, (ICU/CICU)

Sandra Everett, RN, (2 West Medical/Surgical Intermediate Care - Cary Hospital)

Jennifer Farmer, RN, (Children’s Emergency Department)

Linda Fish, RN, (3C Medicine)

Debby Fisher, RN, (Operative Services - Day Surgery - Cary Hospital)

Andrea Garganese, RN, (Women’s Pavilion & Birthplace - Cary)

Marcy Gaudet, RN, (Observation Unit 1)

Gina Grimes, RN, (Special Care Nursery - Cary)

Paige Gunas, RN, (Emergency Department - Cary Hospital)

Lorilin Heining, RN, (3 West Medical/Surgical - Cary Hospital)

Lucy Hoch, RN, (Surgical Services - Endoscopy)

Melva Holloway, RN, (Surgical Services - Day Surgery/PACU)

Kimberly Horn, RN, (Women’s Pavilion & Birthplace - Cary)

Shelly Houseknecht, RN, (6A CVIC)

Therese Keene, RN, (3B CVIC)

Janet Jeter, RN, (Emergency Department - Apex Healthplexes)

Michelle Lamplly, RN, (Nursing) (Observation Unit 1)

Jessica Latham, RN, (3A CVIC)

Donald Lemaire, RN, (Observation Unit 3)

Erie Magee, RN, (Imaging Services)

Shannon Massengill, RN, (Surgical Services - Imaging Care)

Felisha McDaniel, RN, (CVICU)

Robert McVeigh, RN, (ICU/CICU)

Tracey Michael, RN, (CICU/B)

Mary Nace, RN, (CN Tower)

Kristin Pavelich, RN, (Chast Pain Unit - Cary Hospital)

Andrea Patterson, RN, (2 East Critical Care Services)

Kristen Pope, RN, (Heart Center - Electrophysiology)

Teri Rich, RN, (Operative Services - Inpatient Critical Care)

Pat Perry, RN, (2 West ICU/MSIC - Cary Hospital)

Natalie Santi, RN, (4E Pediatrics)

Annah Schwartz, RN, (Emergency Medical Services - Cary Hospital)

Sandra Fennell, RN, (Women’s Pavilion & Birthplace - Raleigh)

Philomena Coker (Emergency Department - North Healthplex)

Brian Endicott, RN, (ICU/CICU)

Patricia Ewen (Emergency Department - Registration - Cary Hospital)

Sandra Fennell, RN (ICU/CICU)

Faith Freeman (Chast Pain Unit)

Cindy Ford (Women’s Pavilion & Birthplace - Cary)

John Gall (6C Surgery & Trauma)

Tina Gooch (Women’s Pavilion)

Jennifer Hall (4E Pediatrics)

Randall Heath (Mobile Critical Care Services)

Mary Alice Hobbs (Women’s Pavilion & Birthplace - Cary)

Digna Horgan (Heart Center - Invasive Cardiology)

Ryan Hutchinson (Neuro ICU)

Jackie Jenkins (MPDC - Cary Hospital)

Rod Karcher (2C Rehab)

Sheila Linn (Surgical Services - Cary Hospital)

Naomi Kelly (2 West CVIC - Cary Hospital)

Vivian Kwabia (Observation Care Services)

Norman LaRuschi (Respiratory Care Services)

Jeff Lee (Women’s Pavilion & Birthplace - Raleigh)

Jason Litch (WakeMed Faculty Physicians - Raleigh Cardiology)

Heather Martin (6A CVIC)

Krey McKee (Patient Safety/Risk Management)

Jason McKnight (Surgical Services - Endoscopy - Cary Hospital)

Danielle McKay (Surgical Services - Inpatient PACU)

Eddy McLeod (CICU)

Sarah Obenschain (3E CVIC)

Bridgette O’Neal (Neonatal Intensive Care Unit)

roque Paraz (Operative Services - Endoscopy - Cary Hospital)

Deborah Perry (CV Testing)

Maria Podosch (SA MCIC)

Marjorie M. (Women’s Emergency Department - Cary Hospital)

Teresa Rodriguez (Children’s Emergency Department)

Angela Sanders (Surgical Services - Endoscopy)

Caroline Shore (CVICU)

Charnell Smith (Food & Nutritional Services)

Beverly Snellings (Women’s Pavilion & Birthplace - Raleigh)

Betsy Thompson (Observation Unit 3)

Candace Turner (Rehab Nursing)

Tena Barnes Carraher, RN

Charlene Smith (Food & Nutritional Services)

Sheila Kee (ICU/PATU - Cary Hospital)

Diane Baker (3B CVIC)

Faith Freeman (Chast Pain Unit)

Anna Carter (Women’s Pavilion & Birthplace - Cary)

Jamie Wilson (3A CVIC)

A nursing work group is being formed to follow up with the outcomes being a streamlined discharge process and a patient safety focus. Stay tuned for more details!

Also of importance at the June meeting was hand hygiene. “Practicing good hand hygiene in a way that is sustainable and effective and keeps patients safe is a passion for me,” added Heinig. “The SNC is committed to educating our nurses each year,” added Heinig. “The SNC is committed to understanding and changing different, reactions to this new change. It also described best practices for implementing changes and strategies to help motivate staff to support and promote change. Elaine S. Scott, PhD, RN, NE-BC, a nursing professor at East Carolina University, director of the East Carolina Center for Nursing Leadership and a national speaker on change management, helped lead the seminar. It was attended by all members of his Executive Council, nurse managers and nurse supervisors/educators.

While at WakeMed, Potter also spent time shadowing nurse leaders to conduct research related to Certification (CNS) proposals and assisting with the development of strategic nursing plans. She was directly accountable to Betty Woodard, RN, PhD, director, (Nursing Research & Evidence-Based Practice).

“Working at WakeMed has given me more experience in the area of nursing leadership and helped broaden my understanding of what nurse leaders do, especially in the acute care setting,” said Potter. “It has been a great experience.”

Across the country, the Department of Nursing honored The Volunteers at WakeMed Raleigh Campus and The Volunteers at WakeMed Cary Hospital for the work they do every day to support nurses in areas such as the Rehabilitation Hospital, the WakeMed Heart Failure Support Group, the Newborn Hearing Screening department, the Neonatal Intensive Care Unit, the Birthplace – Raleigh, the Ronald McDonald Family Room within the WakeMed Children’s Hospital, plus many more. Whether they are transporting a patient, holding a baby, performing data entry, washing clothes or providing home cooked meals, the volunteers are a critical part of patient and family care at WakeMed.

Sandra Bullock, RN, (2C Rehab)

Home cooked meals, the volunteers are a critical part of patient and family care at WakeMed.
Local Teen Completes Eagle Scout Project at Cary Hospital

Taylor Waters, an upcoming junior at Green Hope High School in Cary and member of Boy Scout Troop 200, recently completed his Eagle Scout project at Cary Hospital. For the project, Waters coordinated the landscaping of six different exterior signs at Cary Hospital. He and some helpers removed sod from around the signs and added mulch. Tim Markjohn, director, (Facility Services) served as Waters’ contact at Cary Hospital, while his project was coordinated through Cary Hospital’s Volunteer Services department.

“We are very thankful to Taylor for his hard work and are very pleased he chose Cary Hospital as the site for his Eagle Scout project,” said David Coulter, senior vice president and administrator of Cary Hospital. “At WakeMed, community involvement and community support are top priorities, and we hope we can continue to contribute to the growth and achievement of our local youth. We wish Taylor all the best for future success.”

Above: Gantt Edmundson (Eagle Scout mentor), Taylor Waters, Tim Markjohn (Facility Services), David Coulter, senior vice president and administrator of Cary Hospital, Susan Heeter (Community Services) and Bethany Kelly (Volunteer Services - Cary Hospital) proudly display one of the signs Waters landscaped for Cary Hospital as part of his Eagle Scout project.

North Hospital

The first phase in the development of WakeMed North Hospital, to be built at the site of WakeMed North Healthplex, is to relocate the North Healthplex Emergency Department (ED). WakeMed must wait for approval from the City of Raleigh to begin this process, however they hope to begin in early 2012. North Hospital will be a 61-bed acute care hospital with a focus on inpatient women’s specialty services, offering a full range of obstetric and gynecological services, including comprehensive preventive, diagnostic and therapeutic care. The facility will continue to serve men and children through the existing ED, outpatient surgery, imaging, lab and physician services already offered there.

Physician Office Moves at North Healthplex

WakeMed is leasing the unoccupied space in the Physicians’ Office Pavilion (located next to WakeMed North Healthplex) in order to move physician practices there from North Healthplex. These practices include Wake Specialty Physicians (WSP) - ENT, WSP - General Surgery and North Wake Internal Medicine. A Pediatric Surgery clinic will likely be added to the General Surgery clinic in the future – both will have their own entrances. These moves will help facilitate the construction of WakeMed North Hospital.

Brier Creek Healthplex

Construction continues on WakeMed Brier Creek Healthplex at the corner of T.W. Alexander Drive and ACC Boulevard in Raleigh. The target date for the facility’s first day of operation is January 9, 2012. Brier Creek Healthplex will feature a stand-alone emergency department and support services.

The two-story building is sized at approximately 51,000 sq. ft. and WakeMed will occupy the entire first floor (approx. 21,500 sq. ft.) for the Emergency Department, Pharmacy, Laboratory and Imaging Services. Imaging will include a CT, ultrasound and X-ray or radiology rooms. The facility will also have provisions for mobile MRI service. The second floor will be reserved for leased physician office space.

System-wide Infusion Pump Replacement

Conversion to Smart Pump Technology

A go-live schedule is set for the system-wide replacement of infusion pumps from the Hospira brand (Abbott Plum pump) to the Baxter brand (Sigma Spectrum). Expected go-live dates are:

- Monday, October 17 – Raleigh Campus
- Tuesday, October 18 – Cary Hospital
- Wednesday, October 19 – North Healthplex, Apex Healthplex and all other sites

A great deal of ground work is being done by Pharmacy, Information Services and Nursing to prepare for this go-live and to ensure the dates are met. Specifically, Pharmacy is working on the medication drug library for the new pumps, Information Services is acquiring all of the servers needed to install the new application for the pumps and Nursing is working with Baxter representatives to conduct a clinical process review of how to use the new pumps, tubing sets, etc.

In mid August, Pharmacy and Nursing “supervisors” are engaging in a process to test the medication drug library for the new pumps and ensure the drugs and their dosages match the needs of the nursing units.

Additionally, work is underway to align practice and pump functionality.

All staff that currently use infusion pumps will train on the new pumps one week to 10 days before the go-live date. Training will take place at their individual facilities. Staff will also have the opportunity for hands-on practice, coordinated by Lisa Sohns, APRN, CNS, (Clinical Nursing Resources Services). Stay tuned for more details.

Conversion to Smart Pump System-wide Infusion Pump Replacement

Cluster 4/Orthopaedic Service of Surgical Services - Operating Room (OR) on the Raleigh Campus reported that 85.52 percent of their first case starts were successfully completed on time in the second quarter of the year, April through June 2011. This was more first-case starts than any other cluster in the Raleigh Campus OR. Cluster 4 works in cooperation with supervisor Myra Crowley, RN.

A first-case start is when a surgery begins on time at 7:30 am, as scheduled. Cluster 4’s continuous goal is to maximize the efficiency of the OR by encouraging an efficient patient flow of the caseload. First-case starts are a large contributor to this goal. Team members demonstrated great teamwork and communication in ensuring their first patients were in the OR and ready on time.

The cluster team includes: Lisa Soltis, RN; Meera Kelley, MD; Andrew Wyker, RN; Carla Ennis, RN; Ariel Llanes, RN; Phillip Miller, RN; and Debra Dupre, RN. Right photo: Back row: Lula Simms; Ariel Llanes, RN; Amy Powers, RN; Debra Dupre, RN; and Charlie Payne and (front row) Myra Crowley, RN; Leslie Figuera, RN; and Phillip Miller.

Looking to 2012

Over the past year, we have taken strong steps to improve financial performance, helping to prepare us for health care reform. We want to build on the steps we’ve taken, further improving on efficiencies while we enhance patient care and safety. In planning for the new fiscal year, Quality & Patient Safety leaders took a day-long retreat. We considered where we’ve been, where we want to go and how best to get there. I’d like to share with you some of our thoughts and invite your feedback.

To meet the challenges and achieve excellence, we envisioned that WakeMed will be the change that we want to see in health care. We defined this as:

- Great people: Friendly, supportive, attentive, engaged, team-spirited.
- Great processes: Efficient, reliable, user-friendly, clear, consistent.
- Great product (care): Safe, effective, efficient, transparent, reaching beyond our walls, of highest value.
- Great healing environment: Well-designed and organized, tranquil, soothing, soothing, soothing.

In many ways, we have those things – certainly, we have great people! But we can always do better. And we are experiencing great changes in health care, so we must continue to improve, be our best and eliminate waste wherever possible.

Howard Putnam, a former CEO of Southwest Airlines, said, “In times of turbulence, simplify, simplify, simplify.” And that’s what we think our theme should be, too.

So, we are going to work with you to simplify wherever possible. Simplify documentation. Simplify how we do things. Simplify and standardize. And in the process, create more time and space to focus on the reason we are here – our patients.

QUALITY CARE AND PATIENT SAFETY

Great Work, Cluster 4!

Great Work, Cluster 4!

The cluster of the year is Cluster 4 in the Raleigh Campus OR. It achieved a first-case start (on time at 7:30 am, as scheduled) every time in the second quarter of 2011.

Cluster 4’s continuous goal is to maximize the efficiency of the OR by encouraging an efficient patient flow of the caseload. First-case starts are a large contributor to this goal. Team members demonstrated great teamwork and communication in ensuring their first patients were in the OR and ready on time.

Not pictured: Mary Pennington, RN; Suella Berry, RN; Krista Light, RN; Kinei McNeil, Terr; Darmanin, RN; Maggie Patterson, RN; Carla Emnis; Erin Farley; Dominique Sanders; and Andrew Wyker.
The WakeMed Gives Employee Campaign is a fundraising initiative during this annual, two-week campaign, employees can participate in events and make donations to their favorite charities (all 501(c)(3) organizations qualify to receive contributions through our campaign). Participation is voluntary.

WAYS TO GIVE
1 Online: Visit www.easymatch.com/wakemedgives
2 Paper pledge form: Printable on the WakeMedWeb or www.easymatch.com/wakemedgives

PAYMENT OPTIONS
> Cash, check or credit card
> Payroll deduction – One-time payment or split over 26 pay periods
> Check donation – Yes! Back by popular demand, PDD donations are welcome.

BIRTHDAY CAKE & CUPCAKE! – DECORATING CONTESTS & AUTIONS
The most creative cake or cupcake display on at Raleigh Campus and Cary Hospital!

Cary Hospital Contest – September, 11 am to 2 pm, Points West Cafe. There is space for 20 entries. Coordinator: Tina Schruebch (Food & Nutrition Services - Cary Hospital)

Raleigh Campus Contest – September, 11 am to 2 pm, Cafe 3000. There is space for 4 entries. Coordinator: Jessica Marchand (Food & Nutrition Services)

If you are submitting cupcakes, include a minimum of six. Employees at all facilities can participate by submitting entries, voting for their favorites or bidding on a cake to take home.

PIGGY BANKS
Your department can dress up a piggy bank or collect the most change in one or more banks positioned throughout your department. Prizes will be awarded for “best-dressed pig” and “fattest pig” (most money raised).

WAKEMED’S GOT TALENT
Do you have a special talent? Now’s your chance to show off! During the campaign, videotape yourself performing your talent and enter it into an online contest. Everyone will have the opportunity to view the entries and vote for their favorite. A prize will be awarded to the video receiving the most votes!

VOLUNTEER PROJECTS
Employees who wish to get personally involved can volunteer at one of the local agencies WakeMed is partnering with this year, including InterAct of Wake County, Alliance Medical Ministry and White Plains Children’s Center.

STAY TUNED!
Plans are still in the works for many of these events. The Campaign Committee will share more details as they become available via all staff e-mails, WakeMed Weekly and the WakeMedWeb.