Cary Hospital Celebrates 20th Anniversary

On December 16, 1991, Cary Hospital opened as Western Wake Medical Center, an 80-bed hospital designed to replace the former Western Wake Hospital in Apex. But the journey to make Cary Hospital a reality was not an easy one. In 1981, WakeMed (then called Wake Medical Center) and Kentucky-based Humana Inc. applied files with the state seeking permission to build a hospital in Cary. The state granted WakeMed’s request, but Humana appealed the decision. Court battles ensued for five years. Finally, in 1986, the N.C. Court of Appeals upheld the decision to grant the beds to WakeMed and in 1988, the Wake County Commissioners also approved. Today, WakeMed Cary Hospital is a full-service hospital with 156 beds, 1,053 employees and a 683-member medical staff.

Bedside Reporting Goes Live January 4

As the system-wide rollout for bedside reporting approaches, Barry Swanner, RN, (Children’s Emergency Department) (below left) can be recognized as the founder of WakeMed’s new Bedside Report Guidelines. Through the acronym BEDSIDE, Swanner created an easy way for incoming and outgoing nurses to remember how to conduct a bedside report together during shift change in a time-efficient, convenient and efficient manner. In summary, BEDSIDE stands for:

- Begin with introductions, and be sure to “get in” as you enter the room.
- Exchange whiteboard and patient’s whiteboard. Discuss patient care.
- Safety checks
- Interventions
- Disposition update
- Ensure understanding, encourage questioning and exit, making certain you “get out.”

Swanner worked with his department’s unit council and manager Laurie Cook, RN, to create and implement this new bedside reporting process in the Children’s Emergency Department about a year ago. It covers all pertinent activities for nurses to conduct at shift change.

“We knew we needed to do something about bedside reporting, since it is now required by The Joint Commission, and we also wanted to enhance patient safety. In the past, there was no standardization,” said Swanner, who used the research article “Bedside Shift Report Improves Patient Safety and Nurse Accountability” (Journal of Emergency Nursing, July 2010) for reference. This article shows that bedside reporting is an evidence-based practice to enhance patient safety and staff accountability.

It also cites how the bedside report keeps patients and families at the center of their care and all clinical care decisions, and reassures them that the entire team has had the information needed to follow the plan of care.

“Since we implemented this process, we have observed many improvements during shift change: less patient concerns, more confidence from patients and more focus from staff,” added Swanner. “This leads to increased patient safety and better patient outcomes.”

Cook added, “We have learned over the years that patients really only feel uneasy if they are not being informed. Using this process, we are able to keep them informed. I am very proud of what Barry and the rest of our team have accomplished.”

WakeMed Brier Creek Healthplex Opens January 9

Brier Creek Healthplex will open to the public on January 9. The new, 50,000-square-foot facility will be home to WakeMed’s sixth full-service emergency department (ED). In addition to the 24/7 ED, the healthplex will feature a variety of outpatient services including diagnostic imaging, labora-
yory services and physician offices.

Please Join Us for An Employee Open House F R I D A Y , J A N U A R Y 6 1 0 A M T O 3 P M

Veterans Day at WakeMed

On Friday, November 11, WakeMed hosted Veterans Day recognition ceremonies on the Raleigh Campus and at Cary Hospital to honor all WakeMed employees, physicians and volunteers who are veterans or currently serving in the U.S. Armed Forces.

Held in the Andrews Center, the Raleigh Campus ceremony drew 85 participants and included special remarks from Dr. Bill Atkinson, president & CEO, as well as a keynote presentation by Rudy Rudisill, Jr., major general, retired, N.C. Department of Crime Control & Public Safety, Chief Deputy Secretary – Office of the Secretary shown with Dr. Atkinson above. The WakeMed Color Guard (shown above) presented the colors before soloist Sheila DeBastiani, Heart Center – Invasive Cardiology sang the National Anthem. A representative from Spiritual Care offered the invocation, and Teo Eclarin, TSgt, USAFR, retired, (Telecommunications) read the President’s Proclamation.

WakeMed Rehab Earns Three-Year CARF Reaccreditation

As of October, WakeMed Rehab programs were reaccredited for three years by CARF International, a human services accreditation agency. WakeMed’s accreditation includes the Rehab Hospital for general rehabilitation and specialty programming in stroke, spinal cord injury care and brain injury rehabilitation, as well as a specialty spinal cord and brain injury day treatment program.

This accreditation is the highest level awarded and demonstrates our commitment to programs and services that are measurable, account-
able and of the highest quality. CARF surveys made no recommen-
dations, signifying that the on-site reviewers did not identify any areas of nonconformance. This is an extraordinary accomplishment, as only three percent of CARF surveys result in no recommendations.

“We expected a great survey result because of the scope of services we offer and positive patient outcomes we deliver, but a recommendation-free survey is beyond expectation,” commented Beth Rudisill, director, (Rehab Hospital). “I am grateful to the staff and leadership for the hard work they put in every day.”

CARF is an independent, non-profit accrediting body whose mission is to promote the quality, value and optimal out-
comes of services through a consultative accreditation pro-
cess that centers on enhancing the lives of the persons served. For more information, visit www.carf.org.
Comings & Goings

assistants

6C Surgery & Trauma welcomes nursing RN.

Schann Westbrook Bowman comes interns:

daley

Also, the department welcomes six new Clinical Pastoral Education residents: Jamelia bell, twenni bernhardt, toby bonan, diane brower, Adrienne keller and putty pace; 11 Clinical Pastoral Education interns: nathan blake, los casonagh, daley, richard hill, Allison holmes, Lydya malone, Jackie montague, Amanda rankley, bryon taylor, debbie wall, kody witt and priscilla wright; as well as four Urban Ministry Clinical Pastoral Education interns: lamar reece, faith dickens, Brian belling and jack McKey

The Adult Emergency Department welcomes Cheryl seagoaves, RN; Lori edmondson, RN; Jennifer Goush, RN; Angela Bowman, RN; and nursing assistants schiana westbrook and teresa Wilson. Home Health welcomes a food service worker from Tommy berg, RN, and Tomica Young, RN. The department welcomes Tommy Little, RN.

DC Surgery & Trauma welcomes nursing assistants Rachel dieckrich and Kimberly Adams.

Introducing the New Class of Pediatric Emergency Fellows

The current class of pediatric emergency medicine fellows working within WakeMed Children’s Emergency Department (CED) is an impressive bunch, bringing talent, a passion for medicine and a dedicated interest in research related to pediatric health care. Each fellow was accepted into the Pediatric Emergency Medicine (PEM) Fellowship program, a partnership among WakeMed; Wake Emergency Physicians, PA (WEPPA); and the UNC School of Medicine’s Department of Emergency Medicine, after completing a competitive application process and two to three years of training in an accredited residency program in emergency medicine or pediatrics.

Meet the Fellows:

Second-year fellow Scott connelly, MD, grew to love the Triangle area while completing his pediatric residency at Duke University Medical Center. He earned his doctor of medicine degree at the University of Medicine & Dentistry of New Jersey. He heard great things about the WEPPA PEM Fellowship, so he applied. His research in on-patient simulation to benefit patient safety.

Neva Howard, MD, a first-year fellow, completed her residency in pediatrics at Columbia University Medical Center/New York Presbyterian Hospital. She earned her doctor of medicine degree at the Stanford University School of Medicine. She chose the PEM Fellowship to gain a strong clinical background. Dr. Howard’s research is in the development of deliberate practice and application of medicine.

First-year fellow Neil Jain, MD, arrived at WakeMed from Yale-New Haven Hospital in Connecticut where he completed his residency in emergency medicine. He earned his doctor of medicine degree at the University of Tennessee College of Medicine. He chose the PEM Fellowship for its research flexibility and supportive environment. Dr. Jain’s research interest is in ultrasound.

Doris Miller, MD, second-year fellow, earned his doctor of medicine degree at East Carolina University’s Brody School of Medicine and completed his pediatric residency at the University of Florida at Jacksonville. After working at Jacksonville’s Wolfson’s Children’s Hospital in emergency medicine, he applied for the WEPPA PEM Fellowship. Dr. Miller’s research interest is in developing a medical delivery system for children suffering from severe asthma.

About the Fellowship:

Started in the summer of 2008, the WEPPA PEM Fellowship was the idea of the late Marilyn Hicks, MD, former pediatric emergency medicine physician and medical director of WakeMed’s CED. Dr. Hicks believed that WakeMed needed an infrastructure that would allow for the future employment of subspecialists for the care of children. Today, the fellowship program has graduated two classes of fellows and can hold four fellows at a time. The supportive training environment it offers, coupled with an outstanding patient population to learn from (WakeMed’s CED sees the highest volume of pediatric patients in the state), have quickly made it one of the nation’s premier PEM Fellowships.

“The growth in pediatric care at WakeMed has been impactful for our fellows,” commented Courtney Mann, MD, program director for the PEM Fellowship since September 2010 and WEPPA physicians. “They gain tremendous clinical exposure from the WakeMed CED and the pediatric specialists at WakeMed Children’s, including the Level IV Neonatal Intensive Care Unit, pediatric radiology, and pediatric surgery with Dr. Phillips and Dr. Wadie, among others.” J. Duncan Phillips, MD, is the surgeon-in-chief and director of Pediatric Surgery for WakeMed Children’s Hospital, and pediatric surgeon George Wadie, MD, joined Dr. Phillips in October.

Dr. Mann also noted that the program’s relationship with the UNC School of Medicine’s Department of Emergency Medicine has been beneficial as well as the fellows’ access to the WakeMed Center for Innovative Learning, a primary resource for learning resective care medicine. WakeMed’s attending physicians, who bring a variety of medical backgrounds to the table, are also a huge asset.

“As emergency care for children has become a popular subspecialty, our fellowship program continues to evolve. From simulation to subspecialists to research, we offer invaluable learning opportunities to our fellows,” added Dr. Mann. “We are excited to have Scott, Neva, Neil and Davis as a part of our team.”
The last ten years have been full of challenges and changes that have called on us to consider new processes and approaches, and the potential for a dramatic redesign of the health care industry. Patient care delivery systems are considering various stages of evaluation and redesign to reduce variations of care, increase efficiency, control costs, improve the patient experience, and improve clinical outcomes across an ever-expanding continuum. The work often features interdisciplinary teams at our core, multidimensional approaches to our roles, empowered and involved employees, and results-oriented performance measures to ensure we are improving over time. Incorporating these challenges and changes into our patient-care delivery settings, especially in acute care hospitals, may represent a fundamental redesign of processes, even a fresh look at our roles and relationships, and often involves greater interdisciplinary and collaborative work.

The team is considered to be a basic unit of work performance in this new paradigm with many redesign efforts focused around work teams. But, work teams do not equal teamwork. Teamwork cannot be forced; it must be developed and nurtured. Effective teamwork reflects collaboration. Collaboration by definition is a “process of joint decision making among interdependent parties, involving joint ownership of decisions and collective responsibility for outcomes.” Collaboration calls upon skills that respect individual contributions and constitutes a capacity and means for achieving outcomes, such as an enhanced patient experience, physician and employee satisfaction, safer environments and quality results. Other skills include listening with an open mind to each other and our patients and families; acknowledging and utilizing differences and conflict productivity; leading by facilitating; redesigning systems; and appreciating new relationships and points of view.

Teamwork through collaboration. Thank you for considering these concepts as we tackle current challenges and position ourselves for future success.

The Raleigh Campus, positively impacting patient care. The new strategy, which began as a Wellingportion Road to Excellence initiative, was developed after the need for an enhanced patient transport process was identified as a top non-nursing task. Last spring, a special workgroup, including Gail Sturrivant, RN, executive director of nursing at Cary Hospital, and Jennifer Lee, manager, Imaging Services - Administration, reviewed the expansion of the current transport team as a way to keep more nurses and nursing assistants on the unit caring for patients.

“We talked about this for a couple of years, and even piloted a day-shift program on 3A CVIC, 6A CVIC, 5B NIC and SC Medicine,” said Lee. “Part-time employees were hired for patient transport, instead of relying on nurses and nursing assistants. We had always wanted to expand this program.”

To expand the program this October, the workgroup determined peak hours for transport, 2 to 7 pm, when patient transporters would be most helpful, and they staffed to those hours. The patient transporters are a critical part of the automated Teletracking process, which allows Patient Access staff to know what patient beds are full, empty and ready to be cleaned for the next patient. When a patient transporter is called by the unit to transport a patient for discharge, he or she contacts Environmental Services immediately to clean the patient’s room, instead of relying on someone on the unit to make the call. By having transporters perform more patient discharges, there is a much quicker turnover of beds, leading to a positive impact on patient placement through Teletracking.

“The nursing care team is so excited to have this valuable support for our patients at discharge,” commented Cindy Boily, RN, MSN, NEA-BC, senior vice president and chief nursing officer. “It helps keep our nurses and nursing aides on the units, focused on the acute care and service needs of our patients.”

The transporters are mobile throughout their entire shift and keep a pager with them at all times. They usually complete two to three jobs every hour, depending on patient acuity and travel distance. Under Lee and supervisor Aimee Guy (Imaging Services), all patient transporters must be CPR certified and have strong customer service skills. Often, they are former WakeMed volunteer Guest Ambassadors, nursing students or X-ray students.

This new transport program is absolutely wonderful,” commented Melissa Craft, RN, manager, (Neuro ICU). “The transporters are lifesavers – we don’t have to take as many nurses off the unit to complete transports. Workflow is increased, there is less stress for our nurses and everything is done a lot faster.”

Some night coverage was also established for patients who need CT scans or other tests from 7 pm to 7 am. While a critical care nurse often needs to stay with these patients, the patient transporter frees up the nurse manager who had to accompany the transport before. And while inpatients are the priority, there is an opportunity for the transport program to expand to the Emergency Departments.

Enhancing Patient Care
New Patient Transport Program

Above: Patient transporters are easily identified by their green uniforms.

On October 17, a new patient transport program was officially implemented on the Raleigh Campus, positively impacting patient care. The new strategy, which began as a Wellingportion Road to Excellence initiative, was developed after the need for an enhanced patient transport process was identified as a top non-nursing task. Last spring, a special workgroup, including Gail Sturrivant, RN, executive director of nursing at Cary Hospital, and Jennifer Lee, manager, Imaging Services - Administration, reviewed the expansion of the current transport team as a way to keep more nurses and nursing assistants on the unit caring for patients.

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Raleigh Campus Emergency Department

Working to Improve Patient Throughput

Emergency departments (EDs) across the nation are faced with many challenges – increased volumes, acuity, wait times, elopement rates and throughput issues. The combination of these issues can ultimately extend the length of stay in the ED.

WakeMed ED volumes and acuity have also steadily increased. In July 2010, a planning team formed in the Raleigh Campus Adult ED to create a throughput strategy to better serve ESI 3 patients who make up about 60 percent of the total ED volume and traditionally have the longest wait times. ESI stands for the Emergency Severity Index, which determines the level of patient acuity on a scale of 1 to 5. A dedicated strategy was needed for ESI 3 patients, who fall in the middle of the scale, so they could be seen in a more timely manner.

The team knew a successful strategy could not include facility expansion or increased staffing. The team also recognized that many patients could be “vertical,” meaning they did not need to lie in a bed, but could ambulate to the provider. Therefore, a team of providers and a process were established to allow patients to move from room to room to receive services.

Central to the plan was the creation of a waiting room where patients could wait if the next care room was in use. They could also assist nurses (such as radiology) provided outside the ED, and results and disposition.

Two underserved overflow triage rooms and three Minor Care rooms were assigned to the new provider team. After four trials, the ESI 3 team was deployed on January 1, 2011, from 11 am to 11 pm, including a physician, a physician’s assistant, two RNs and a nurse tech as staffing allowed. The overall impact of the new strategy can be measured in several ways:

• The Minor Care area sees nearly twice the number of patients per day than they did previously.
• The average length of stay for ESI 3 patients has decreased by about one hour.
• The peak daily wait time in the main lobby typically runs at less than 50 percent of the peak daily wait time prior to implementation, and the number of patients who leave without being seen (elopement) dropped by one-third.
• In September 2011, the PRC key driver, Overall Quality of Care, achieved the 100th percentile for the first time ever, with 70.6 percent of respondents giving an excellent rating.
• Staff satisfaction has increased with increased patient satisfaction. Physicians have nearly unanimously endorsed the new strategy.

Evaluation of the new strategy continues, but the initial results of this program have transformed Raleigh Campus ED wait times, elopement rates and total lengths of stay.

2011 NC Nurses Association Annual Convention

Several WakeMed nurses participated in the 2011 North Carolina Nurses Association (NCNA) Annual Convention, including Paula Bird, RN, director of Medical/Surgical Nursing Services at Cary Hospital; Cindy Baily, RN, MSN, NEA-BC, senior vice president & chief nursing officer; Brenda Claverty, RN, manager, (STICU); Sara Griffith, RN, director, (3E CVC and Clinical Administrators - Cary Hospital) at the NCNA Convention.

August & October Recap

New SNC Leaders Elected

This August, the WakeMed Staff Nurse Council (SNC) reintroduced nurse members to evidence-based practice (EBP) as it relates to patient care. Prior to the meeting, each SNC member was assigned a research article highlighting EBP to read. During the meeting, members gathered into workgroups to discuss and analyze each article.

“As one of our members said, when it comes to EBP, you can’t argue with the facts or research,” commented Jennifer Myers, RN, (Women’s Pavilion & Birthplace - Raleigh), current SNC chair. “At the August meeting, we reminded all of our nurses how important EBP is to the care of our patients.”

They also discussed the professional image for nursing – how the image of nurses can be enhanced, for example, through nursing attire, to positively impact patients’ perceptions of their caregivers. Dr. Nancy Bird, Neff, Simmons and Saunders have all served as NCNA delegates. The NCNA House of Delegates passes amendments to the association’s bylaws, referring proposals that focus on NCNA and nursing issues.

NURSING PROFESSIONAL DEVELOPMENT BOOK SERIES

Join Nursing Education staff for a group discussion. Register via Learning Link code NE19156. Participants must obtain a copy of the book and read it completely prior to the class. 3.0 contact hours awarded. Contact Nursing Education at ext. 00824 for details.

A Charge Nurse’s Guide

BY CATHY LEARY & SCOTT ALLEN

NED A - Raleigh Campus

Thursday, January 12
8:30 to 9:30 am

Wednesday, January 18
1 to 2 pm

WakeMed DAISY Winners

To see pictures of each month’s WakeMed DAISY Award winner and read more about why they were nominated, go to the WakeMedWeb and click Departments, then Nursing Administration, then DAISY Award Winners. Please join us in congruently these extraordinary nurses!

STAFF NURSE COUNCIL

NCNCA

December 2011

B Y  C A T H Y L E A R Y &

Nursing Education at ext. 08024

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A Charge Nurse’s Guide
She also increased resources by developing a cross-training program for her unit. She also created a protocol for taking care of pregnant patients.

Erlinda Chavez

6A CVIC - Cary Hospital

No issue is too sensitive or difficult for Erly to approach. She values open and honest communication in all her interactions. She trains new employees and allies them to her, creating a GE Training program for new employees. She also assists with other programs for her department, such as facilitating staff orientation and training classes.

Janis Brown

Emergency Department

Janis is involved in several quality improvement initiatives, such as the clinical operations committee, the infection control committee, and the staff development committee. She demonstrates excellent communication and interpersonal skills, ensuring that all the stakeholders are involved in the process.

Joanna Burgess

Clinical Nursing Resource Services

Joanna is a recipient for Workforce Excellence, an expert in clinical operations. She is dedicated to finding a solution for her patient's needs. She is approachable and always willing to provide support to her colleagues and patients.

Karen Brown

Children's Emergency Department

Karen's compassion is evident in her daily duties. She is an invaluable resource to her coworkers and colleagues. She always makes herself available for patient and family. She is often requested by patients and takes it upon herself to ensure that they feel heard and supported.

Karen Brough

Staff Development & Training

Karen is a recipient for Workforce Excellence, an expert in clinical operations. She is dedicated to finding a solution for her patient's needs. She is approachable and always willing to provide support to her colleagues and patients.

Karen Brown

Outpatient Rehab

Karen is a recipient for Workforce Excellence. The key message for 2011 is the focus on patient safety. She is a master of her craft, always willing to provide support to her colleagues and patients.

Rori Neff

Observation Unit 1

Rori is a recipient for Quality Outcomes and Workforce Excellence, an expert in clinical operations. She is dedicated to finding a solution for her patient's needs. She is approachable and always willing to provide support to her colleagues and patients.

Lori Neff

Clinical Nursing Resource Services

Lori is a recipient for Human Resources, an expert in clinical operations. She is dedicated to finding a solution for her patient's needs. She is approachable and always willing to provide support to her colleagues and patients.

Mary Krizay

Clinical Analysis

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Leighann Flanagan Emergency Department As an educator/inspector, Leighann is constantly identifying trends and making rounds to help identify nursing processes and procedures. She is her department's activities leader and has begun to share her knowledge. In fact, she shares information about the hospital-wide policies and helps to lead their_vals with other hospitals and vendors as they can learn from our model.

Linda Forte WakeMed OneGoal As a registered nurse at WakeMed Carolinas Medical Center, Linda provides extraordinary care to her patients. She has been recognized with the WakeMed Nurse of the Quarter Award and is a member of the WakeMed Emergency Services Clinical Nurse Specialist. Linda is known for her willingness to go above and beyond to improve patient care. She has also been instrumental in helping promote hand hygiene.

Lanie Goodrow Emergency Department - North Healthplex Eleanor takes on the challenge of leading a team of nurses to provide the best care possible to her patients. She is known for her leadership skills and for always being there for her team, no matter what.

LueShandra McKnight Food & Nutrition Services - Cary Hospital LueShandra works hard to make improvements in her department and is an active participant in creating a new food service initiative in the Women's Pavilion that improved the relationship. She is known for her ability to create strong relationships of trust and dedication.

Janis McLaughlin Outpatient Rehab As manager, Janis is highly regarded by her staff. She works hard to ensure that everyone is provided with a comfortable work environment, both moral and the work-life balance. Janis has been known to jump in and take roles at all work sites if there are any challenges. She also has a great sense of humor.

Jennifer McWilliams Clinical Resource Management Jennifer is active in advancing Case Management through various presentations and workshops. As a member of the Department of Health and Human Services, including the department, an including an improved referral system that resulted in more effective patient flow. In temporary transitional for Behavioral Health, Jennifer has worked hard to develop new systems to place that enhanced system stability.

Cathy Meacham Case Management For improved workflow, Cathy wrote a proposal to change the process of physician advice for Chest Pain Observation patients. It is currently under review by leadership. Cathy serves as a member for her counselors, educating them on proper procedures.

Ruby Brown-Herring Wake AHEC Medicine Ruby Brown-Herring has worked to organize the program and make changes that are consistent with state guidelines. She volunteered to become an instructor for the statewide initiative in direct care workers in mental health and was selected to chair the Mental Health Directors Group.

Debbie Bryant Ob/Gyn Nursing Debbie always volunteers to be a role model for her unit in new procedures and equipment and is currently her unit's lead for the upcoming NPI rollout. She also volunteers as the charge nurse and is经常ly used by department management for her participation.

Anna Baird-Hensley Heart & Vascular Anna Baird-Hensley is constantly making changes to the way she works. She has helped her department add white boards to the hospital course and family phone numbers, etc.

Eleanor Jules Emergency Department - North Healthplex Eleanor is the leader of a team of nurses to provide the best care possible to her patients. She is known for her leadership skills and for always being there for her team, no matter what.

Janette Castro Pharmacy Pharmacy Janette Castro is responsible for the implementation of the pharmacy’s new system, which will replace the old system. She has also implemented a new process for order entry that helps check for a generic equivalent of each medication. She has also been instrumental in helping promote hand hygiene.

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WakeMed Leaders Named Women Extraordinaire

Michele Casey, MD, director of Primary Care at WakeMed & medical director at Wake Specialty Physicians; Falls Pointe Medical Group; Georgia Sumiel, vice president of Operations & Logistics; and Pamela Young, director, (Staff Development & Training) each received a 2011 Women Extraordinaire Award from Business Leader. This award is given to exceptional female leaders in the Triangle. The honorees are selected for their professional achievements and efforts to make a difference for the Triangle’s business community and organizations.

Alerts & Recalls

Alerts, recalls or hazardous notices come to WakeMed from government agencies, manufacturers, distributors, etc. When notices are received, it is important that they be immediately directed to the department coordinating the required corrections so that any risk of harm is kept to a minimum. WakeMed alert and recall coordinators help manage this process. Once notified of an alert or recall, department managers are responsible for forwarding the process to secure, report and take action. Alert and recall coordinators are:

- Environment of Care: Barb Bisset, RN, PhD, (Emergency Services)
- Food: Jessica Marchand (Food & Nutrition Services)
- Medical Equipment: Bhavesh Patel (Clinical Engineering)
- Medical Products: Peggy Lassiter (Supply Chain)
- Pathology Lab: Phyllis Cheeney (Pathology Labs)
- Pharmaceuticals: Alex Jenkins (Pharmacy)
- Transfusion Products: Melanie Rice (Pathology Labs)
- Vehicles: Maggie Kane (Patient Safety/Risk Management)

A new electronic process was developed that uses SharePoint and Outlook to manage the alert/recall process by automatically sending e-mails to the appropriate recipients with alert/recall information and requested actions, including when the recall or alert has ended. This process is being piloted in the Pharmacy with a plan to implement it system-wide. To reduce the number of days a defective product is potentially in the system, employees should take the following actions:

- If you know of an alert or recall but have not already seen a WakeMed notice, and you do not know who the coordinator is, contact Peggy Lassiter (Strategic Sourcing) at pllassiter@wakemed.org.
- When you receive an e-mail notice, it will be titled URGENT. Make it a priority and take the actions requested.
- Complete the documentation form that is linked in the e-mail, and submit it to the alert and recall coordinator.

On your own, you may notice that a product or piece of equipment has poor instructions, has defective packaging or is not functioning properly. When this happens, save the product/equipment or, when applicable, the packaging, notify Lassiter at pllassiter@wakemed.org, and, when feasible, return the item to Strategic Sourcing, who will report the issue to the manufacturer and proper authorities.

Should anyone (patient, staff, visitor) be injured from a product or piece of equipment, take the measures necessary to respond to the person’s medical needs, remove the item from service and secure it; and notify the clinical or site administrator and Patient Safety/Risk Management.

New Additions and Attachments

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

- Courtesy Oghba (IC Surgery & Trauma) and husband Alex welcomed Kaitlyn Rose on August 11.
- Shelley Frye (Therapy Services) and husband John welcomed son Jackson Dennis on August 20.

Wake Specialty Physicians Adds Pulmonology Practice

Above: Sanjay Patel, MD, MPH, and Sangeeja Joshi, MD

On November 14, Wake Specialty Physicians (WSP) established a new Pulmonology practice located behind Cary Hospital. Featuring two expert pulmonologists, Sanjay Patel, MD, MPH, and Sangeeja Joshi, MD, the practice sees private patients several days a week, while also treating inpatients at Cary Hospital through the intensivist program. For more details, visit their new website at http://www.wakemedphysicians.com/pulmonology. Call (919) 350-2700 to make an appointment.

Raleigh Campus Outpatient Pharmacy Relocates

On October 25, the WakeMed Outpatient Pharmacy, formerly located on the first floor of the Andrews Center, reopened as The Pharmacy in a newly renovated space on the first floor of the Raleigh Campus (near the E. Elevators, next to the newly renovated and relocated Gift Shop). This new location is a convenient stop on the way out of the hospital, if you are leaving toward the P1 visitor parking deck, or during your lunch break. They accept all major insurance plans.

Hours of Operation

Monday-Friday: 8 am to 11 pm
Saturday: 8 am to 4 pm
Closed Sunday

The Pharmacy at WakeMed provides all prescription medications and a wide variety of over-the-counter products. If they don’t have it on the shelf, they will order it for you.

Within the pharmacy, an automated dispensing system allows for faster prescription processing and a greatly reduced risk of medication errors. This way, they have more time for medication counseling and other direct interactions with patient and employee customers.

For more information, contact any of the Pharmacy team members at ext. 81396.
Fall Community Outreach Events Touch Thousands

T hroughout the fall, WakeMed hosted many community outreach events to offer Wake County residents the opportunity to focus on their health and wellness as well as learn more about the WakeMed facilities and services located in their communities. In all, approximately 2,500 participants participated in events such as WakeMed Health Day at the SAS Championship golf tournament (September 30 at Prestonwood Country Club in Cary), the Stand By Your Man men’s health event (September 21 at Cary Hospital), the Ladies Day women’s health and wellness event (October 6 at NorthHealthplex) and the Head to Toe community wellness series (October 11-17 at various WakeMed facilities and Wake County community centers). These events included free health screenings, seminars and information, as well as other activities related to living a healthier, less stressful lifestyle.

Approximately 850 people attended the seminars while 190 received a cholesterol screening, 900 had their blood pressure checked, 554 received a bone density screening, 451 received a flu shot, 75 received a prostate exam and 51 received a wexual screening. The results would not have been possible without the hard work of the Corporate & Community Health department as well as hundreds of staff volunteers from throughout WakeMed.

“Our strategy this fall was to reach as many people as possible in the communities where our hospitals and facilities are located,” commented Deb Langhyer, vice president of Public Relations. “We want Wake County residents to know that we are conveniently located near their own neighborhoods, and we are eager to provide the quality care they need to live the healthiest lives possible.”

New NICU Respite Room

The NICU recently created a respite room for unit nurses as well as parents of NICU patients. The room was created by the NICU Retention & Recognition Committee. The unit purchased the items for the room, and staff did the shopping.

Advance Service Requested

Fall Community Outreach Events Touch Thousands

What an Employee!

Valerie Barlow, PharmD, (Pharmacy) was selected as one of UNC-Eshelman’s most notable leaders and will be featured in the Carolina Pharmacy Alumni magazine. Barlow was also elected to the North Carolina Association of Pharmacists Acute Care Executive Committee.

Kristin Merritt, RN, (West ICU & MSC) - Care Hospital was accepted into the AONE Nurse Manager Fellowship Program. Only 25 applicants from across the United States were chosen.

Colt Colvin (Trauma Services) passed the ATSTRCB exam and is now recognized as a Certified Specialist in Trauma Registry.

Caroline Elden (ID Rehahl) received her Wound Ostomy Certification (CWOP). A proposal by Annie Brito, RN, (Acute Adult Care Nursing Services) and Ian Powell, RN, (Center for Innovative Learning) was accepted for presentation at the 2012 Adult Patient Simulation Network Conference.

Shannon Robinson, RN, (Children’s Emergency Department) received her Certified Pediatric Nurse (CPEN) credential.

Brenta Smith, RN, (Children’s Emergency Department) was selected to be the facilitator for the Pediatric Special Interest Group of the Emergency Nurses Association.

Jennifer Curtis, RN, (Staffing Resources) won the female division of the WakeMed Scrub Run 10K, with a time of 43:15.

Becky Roy, RN, (Pediatric) received the November WakeMed DAISY Award for Extraordinary Nurses.

Patty Stirling (Clinical Analysis) graduated from the University of Phoenix with a bachelor’s degree in Healthcare Administration and minor in Health Information Systems.

Kimberly Kup, RN, (IB, CIVIC) completed her master’s degree in nursing from Walden University.

Lori Brinzel, RN, (Emergency Department - Apex Healthplex) earned her CEN.

MICU recognizes the following employees: Laurel Meadows, RN, received the 2011 Team Support award; Stacey Camili, RN, received the 2011 Clinical Growth award; Lisa Tasseo, RN, was named Best RRM Supporter; and Greg Anderson, RN, passed the Adult Nurse Practitioner boards. Also, Clint Dean, RN, Bob McVeigh, RN, Janet Fast, RN, Gloria Beuze, RN, Pam Pfust, RN, and Sarah Tiffany, RN, had outstanding attendance for 2011.

The following Lactation staff recently became International Board Certified Lactation Consultants (IBCLCs): Tracy Whitting, RN, and Joan Brown, RN.

The following Women’s Pavilion & Birthplace - Raleigh staff also became IBCLCs: Jodi Rucker, RN, Sonya Reynolds, RN, Deborah Woodruff, RN, Amy McEachin, RN, Tara Roberts, RN, and Georgi Murray, RN. Also, Bonny Reid (Birth & Parent Education) passed the International Board of Lactation Consultants Exam and is now a registered lactation consultant.

As of November 6, 6C Surgery & Trauma went 99 days without a patient fall and 47 days without a patient being placed in restraints. The unit’s management team hosted zoom parties for staff to celebrate.

Mike Ross, RN, and Angela Smith, PharmD, (both of Pharmacy – Cary Hospital) earned the title of Board Certified. The former is a Specialty Pharmacist after passing the board exam in Pharmacotherapy.

In November, a serious incident was avoided by the quick actions of Christopher D’Ornitz, RN, (Center for Innovative Learning), Detective David Brock (Cary Police & Public Safety) and Gregg Colvin, MD, (WakeMed Faculty Physicians – Hospitalists). They all worked together to assist a patient who was trying to park his car in the parking deck when he became sick and dizzy and crashed into one of the pillars. The patient is okay thanks to their assistance until the Code Blue team and EMS arrived.

Alex Jenkins, PharmD, (Pharmacy) was named the new ambulatory pharmacy manager. He will also serve as interim medication safety officer; his former position, until the position is filled.