

MICROSCOPE



A remarkable lifelong learner and surgeon **William Sullivan, MD**, joined WakeMed back in 1971 – a time he relates as ‘a very different’ time. Throughout his career, he’s witnessed dozens of expansions, WakeMed’s achievement of Level 1 Trauma Center status and much more. “The hospital consisted of just the five floors on the C wing and we had only six operating rooms. Over the years, our surgery and trauma program has grown in size and sophistication, but our focus has always remained the same – simply taking the very best care of our patients.”

For his 49 years at WakeMed, Dr. Sullivan did just that – he humbly cared for patients from all over North Carolina and the world. What he appreciates the most about WakeMed is that it is an organization that always gave him the opportunity to care for all patients – regardless of their background or socioeconomic status, and that he’s always had the tools and resources needed to provide the best surgical care.

DR. WILLIAM SULLIVAN RETIRES

nearly 50 years of service

Dr. Sullivan’s colleagues say he has a deep sense of conviction and moral obligation, and describe him as a humble, disciplined, service-oriented surgeon and mentor with a passion for teaching medical

students and residents through WakeMed’s relationship with the UNC School of Medicine. For more than 40 years, Dr. Sullivan led lectures, conferences and educational events where he inspired generations of surgeons through his interesting discussions on surgical technique and history – much of which he’d lived through. In addition to his teaching here, Dr. Sullivan flew to Nicaragua once or twice a year to train senior residents at a hospital in León – many of whom he also sponsored to visit WakeMed to witness our processes firsthand here in the U.S.

“Any time I’m faced with a difficult decision in the OR or with a patient, I think to myself, ‘What would Dr. Sullivan do?’ – and I can almost always be certain that however he would handle a situation is going to be the right thing to do for the patient,” explains **Brandon Roy, MD**, executive medical director, WakeMed Physician Practices – Surgery.

Dr. Sullivan says the most common words of wisdom he imparts on his students comes from the late Thomas R. Russell, MD, FACS, a fellow surgeon who served as the executive director of the American College of Surgeons: “Take the stairs. Be nice to the janitor. And the patient comes first.” His fellow team members confirm that Dr. Sullivan followed this advice carefully – he was kind and respectful to everyone he encountered, never failed to put his patients first, and always, always took the stairs. In fact, the 5th floor stairwell in the ‘B’ corridor was dubbed “Sullivan’s Landing” since that was his resting stop as he climbed to the 6th floor each day.

Congratulations Dr. Sullivan and thank you for the many, many contributions you’ve made to WakeMed and this community for the past five decades.



Exceptional People. Exceptional Care.

Congratulations, PRC Award Winners!

Each year, Professional Research Consultants (PRC) recognizes those health care organizations that have gone above and beyond to achieve excellence in the patient and family experience with The Excellence in Healthcare Awards program. These nationally-recognized awards are presented to departments, practices and individual providers that have earned high patient satisfaction survey scores. Specifically, they are based on the percentage of patients who rate the Overall Quality of Care/Overall Quality of Doctor Care (for providers) as “excellent.” This year, WakeMed received numerous Top Performer Awards, which recognize service lines and physicians scoring at the 100th percentile within the PRC national client database, and 5-Star Awards, which recognize those at or above the 90th percentile. Congratulations to our award winners!



Top Performer Awards (100th percentile)

Pediatric Cardiology – Raleigh Campus
Pediatric Surgery – Raleigh Medical Park
Cardiovascular & Thoracic Surgery – Raleigh Campus

Department 5-Star Awards (90th percentile)

Emergency Department – Brier Creek Healthplex
Imaging – Brier Creek Healthplex
Emergency Department – Garner Healthplex
Medical/Surgical – North Hospital
Women’s Pavilion & Birthplace – North Hospital
Outpatient Laboratory – North Hospital
3B CVSIC – Raleigh Campus
6A CVIC – Raleigh Campus
6B Orthopaedics & Oncology – Raleigh Campus
NICU – Raleigh Campus
2D Rehab – Raleigh Campus
Mobile Critical Care
Pediatric Cardiology – Apex
Pediatric Endocrinology – Raleigh Medical Park

Pediatric Gastroenterology – Apex
Pediatric Outpatient Minor Procedures – Raleigh Campus
Employee Health
Advanced Heart Failure – Raleigh Campus
Cardiology – Raleigh Campus
Cardiovascular & Thoracic Surgery – Cary
Complex Arrhythmia
Primary Care – Brier Creek
Primary Care – Downtown Raleigh
Primary Care – Kildaire Farm Road
Rheumatology
Urgent Care – Ashville Avenue
Urgent Care – Fuquay Varina
Urgent Care – Garner
Urogynecology – North Raleigh
Vascular Surgery – Midtown
Vascular Surgery – Raleigh Campus
Wake Orthopaedics – Brier Creek

Providers

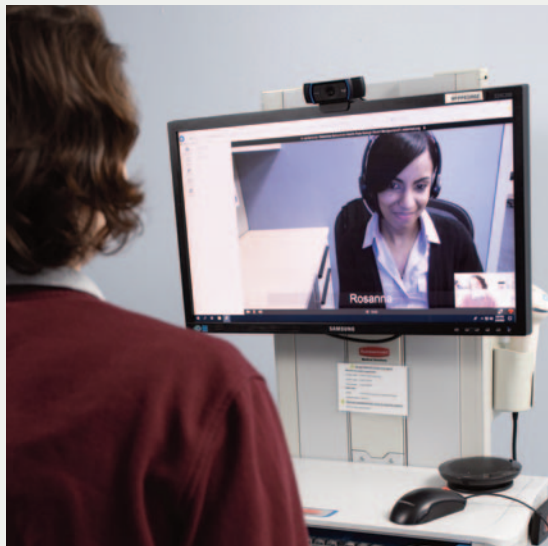
Jordan Allem, MD – Cardiology
John Englehardt, MD – Cardiology
Jason Haag, MD – Cardiology
George Hamrick, MD – Cardiology

Patrick Hranitzky, MD – Complex Arrhythmia
John Kelley, MD – Cardiology
Jimmy Locklear, MD – Cardiology
Mary McNeely, PA-C – Cardiology
Lindsey Reddersen, NP – Complex Arrhythmia
Stuart Russell, MD – Advanced Heart Failure
Marc Silver, MD – Cardiology
John Sinden, MD – Cardiology
Frances Wood, MD – Cardiology
Bryon Boulton, MD – Cardiovascular & Thoracic Surgery
Judson Williams, MD – Cardiovascular & Thoracic Surgery
Jon Bruce, MD – General & Bariatric Surgery
Paul Enochs, MD – General & Bariatric Surgery
Lori Lilley, MD – General & Breast Surgery
Tehmina Adnan, MD – Primary Care
Theresa Amerson, MD – Primary Care
Susheel Atree, MD – Primary Care
Amy Erickson, DO – Primary Care
Ioanna Giatis-Kessler, MD – Primary Care

Page High, NP – Primary Care
Brian Klausner, MD – Primary Care
Rosa Messer, MD – Primary Care
Ryan Murray, MD – Primary Care
Monica Oei, MD – Primary Care
Sara Rooker, MD – Primary Care
Andrea Crane, MD – Urogynecology
Curtis Hanson, MD – Wake Orthopaedics
Mark Wood, MD – Wake Orthopaedics
Edgar Caro, MD – Urgent Care
Evan Dapo, PA-C – Urgent Care
Maria Desantis-Wilcox, PA-C – Urgent Care
Patrick Donahue, MD – Urgent Care
Michael Klinkner, MD – Urgent Care
Theresa Kubicki, PA – Urgent Care
Denise Sponseller, PA-C – Urgent Care
Jennifer Vande Loo, PA-C – Urgent Care
Chileatha Wynn, PA-C – Urgent Care
Carmin Kalorin, MD – Urology
Robert Matthews, MD – Urology
Jerome Parnell, MD – Urology
Ian Udell, MD – Urology
James Fogartie, MD – Vascular Surgery
Steven Kagan, MD – Vascular Surgery

BEHAVIORAL HEALTH SERVICES EXPAND...VIRTUALLY

According to Modern Healthcare, more than 44 million adults suffer from identified mental health concerns and yet, approximately 60% don't receive any treatment. A new and innovative approach to treatment at WakeMed aims to change that. WakeMed is pleased to now offer adult and pediatric patients real-time access to behavioral health services virtually – either during regularly scheduled appointments at any WakeMed primary care practice or from the comfort of home.



“The most common barriers for accessing mental health services include: cost/lack of insurance coverage, access to services, and the stigma associated with seeking care,” explains **Jessica Tomasula, PhD**, licensed pediatric psychologist and manager of behavioral health services at WakeMed Children's. “This program addresses all of these concerns by making it convenient, easy and confidential for patients to get the care they need.”

With generous support from The Duke Endowment, WakeMed's team of behavioral health

professionals can be contacted right from the primary care or behavioral health office using a video monitor. For patients, this means on-demand care – within five minutes – from experts who are ready to listen, support and discuss any mental health questions or concerns.

This team of licensed clinicians, psychiatrists and health coaches delivers a comprehensive, integrated approach to support physical and mental health. In collaboration with WakeMed primary care providers, to help identify and address behavioral health needs including anxiety and depression, pain management, poor sleep, diet and exercise as well as stress management.

The Duke Endowment's \$1.6 million grant to the WakeMed Foundation made the expansion of this much-needed virtual behavioral health care offering – a plan two years in the making – a reality.

Currently, WakeMed Virtual Behavioral Health is available to offer support and services Monday through Friday, from 8 am to 5 pm. For information, call WakeMed Primary Care at 919-350-1700 or WakeMed Pediatrics at 919-235-6505.



CODE MEDIC

When it comes to our patients, we've got plenty of CODEs we use to call for medical assistance – Code Blue, Code Stroke, Code STEMI, Rapid Response, the list goes on. But what do you do if a visitor, family member, staff member or vendor needs medical assistance while on a WakeMed campus? Starting July 1, we introduced a Code Medic response policy for just this reason. Code Medic is designed for adult persons in need of medical attention (who are not patients/inpatients) – and it's

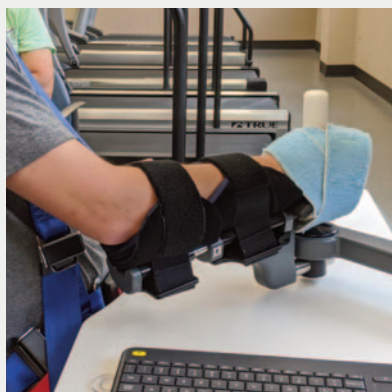
similar to a Rapid Response call for hospital patients. It includes visitors, WakeMed staff, family members, and persons here for outpatient testing and appointments. Activate Code Medic by dialing extension 02222 and provide the operator with the exact location. Crash carts will be brought to all locations inside the building by designated responders. NOTE: If persons are unresponsive, not breathing, and do not have a pulse, activate CODE BLUE! See the Code Medic policy in PolicyTech for further details.

MEET OPTIMUS SHINE!

With cleanliness always top of mind, the Raleigh Campus recently acquired a new robotic floor scrubber to keep our floors cleaner than ever and free up our exceptional Environmental Services technicians to focus on more frequent and detailed cleaning of other areas. The Environmental Services team hosted a contest to see who could come up with the best name for the shiny new robot. Winners **Ariel McCalop** and **Kenneth Hamilton** got creative with a Transformer-inspired name – Optimus Shine. Congrats and thank you to all of you for the team effort it takes to keep the more than one million square feet throughout the Raleigh Campus sparkling clean.



NEW TECHNOLOGY FOR BRAIN INJURY PATIENTS



WakeMed Rehabilitation now offers InMotionARM™ technology and therapy to help patients regain motor function after brain injury. WakeMed Rehabilitation leads the region in providing advanced therapy after neurological (brain and/or spine) illness or injury. The purchase of the technology was made possible with the support of the WakeMed Foundation.

WHAT'S NEW AT WAKEMED

AT LONG LAST...HELP FOR HIGH-RISK HEART PATIENTS

Over the years, many cardiovascular patients living with heart artery blockages (known as coronary artery disease) who are considered high-risk for treatment have been left with little hope for better outcome or symptom resolution. These patients suffer from chronic shortness of breath, chest pain or decreased exercise tolerance because of the blockages but have been told they aren't a good candidate for surgery or other intervention because they are at high risk. In most cases, patients are deemed “high-risk” due to advanced age, underlying health conditions, or anatomic reasons that could make stenting procedure difficult.

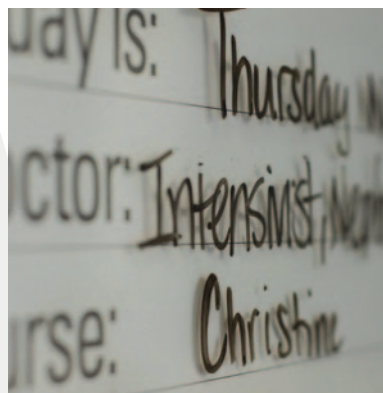
Fortunately, WakeMed recently launched a new program designed just for these patients, based on emerging treatment options and advanced training programs. Known as the Complex Higher-Risk & Indicated Patients (CHIP) Program, WakeMed Heart & Vascular now has the expertise to offer complete percutaneous revascularization for high-risk patients, which is a medical term for restoring blood flow to the arteries by balloon and stents. This is done minimally-invasively through the use of catheters rather than a surgery procedure like open heart surgery.

WakeMed's growing Heart & Vascular program is pleased to offer this advanced treatment option for patients living with chronic symptoms of coronary artery disease. Fellowship-trained in CHIP, Interventional Cardiologist **Saroj Neupane, MD**, explains this new approach to care. “Advances in techniques and technology have made it possible for us to do more to help these patients than we could do just five or 10 years ago. With patients living longer and the prevalence of cardiovascular disease increasing, our CHIP program is such an important way to help the thousands of patients who are living with heart blockages to improve their quality of life and reduce their risk of heart attack. This program aims to offer new and innovative treatment options for those patients who have been told they have no procedural options.”

“Dr. Neupane has been a great addition to our team,” explains interventional cardiologist **Frances Wood, MD**. “He is the only interventionalist in NC and surrounding states with special training in complex interventions. He has provided a complex stenting option to my sickest patients who had no other option but to accept their chest pain and shortness of breath. My patients and colleagues are grateful to have him as part of the WakeMed team.”



24/7 INTENSIVIST COVERAGE AT CARY HOSPITAL



Earlier this month, Cary Hospital expanded their intensivist program to include 24/7 in-house coverage. Previously, intensivist coverage during the overnight shift (11 pm to 7 am) was handled by an on-call provider. Adding an in-house, board-certified critical care medicine physician during the overnight hours allows Cary Hospital to provide the following enhanced services and/or benefits:

- A higher level of care for acutely-ill patients, including post-surgical patients, those experiencing destabilization, and/or those who need prompt code team intervention;
- More in-house support for urgent procedures such as intubation/extubation and central/PICC line placements;
- Overnight rounding on critical care patients to ensure plan-of-care changes can be made on a timely basis;
- More in-house support for critically ill emergency room patient consults;
- Increased hospitalist availability/support for less-acute patients.

“Adding 24/7 intensivist coverage at Cary Hospital is just one more way we're enhancing the level of care we can provide right here in Western Wake County,” explains **Doug Trocinski, MD**, chief medical officer, Cary Hospital. “As an emergency room physician and community provider, knowing that there is a board-certified critical care medicine physician on-site at all times is comforting – I know our patients will always have access to the highest level of care they need without delay.”



NEW SERVICE! GENETIC CANCER RISK ASSESSMENT

WakeMed Breast Health Services now offers genetic cancer risk assessments for patients with a significant family history of breast, ovarian and other cancers. The service is offered through the new WakeMed High Risk Breast Cancer Clinic.

For additional information, please call 919-350-PINK (7465).



Sabrina Tyndall Expands Role to Lead Nursing at Cary Hospital

Sabrina Tyndall, MSN, RN, NEA-BC, has been named interim Executive Director of Nursing, Cary Hospital. In this role, Sabrina works closely with administration, the medical staff, nursing

leadership and essential services departments continuing the transition plan for Cary Nursing and Respiratory Services while continuing in her current role as Executive Director, Clinical Informatics and Nursing Operations. Sabrina joined WakeMed in 1995 and has held several leadership roles in adult medical/surgical areas, including supervisor/educator, nurse manager and director in her 20+ years of nursing and leadership experience.



New Executive Director for Women's & Children's Services

Christa Johnston has joined WakeMed as the executive director of Women's and Children's Services. Johnston is responsible for leading, defining and executing the strategic direction and overall operation for WakeMed Women's

and Children's Services. Johnston has 24 years of experience, primarily in the academic health system setting. She joined WakeMed after spending more than 15 years at Duke University and Health System. Please join us in welcoming Christa into her new position.

**Exceptional People.
Exceptional Care.**

Stroke & Heart Failure Teams Earn Gold for Quality Care

The staff and physicians who care for stroke and heart failure patients at WakeMed are once again being recognized for exceptional care! Congratulations to our teams for earning national Get With the Guidelines® Quality Awards and Target honors from the American Heart Association.

Raleigh Campus

- **Stroke:** Gold Plus Quality Award, Target: Stroke Honor Roll and (new this year!) Target-Type 2 Diabetes Honor Roll
- **Heart Failure:** Gold Plus Quality Award, Target: Heart Failure Honor Roll

Cary Hospital

- **Stroke:** Gold Plus Quality Award and Target: Type 2 Diabetes Honor Roll
- **Heart Failure:** Gold Plus Quality Award, Target: Heart Failure Honor Roll

Our teams meet or exceed national guidelines for:

- Proper use of medications and other treatments
- Incorporating evidence-based guidelines for stroke and heart failure care
- Reducing the amount of time it takes a stroke patient to move from arrival in the ED to treatment
- Providing education on staying healthy after stroke, managing heart failure and overall health
- Proper medications, treatment, monitoring and education for patients with Type 2 diabetes



Several members of WakeMed's interdisciplinary stroke team attended the 2020 International Stroke Conference held in February. Pictured are **Chandni Kalaria, MD**, (Raleigh Neurology Associates); **Karah Lanier, MD**, (Raleigh Radiology); **Tory Cairns, RN**, Stroke Program Coordinator – Raleigh Campus; **Craig Mangum, MD**, (WEPPA); **Mary Kelley, RN**, (Primary Stroke Program) and **Kathy Nadareski**, Stroke Program Coordinator – Cary Hospital.



CONGRATULATIONS TO CARY ON PERFORMING 100 PCIs!

Cary Hospital's Heart & Vascular Labs have performed 100 percutaneous coronary interventions (PCI) in the lab since cardiac interventions began on April 1, 2019.



SNF IN A SNAP!

In the span of just a few days in April, WakeMed Rehabilitation and Nursing team members converted 1A at Raleigh Campus from a clinical evaluation area (CEA) to a temporary skilled nursing facility (SNF) to accommodate a certain population of patients who needed a place to go.

Employees who have been with WakeMed for several years may recall that we once operated two SNFs – one in Fuquay-Varina and another in Zebulon. **Elaine Rohlik**, PhD, director of WakeMed Rehabilitation, and her team of nurses, therapists, dietitians and case managers, operated the SNFs. We closed these facilities, but we still have 13 bed licenses.

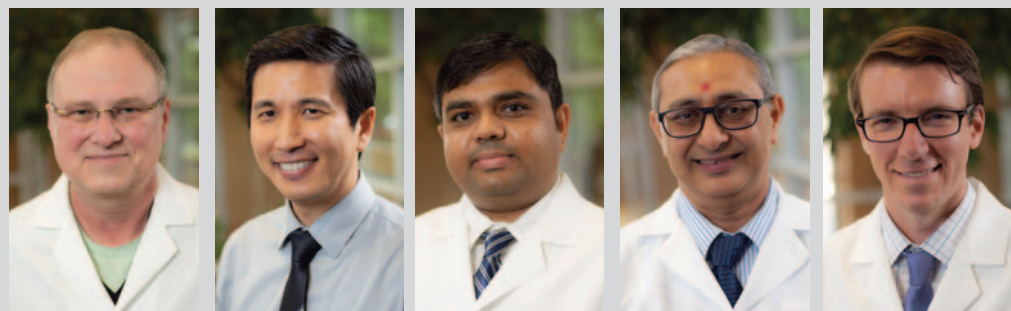
Fast forward to 2020 and the COVID-19 pandemic. WakeMed hospitals were faced with a new issue: the inability to discharge patients to SNFs due to stringent, COVID-related restrictions for accepting patients. With permission from the North Carolina Department of Health & Human Services, **Allyson Labban** (Legal Affairs) and **Becky Andrews**, senior vice president & administrator, Raleigh Campus, were able to "flip" the licensing status of 29 beds in 1A from CEA to SNF. 1A nurses and staff made the shift to care for a patient population with very different needs than their previous CEA patients, demonstrating their adaptability in a rapidly changing world. Nurses from Rehab nursing units, physical, occupational and speech therapists from Acute Rehab, Spiritual Care professionals, dietitians, case managers, WakeMed Wound Care specialists and Healthworks fitness professionals joined the effort.

"I am amazed and appreciative of the collaboration, expertise and dedication that the multidisciplinary team has demonstrated in this unique endeavor," says **Sabrina Jones**, RN, manager (1A). "I am especially proud of the 1A clinical staff who, during a time of significant change in health care, have demonstrated adaptability and selfless commitment to provide exceptional, compassionate care for the 1A SNF residents. I am honored to be a part of such a remarkable team."

WakeMed's 1A SNF is exclusively for discharged WakeMed hospital patients. The SNF is full and there is a waiting list, demonstrating that the team is filling a significant need for our health system, our patients and the community. Great work!

NEWS FROM **WakeMed** Physician Practices

Welcome New Physicians



Anthony Azzi, MD
Hospitalist

Jangwon Lee, MD
Primary Care

Jitendra Patel, MD
Hospitalist

Jirpesh Patel, MD
Psychiatry

Ben White, MD
OB/GYN

Welcome New Advanced Practice Providers

Brandy Baugh, NP
Cardiology

Staci Pessetti, PA
Primary Care

Felicia Levine, PA
Psychiatry

Lindsey Rice, PA
Cardiology

Opened June 1

Bariatric Surgery & Medical Weight Loss – Wake Forest

Opened July 1

OB/GYN – Clayton



Foundation Raises \$800,000+ to Support COVID-19 Efforts

Since the pandemic hit earlier this spring, WakeMed has been responding to the needs of our community. To support these efforts, the WakeMed Foundation quickly began a campaign to generate philanthropic support to fund many of the programs needed to care for our patients, staff and at-risk populations. To date, the Foundation has raised more than \$813,000 from more than 350 donors, of which 100% went directly to fund our critical COVID-19 response efforts. A few examples include: increased testing capacity throughout the community; funding telemedicine visits, masks, virus testing, meals and hotel rooms for at-risk citizens; and supporting our health care workers through the Employee Assistance Fund, training programs and wellness initiatives such as Tea for the Soul.

“Amidst these difficult and unprecedented times, the WakeMed Foundation is honored and grateful for the incredible support we have

received from our community as we worked together to support one another, our health care workers and many of our most vulnerable populations,” explains **Brad Davis**, executive director (WakeMed Foundation). “When we asked for support, hundreds of new donors, organizations, and friends stepped up to make corporate and individual contributions, donate personal protective equipment and supplies, or to show support for our frontline healthcare workers.”

INCIDENT REPORTING CAN SAVE LIVES

To err is human. We all know this, but it’s so hard to admit when we’ve either made a mistake or witnessed an error. But, when it comes to patient safety and doing the best we can to deliver the highest quality care – it’s up to ALL of us to do our part. That’s why WakeMed’s Incident Reporting program is here – to encourage staff to report unexpected or unintended occurrences. Doing so can help improve processes that can save lives.



TOP REASONS PEOPLE DON'T REPORT INCIDENTS

“I don’t want to be a tattle-tale.”

“I’m worried I might get in trouble or lose my job if I admit fault.”

“It was just a minor error.”

“I’m embarrassed or ashamed of making a mistake.”

“Incident reporting is an important tool for keeping our patients safe – it’s a learning tool and is NOT designed to punish anyone for errors that occur,” explains **Karen Chilton**, MD, associate chief quality officer. “It’s the most effective way for us to learn where there might be process issues that contribute to actual and potential patient safety events. Only YOU know what the process problems are in your department – identifying and reporting them can help keep everyone safe.”

NOT SURE WHAT TO REPORT?

It can be difficult to decide whether something is worthy of an incident report, but when in doubt – do the report. Here is a list to guide you. ALWAYS report any unexpected or unintended incident/accident/occurrence relating to patients, visitors, students, physicians, and volunteers, whether injuries are sustained or not. Examples include:

- Errors that do not reach the patient (Good Catches)
- Patient falls - inpatient, outpatient, ambulatory
- Medication errors during ordering, dispensing, storing, administration, adverse reaction
- Defective equipment (also remove from service & tag for biomed)
- IV infiltrations - what medication was involved, location, treatment provided
- Surgical events - wrong side/site surgery, incorrect counts, retained foreign bodies, dirty or missing instruments
- Visitor falls
- Deliveries - Low Apgars, shoulder dystocias
- Patient ID issues
- Any unexpected death

HOW TO REPORT AN INCIDENT

- Click on the RL Solutions tile on the top, righthand side of MyWakeMed. Here, you’ll find numerous “How-To” guides with instructions and screen shots to help you file a report.
- Reports should include a short factual summary of the incident. Describe any injuries without blame or speculation.
- Reports do not take the place of documentation in Epic.
- Please do not document in Epic that an incident report was completed. While we support and encourage incident disclosure, please do not inform patients or families that an incident report was completed. (Often they will call and ask for a copy of the report, but incident reports are protected internal documents that are not shared.)

Earlier this spring, a new policy and a training program were put into place to ensure managers (or their designee) review all incident reports and update with follow-up information within one week. Thank you to everyone for your commitment to incident reporting.

Stay Hydrated This Summer!

KIDNEY STONE SEASON IS HERE

With the number one cause of kidney stones being dehydration, summer in North Carolina is prime time for kidney stones. “We see a consistent increase in the number of kidney stone cases here at WakeMed every summer, especially once people start spending more time in the heat and aren’t staying as hydrated as they need to,” explains urologist **Matthew Lyons**, MD. This means anyone who works or spends a lot of time outside during summer is at greater risk for kidney stones. Other risk factors include those with a personal or family history of kidney stones, those who are obese or have diabetes, as well as those who have undergone a weight loss procedure such as gastric bypass surgery.



Kidney Stones – The Basics

“Kidney stones are basically a collection of different materials that ‘fall out’ of solutions as they head from your kidneys to your bladder. These materials solidify into crystals that look like little rocks that get stuck in your ureter and then block the flow of urine to your bladder – which can be very painful,” explains Dr. Lyons.

The most common sign of a kidney stone is severe, sudden, sharp pain under the ribcage on the right or left side of the body (where your kidneys are located). Other symptoms may include nausea, fever or urinary symptoms such as blood in the urine or the urge to go more often. The pain can come on suddenly, but can also disappear just as quickly. This is because the pain occurs only when the stones block the flow of urine to the bladder, and because stones are small enough to move around, it can come and go.

Tips for Avoiding Kidney Stones

Dr. Lyons says he has a “Top 3” list of tips he gives any first-time kidney stone sufferer to prevent future stones. “Once you’ve had a kidney stone, you have a 50% chance of making another stone if you change nothing in your diet or lifestyle,” he explains. Dr. Lyons’ top tips for preventing kidney stones include:

- **Become a Water Bottle Person** – To stay hydrated enough to prevent kidney stones, you need to drink 80 to 100 ounces of water a day – which isn’t easy to do if you aren’t paying attention and/or don’t have water on hand at all times. Dr. Lyons recommends investing in a nice water bottle and carrying it everywhere you go.
- **Drink Fresh-Squeezed Juice** – Adding fresh-squeezed lemon or lime juice to your water every day can increase urinary citrate levels, which can help prevent kidney stones. While it doesn’t work quite as well as the prescribed potassium citrate given to patients with recurring stones, it’s a great natural option for those who prefer to avoid medications or have never had a kidney stone.
- **Focus on Diet** – Dr. Lyons jokes that you should avoid everything that tastes good to prevent kidney stones. In truth, foods that are high in salt and animal protein (ie. meat, poultry, eggs) can increase your risk of kidney stones. Other foods and drinks to avoid in excess include: nuts, chocolate, spinach, rhubarb, carbonated drinks and tea.

If you experience the symptoms of kidney stones, call your primary care doctor or WakeMed’s Kidney Stone Center at 919-350-ROCK, anytime, 24 hours a day, 7 days a week. Evaluation/ diagnosis may include a combination of imaging studies and a physical exam. If kidney stones are found, your provider(s) can help you determine which treatment option is best for you.

NECESSITY IS THE MOTHER OF INVENTION



A new type of mask – the KN95 – is on the shelves of many U.S. hospitals. They were first thought to offer the same protection as N95 respirators, which were in short supply throughout the world. Unfortunately, that was not the case. A proper fit is necessary to ensure staff who work with certain types of patients in our facilities are safe from the spread of COVID-19 and other contagious diseases. The KN95s are not designed to offer the necessary fit for adequate protection.



Convinced they could make our stock of KN95s fit adequately to keep staff safe, members of the WakeMed Innovations team began work on a prototype of a frame that would be worn over the KN95. The frame would seal the mask to the wearer’s face to make it safe for use. In their office, now filled with assorted household and industrial items, as well as a few kids’ toys, **Kenneth Murray**, executive director, Performance Improvement, his colleague **Bill Bass**, along with **Diana Rhyne**, executive director, Research & Innovations, continue to perfect the yet-to-be-named product. The design is ready and they plan to produce the mask frames for use at WakeMed and provide the template to other hospitals as a public service. Watch for more information in future employee communications.



The Superheroes of 5C Medicine

Recently, 5C Medicine team members received some very special Disney-themed thank you cards from the Disney VoluntEARS. VoluntEARS are Disney cast workers who contribute their time, expertise and effort to make a positive impact on the community. These cards were created by the Disney VoluntEARS for frontline health care workers who have been fighting the pandemic as an expression of gratitude for their amazing support and sacrifice. As home to WakeMed's designated COVID-19 cohort, 5C staff are well-deserving of this fun recognition!

Chasing ZERO HEROES

Congratulations to MICU for decreasing their CLABSI rate from five cases in 2018 to ZERO CLABSIs since February 22, 2019.



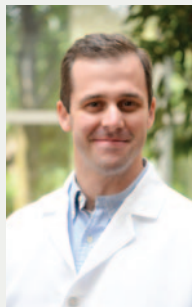
That's more than 15 months – way to go! The team was recognized with a Chasing Zero award earlier this spring for this exceptional achievement. Manager **Chris Smith**, BSN, RN, CCRN (MICU) shares, "I am so proud of my staff for preventing harm to our patients through excellent nursing care, daily interdisciplinary rounding and evidence-based practice – they owned this initiative and it's made a real difference in the lives of our patients."



In late May, donuts were delivered to nursing units across the Raleigh Campus for their achievement of ZERO CLABSIs and ZERO CAUTIS during the month of February. Way to go!



WOW, WHAT AN EMPLOYEE!



Congratulations to **Daniel Fox**, MD, (Pulmonary & Sleep Medicine) who received the "Champion of Palliative Medicine" award from the Inpatient Palliative Medicine Team. Upon receiving his award, he stated that "good pulmonary critical care medicine is palliative

medicine." We couldn't agree more, Dr. Fox, and we thank you for your support!

The article "Enhancing Family Centered Care in Cardiothoracic Surgery" authored by **Kelly Thompson-Brazill**, NP; **Judson Williams**, MD; and **Jeremy Winger**, NP, was published in the *Critical Care Nursing Clinics* June 2020 issue.

Karen Tsang, RN, from the PICU's innovation (myKare.net) was one of 16 start-ups awarded a \$10,000 non-dilutive grant from the NC IDEA Foundation. Karen is working with WakeMed Innovations on her invention, a pediatric nasal aspirator.

Congratulations to **Meagan Casey**, NP, (Neonatology) for graduating from Duke University with her DNP and for getting her dissertation published in the publication by the National Association of Pediatric Nurse Practitioners.

Vicky McCue and **Malorie Whitaker** (both of Respiratory Care Services) received their BSRT degrees.

Congratulations to **Renata Marciele Pinheiro**, RN, (NICU) for completing her bachelor's degree in nursing (BSN).

Nikki Sexton, RN, and **Audria Melton**, RN, (both of 4C Mother-Baby) earned their BSN.

Emily Medlin (Corporate & Community Health) obtained board certification in health and wellness coaching.

Frances Blackford (Trauma Services) passed the Certified Specialist in Trauma Registries (CSTR) exam.

Kirk Sears (Human Resources) completed his Fellowship Certification with the Association for Advancing Physician Provider Recruitment.

Suzanne Best, RN, (eICU) obtained her CCRN-E certification.

Kate Morgan, MSN, NP, achieved the Associate designation from the American College of Cardiology (AACC) and the Certified Heart Failure Nurse (CHFNP) from the American Association of Heart Failure Nurses.

Karen Reavis has been promoted to manager of the Cary Hospital Cath Lab.

Clara Bennett was promoted to Talent Acquisition Representative in Human Resources.

Brigit Piercy, RN was named interim manager of 2W Intermediate Care/Telemetry at Cary Hospital with continued oversight of 5C Medicine at Raleigh Campus.

Pam Pluff, BSN, RN, was promoted to the manager of Cary Hospital ICU.

Maggie Anderson has accepted the position of supervisor for Behavioral Health Services.

Lisa Chambers has been promoted to manager of Therapy Staffing Service.

North Hospital – Emergency Department welcomes **Jackie Deitch**, RN and **Kristi Kohlhofer**, MSN, BSN, RN, to the role of clinical educator/supervisor.

Elizabeth Benton, BSN, RN, was promoted to clinical educator/supervisor of 4C Mother Baby – Raleigh Campus.

Sabrina Jones, RN, is now the manager of 1A Clinical Evaluation Area at Raleigh Campus.

Julla Panneh, BSN, RN, and **Sabrina Claggion**, BSN, RN, have been promoted to 1C clinical educator/supervisor.

Congratulations to **Jay Gaertner**, BSN, RN, and **Greg Sass**, BSN, RN, on their promotions to clinical educator/supervisor in the Adult Emergency Department at Raleigh Campus.

CICU welcomes **Kelli Woody**, RN, as their new supervisor/educator.

Ashley Lorbacher (Imaging Services) was promoted to Radiation Safety Specialist.

Parul Kharod (Clinical Dietician) started her term as the Chair of the Vegetarian Nutrition Dietetic Practice Group of the Academy of Nutrition and Dietetics.

COMINGS & GOINGS

Mobile Critical Care wishes a happy retirement to **Randy Moore**.

3A CVIC welcomes **Tammy Brown**.

Corporate Compliance & Audit Services welcomes **Wayne Yearwood**.

Jessica Bailey, BSN, RN, transitioned from Heart and Vascular to the Risk Management team.

WPP Gastroenterology – North Raleigh welcomes **Onisha Smith**.

CICU – Raleigh Campus welcomes **Ashley Zinger**, RN; **Hannah Brannon**, RN; **Sarah May**, RN; **Holly Griffin**, RN; **Jennifer Farmer**, RN; and **Tracey Powe**.

Kristi Blankenship, BSN, RN, transitioned to the Trauma Nurse Coordinator position for Cary Hospital/Cary Trauma Services.

Primary Care – North Raleigh welcomes **James Moody**.

North Hospital – Emergency Department welcomes **Lynsey McDonald**, RN; **Pamela Kolowale** and **Rosa Slabaugh**.

4C Mother-Baby welcomes **Jackie Neumann**, RN, and **Kayla Johnson**, RN.

Mobile Critical Care welcomes back **Maggie Csatory** and new employees, **Kyle Marie**, RN; **Savanna Gonsalves**; **Steven Gonsalves**, RN; and **Kelli Eichel**, RN.

Carolyn Devita, BSN, RN; **Farooq Fareed**, BSN, RN; and **Raquel Fleming**, BSN, RN, joined the Clinical Administrator team.

Human Resources welcomes **Jenna Hayes** to the HRIS team.

The NICU welcomes **Amber Crespo**, RN; **Mackenzie Hermann**, RN; **Tori Nalley**, RN; **Amanda King**, RN; **Jackie Vitale**, RN; **Courtney Hudspeth**, RN; **Andrea Johnson**, RN; **Hayat Alawdi**, RN; **Kelly Caracci**, RN; and **Cierra Artis**.

Home Health welcomes **Virgil Hilton Jr**, RN, and **Angela Stavrinis**, RN.

Chronic Care Management welcomes **Chris Weedy** and **Trevor Stephens**.

Case Management – Raleigh Campus welcomes **Twon Taylor-Dukes**, BSN, RN, who transferred from 1A Clinical Evaluation Area.

The Wound Ostomy Nursing team would like to wish farewell to **Joanna Burgess**, BSN, RN.

ADDITIONS + ATTACHMENTS

Katlynn Peele (3B CVSIC) married Taylor Gunter on May 16, 2020.

CINDY BOILY
MSN, RN, NEA-BC
Senior Vice President &
Chief Nursing Officer



Cindy Boily

A NOTE FROM OUR CNO

I love this issue of Focus on Nursing! It emphasizes the many ways you innovate to bring our Professional Practice Model – CARES – to life.

From the heartfelt Heartbeats in a Bottle, to new ways to conserve PPE, to providing much needed, oh-so-appreciated mentoring for new nurses, to the special support the CLABSI/IV Rounding Team offers, you demonstrate your thriving curiosity and spirit to care for patients and families. Several of these initiatives also showcase just a few of the ways you continue to support one another throughout the COVID-19 pandemic. Oh, the challenges you have risen to! Such outstanding work.

These are just a few of the innovations we will be able to share with Magnet appRAISERs during their re-designation visit, which, by the way, may be either virtual or in person. We hope to confirm this soon. Either way, you will shine in so many ways. You have so much to be proud of!



Heartbeat in a Bottle

The fact that COVID-19 patients cannot have a support person at the bedside is difficult on so many levels. No one understands this more than a WakeMed nurse. With a true love of patients and their families in mind, nurses on 2E CVICU provide Heartbeats in a Bottle to the family members of COVID-19 patients who pass away.

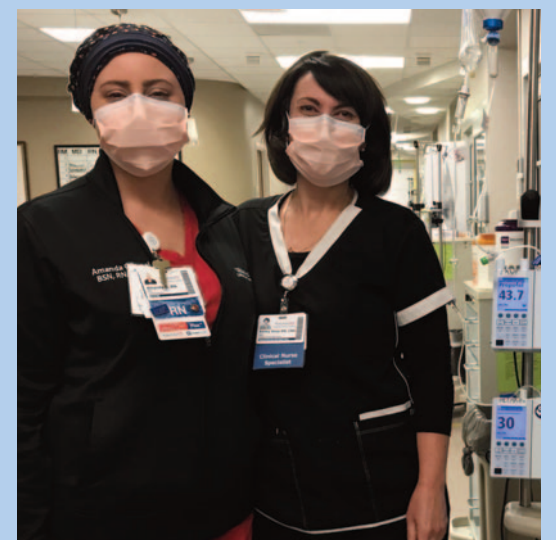
The bottle contains a printout of a patient's final heartbeats. A letter, compassionately acknowledging the difficulty family members face with the passing of their loved one during the pandemic and describing the ways the 2E CVICU team did their best to support the patient in the absence of a family member, accompany the bottle.



Protecting RNs, Conserving PPE

An idea from social media and a determination to ensure the safety of our nurses who care for critically ill COVID-19 patients sparked the creation of a new, temporary IV pump process.

The Problem: Critically ill COVID-19 patients, who are isolated from all other patients (cohorted) on 2E CVICU at Raleigh Campus, and on 2W ICU at Cary Hospital, require constant care including frequent IV infusion titrations. The RNs who care for them were using a lot of PPE and potentially exposing themselves to infection just to go in and out of rooms to do this. It's vital to keep our nurses safe, but is there another way to protect them while conserving PPE?



The Solution: Clinical nurse specialists **Ashley Gordon, APRN**, and **Kelley Reep, APRN**, took an idea from social media and adapted it to meet our needs at WakeMed. By using small-bore extension tubing to lengthen IV tubing without impeding flow, they found that patients' IV pumps could be kept in the hallway without breaking the room seal. They also had to carefully adapt other safety measures such as scanning medications and verifying patient IDs. Gordon and Reep worked with Clinical Engineering, Infection Prevention, Pharmacy and a resource team to follow the proper steps for vetting this innovative temporary process, which has been embraced by Nursing Administration. It saves time, it saves PPE and it protects nurses. A win all the way around!



It's new, it's totally electronic and it has built-in deadlines to keep us on track! The new Nurse Peer Feedback process got underway June 8. "Our goal for this new process is to strengthen professional relationships and improve both our nursing practice and accountability," says **Sabrina Tyndall, RN**, executive director, Nursing Operations & Cary Hospital Nursing (interim). "This new process supports our WW2E initiatives of standard work and eliminating waste. We have made lots of changes to this process and hope to continue to fine tune it as needed."

Nurses and leaders complete the process in Halogen. Upcoming Nurse Peer Feedback process deadlines are:

- **June 23** – RNs have until this date to select peers (you can choose 1 or 2) to provide feedback about them.
- **June 30** – Your leader has until this date to approve your selections and to select 1 or 2 additional peers to provide feedback about your work.
- **July 30** – Deadline to complete peer feedback.
- **August 6** – Your leader reviews your peer feedback by this date.
- **September 11** – Your leader meets with you before this date to share peer feedback.
- **September 16** – You review the feedback you received from your peer(s) and provide any comments/sign off by this date.

Please share your questions and comments about the new process with your leader. They help HR and Nursing make future improvements.



How Does Feedback Impact Me?

Nursing Education has developed several learning opportunities to help nurses better understand the new Nurse Peer Feedback process, including steps to give effective feedback, how feedback supports development, willingness to receive feedback and common mistakes. Register for the one-hour class of your choice at Raleigh Campus or Cary Hospital in WakeMedU: NE014-16049. Contact hours: 1.0 nursing contact hour will be awarded upon completion of the entire activity. 1.0 leadership hour awarded.



Inspiring Mentors & Mentees

Clinical Nurse **Pam Smith**, BSN, RN-BC, the Guide to Professional Success coordinator for 6C Surgery & Trauma, uses “Inspiration” to guide the structure of mentor/mentee relationships in her unit. She and her colleague **Mattie Roadman**, BSN, RN, created a mentor board featuring mentor photos, statements from them about why they chose to be mentors and inspirational quotes. The board serves as a constant visual of the mentors’ commitment to creating a positive experience for new nurses.

“I have always been drawn to new nurses, partially because of the relationship I had with my mentor many years ago,” says Smith. “It had a lasting impact on me. I know I would not be the nurse I am today without her encouragement and influence. If precepting builds the foundation of a nursing career, then mentoring, in my opinion, represents the pillars on that foundation. It’s the support system that gives you the tools to become both strong and successful. It is that very support that enables you to know that you are not alone because you have a brain ‘to pick’, an ear to listen and a push in the right direction.”

Smith is alerted about new team members to 6C by the unit supervisor/educators. She introduces the program to a new employee at the beginning of orientation and checks in with them at the end of orientation to gauge their interest. Pairings are made based on schedule compatibility, personality and other factors. Mentors work with mentees based on a predetermined schedule. The program ends with a special pinning to celebrate the completion of the mentorship and quite possibly the beginning of a life-long friendship!



CLABSI/IV Rounding Team Created for USGIV and Central Line Dressing Support

The CLABSI/ IV Rounding team formed as part of WakeMed Nursing’s response to the pandemic. These nurses provide USGIV placement services (with the exception of COVID-19 positive patients) by page at Raleigh Campus and Cary Hospital and conduct daily rounds on all patients with central lines. The goals of the service are to:

- Save RN time in locating and accessing USGIV-competent nurses.
- Decrease the need to pull nurses with this skill away from their patients to place IVs on other floors.
- Create standard process and primary nurse education for central line maintenance and care.

More than 50 nurses have been trained and validated on central line dressing changes and the audit process. Between April 15 and June 3:

- 453 USGIV lines were placed, averaging 63 lines/week.
- 1,506 central line audits were completed.
- 456 interventions completed by the team.

The IV Rounding role was also a welcome opportunity for some nurses who were temporarily displaced because of the impact of COVID-19 on our hospital volumes. “WakeMed gave nurses the chance to work while simultaneously supporting our aspirational goals to lower infection rates,” says **Ashley Everington**, RN, clinical educator/supervisor, CV Testing & Telemetry.

Thanks to the team for their efforts!



Safety & COVID-19

The first WakeMed nursing unit to go live as a cohorted COVID-19 unit was 5C Medicine at WakeMed Raleigh Campus in late March. A section of the unit is still dedicated to COVID-19 patients. They are separated from all other types of patients and each other as a safety measure.

Ruth Austin, RN, a nurse for three years, and **Cam Milioni**, RN, a nurse for five years, have been working with suspected and confirmed COVID-19 patients on 5C since the virus’s arrival in Wake County. They share some of their perspectives about being on the front lines with these patients.

Austin, a relatively new nurse, draws peace of mind from the shared focus on trust throughout the unit. “Right from the beginning, when I started on 5C, the culture of the unit was based on trust,” she says. “Before COVID, we had the resources to be successful.”

In March, when COVID-19 began to impact Wake County, the decision was made to cohort suspected and confirmed COVID-19 patients who were not critically ill in an isolated section of 5C. Austin recalls **Sheldrick Streete**, RN, vice president, Nursing Operations, **Dianna Knight**, RN, executive director, Patient Experience & Medical/Surgical Nursing, and **Brigit Piercy**, RN, manager of 5C, gathered the staff and talked to them about the unit’s role as a COVID-19 unit. “They were very direct and transparent with us. No one pretended like they knew exactly what was going to happen, which was honest.”

In addition, Austin found, and continues to find, the constant change in policies and protocols to be overwhelming, but she offers this advice to help us keep things in perspective. “I try to keep in mind that the changes are based on new research findings and they are the best things we can do for patient and staff safety at the time.”

Milioni shares Austin’s confidence and comfort in working with COVID-19 patients. He “entered the scene” a little bit later than the rest of the staff.

“I was on a two-week vacation and found out we were going to be a COVID unit by email,” he recalls. “I was overseas and had to first worry about whether or not I would be able to get back in the United States, before I could think about work.”

Milioni also shared his perspective about how he sees the unit’s patient population changing throughout the pandemic. “At first, testing had a lot to do with it. We didn’t really know if patients were COVID positive or not for a while.” You may recall that, when testing for the virus first became available, it took at least 10 days to get results back. “The rapid test that we are now using helps us know who and what we are caring for,” says Milioni.

Since then, end-of-life situations, and influxes of nursing home patients as well as non-English speaking patients have presented the 5C team with different emotions and challenges – all of which they rise to each day.



MICROSCOPE

Microscope is a monthly newsletter written by and for the employees of WakeMed. Our goal is to provide employees and friends of WakeMed with the most up-to-date news on all of the hospital system's activities. The Marketing & Communications department thanks all of the employees who contributed to this publication.

We welcome comments and suggestions on this publication and its content. Call (919) 350-8120, e-mail microscope@wakemed.org, or write Microscope, WakeMed Marketing & Communications, 3000 New Bern Avenue, Raleigh, NC 27610.

Coleen Smith Editor
WakeMed Employees, Photos

© WakeMed Marketing & Communications, June/July 2020



WakeMed Farmers Market Has Returned!

Open exclusively to WakeMed employees and medical staff this year due to COVID-19, the WakeMed Farmers Market has returned to the Raleigh Campus Courtyard and will occur every Tuesday from 10 am to 2 pm. Come by and support local craft, specialty food/beverage, beauty and produce vendors. All vendors have been screened and follow safety protocols. As a reminder, when coming to the market, please wear your mask and practice social distancing.

Follow us!



WakeMedHospitals



@WakeMed



WakeMed & WakeMed Children's



WakeMed App

Want to learn more about what's happening at WakeMed? Follow us on social media or download the WakeMed App!

CALENDAR OF EVENTS

To help you plan ahead, this calendar lists upcoming system-wide events, training classes and community events. For details and fee information, visit MyWakeMed. Send calendar submissions to Marketing & Communications or email microscope@wakemed.org.

Wake AHEC



Webinar (Recorded):
Best Practices in TeleMental Health

Webinar (Live): Moral Distress Amid COVID-19, July 21

Webinar (Live): Combating Compassion Fatigue for Mental Health Providers, August 13

Webinar (Live): Balancing Change and Acceptance - Use of Dialectical Behavioral Strategies in Work with Families, August 14

Webinar (Live): Adopting Best Practices in Substance Use Treatment, August 19 and December 16



COPPERSAFE DONATES \$25,000 TO WAKEMED FOUNDATION

Dylan and Connor Clark of Raleigh, the teen brothers behind CopperSAFE – a newly-founded local facemask and neckwear company – wanted to give back to front-line healthcare workers. They generously raised \$25,000 for the WakeMed Foundation and presented a check to **Donald Gintzig**, WakeMed president & CEO, to support WakeMed's COVID-19 community response efforts.



WAKEMED HAPPENINGS



THREE GENERATIONS AT WAKEMED

Three generations of WakeMed employees representing nearly 40 years of service pose with **Donald Gintzig**, president & CEO. **Caitlyn Fairchild**, RN (PACU), **JC Fairchild** (Facility Services) and **Kenneth Curtin** (MPDC) worked together for a brief period this summer shortly after Caitlyn was hired and just before Kenneth retired after 15 years of service.

SOLIDARITY WALKS

On June 25, hundreds of members of the WakeMed family came together to walk in solidarity against racism and to reaffirm our commitment to the community, our staff and our mission to care for all. This display of unity was intended to bridge gaps and serve as an affirmation of WakeMed's commitment to diversity and inclusion.