

Microscope

Chasing ZERO Update

THE CHASE CONTINUES!

C. How YOU Can Make a DIFFerence (in eliminating C. difficile infections)

Our systemwide Chasing Zero journey continues in 2019 with incredible results, enthusiasm and a new emphasis on *C. diff* this spring.

C. diff, officially known as *Clostridioides difficile*, is an infectious disease that causes diarrhea and inflammation of the colon. Because it's incredibly contagious and can be life-threatening, hospitals like WakeMed are working hard to eliminate it. As part of Chasing Zero, we'll spend the next few months sharing policies, procedures and educational initiatives to eliminate *C. diff*.

TOP THINGS TO KNOW ABOUT C. DIFF

Know the Risk Factors

- Recent exposure to antibiotics
- Being over age 65
- Recent hospitalization
- Weakened immune system
- Previous *C. diff* infection or known exposure to the bacteria

Identify the Symptoms

- Unexplained diarrhea (three or more loose/watery stools in 24-hours)
- Fever
- Stomach pain or tenderness

Know When to Test

The only way to confirm *C. diff* is through a *C. diff* stool test. Patients who present with symptoms of *C. diff* should be tested as soon as possible – ideally within two calendar days of arrival – and put on Special Enteric Precautions to prevent the disease from spreading.

On the other hand, it's important to think before you test. Often, clinicians will test for *C. diff* if a patient has diarrhea, even if the patient has been on laxatives and has no other symptoms. Patients with loose stools within 24 hours of taking laxatives should not be tested, nor should patients with loose stools but no other *C. diff* symptoms. Additionally, many people have *C. diff* in their colons but are not sick from it – these patients are colonized with the bacteria, so the test will be positive, but if they have no symptoms they should not be treated.

Isolate, Inform & Educate

Once *C. diff* is suspected, patients must be placed on Special Enteric Precautions immediately. All members of the care team should work together to ensure the patient, their family and visitors understand *C. diff*, its risks, how it's transmitted and the importance of wearing personal protective equipment (PPE) when visiting.

Keep Things Clean

Hand sanitizer does NOT kill *C. diff* spores – wash your hands with soap and water when leaving a Special Enteric Precautions room. Additionally, every item that leaves a Special Enteric Precautions room – whether it's a Voalte phone, a stethoscope or a pen – must be cleaned with bleach immediately to prevent transmission.

PPE Is Key

Using the appropriate PPE –gloves and gowns – when in the room or bed-space of a patient with *C. diff* is critical, even if you're just stopping in for a short visit or delivery.

Stay Tuned for C. diff Testing Policy Changes

In the coming weeks and months, policy changes are being implemented to improve our processes related to ordering *C. diff* tests. Stay tuned to learn more about these changes, which support our Chasing Zero journey!



C. diff, Leapfrog & Financial Health

If a patient tests positive for *C. diff* more than two days after arrival at WakeMed, we must report it as hospital-associated *C. diff* (HA-*C. diff*). HA-*C. diff* rates are part of our Leapfrog scores and a metric in several CMS programs, which means we lose money when we have more HA-*C. diff* than other hospitals. So, in addition to being the right thing to do for patients, reducing *C. diff* will positively impact numerous important metrics we track and WakeShare!

Congratulations Falls Free Units!

Congratulations to the following units which had zero patient falls in the first quarter of Fiscal Year 2019 (October – December 2018). We are proud of your dedication to patient safety and efforts to Chase Zero!

- 2E CVICU
- CCU – B
- CTICU
- Heart Center Pre- & Post-Procedure Care
- NICU
- PICU
- Special Care Nursery – North Hospital
- Special Care Nursery – Cary Hospital
- Heart & Vascular Unit – Cary Hospital
- Emergency Department – Cary Hospital
- Emergency Department – Apex Healthplex



3E CVIC



Information Services

RECOGNITION CONTINUES

We were proud to honor several departments in January for their Chasing Zero efforts.

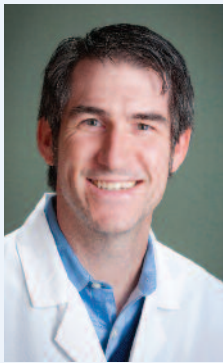
3E CVIC celebrated 18+ months without a central line associated bloodstream infection (CLABSI). Their last infection was June 4, 2017. Congratulations to the team on reaching this exceptional milestone!

Information Services was honored after being recognized by Epic for having the lowest error rate among similar health systems for the month of November 2018. Congratulations to everyone who played a key role in this exceptional accomplishment!

Several departments spent hours demonstrating their creativity and passion for hand hygiene as part of our spirit competition. Congratulations to our video contest winner, 5A Medical Intermediate Care! Kudos also to our honorable mention winners (in alphabetical order): 5C Unit Council, Clinical Administrators, Raleigh Campus Surgical Services - OR, Revenue Cycle & Collections.



5A MIC



David Kirk Named Executive Director, Critical Care Services

David Kirk, MD, has been named Executive Director of Critical Care Services, which is a new leadership position intended to improve and standardize care across the system. In this role, Dr. Kirk will serve as the primary clinical, quality and administrative executive for critical care across the system. He will work with leaders and staff across clinical disciplines as well as administration to develop and promote processes that provide superior care, lower costs, promote standard work and improve population health while supporting ICU staff. Dr. Kirk joined WakeMed in 2006 and has served as director of Pulmonary & Critical Care Medicine since 2015.



North Hospital Welcomes New Director, Hospital Medicine

Jihad Arteh, MD, joined WakeMed in January as the medical director of the Internal Medicine Hospitalist program at North Hospital. In this role, he will serve as the communication link between WakeMed North administration and Medical Staff members. Dr. Arteh comes to WakeMed from Cape Fear Valley Medical Center where he was the program director for the hospitalist group since 2014.



Brendan Piper-Smyer Joins WakeMed Foundation

Brendan Piper-Smyer has joined the WakeMed Foundation as the director of Major Gifts and Planned Giving. Piper-Smyer came to WakeMed from Duke Health where he was director of development and previously worked in development for the Duke University School of Law. In his new role, he will focus on helping the WakeMed Foundation increase philanthropic support from a variety of donors. Piper-Smyer holds a bachelor's degree from Duke University and a juris doctor from Boston College Law School.



Supporting Efficiency & Standard Work with OR Pyxis Machines



Operating rooms (ORs) have no lack of important equipment – and the ORs at Raleigh Campus recently received new additions with the installation of Anesthesia Pyxis machines. The machines, which are also in use at Cary Hospital and North Hospital, are located at the head of the OR beds and dispense the medications that nurse anesthetists and anesthesiologists need to keep patients safe – and safely asleep – throughout surgical procedures.

In January, 31 Anesthesia Pyxis machines were installed in every operating room at Raleigh Campus, including the regular ORs, the Labor & Delivery C-section suite, the endoscopy rooms in the Andrews Center and three high-volume EP/Cath Lab rooms. Prior to these machines being installed, anesthesia medications were requested and dispensed from the OR pharmacy as well as from anesthesia carts and trays located in each OR. “These machines will streamline workflow and improve efficiency by having medications in the immediate work

area as opposed to the previous manual process. We also anticipate that this technology will improve compliance with medication management, security and documentation of controlled substance waste,” commented **Shelly Schaad**, CRNA (American Anesthesiology).

The new machines and the accompanying technology will also streamline inventory control and help the pharmacy team track expiration dates more efficiently. “We now have greater electronic knowledge of where these medications are stored at all times and can be proactive in ensuring that all machines are fully stocked and that our inventory aligns with demand,” commented **Erin Koontz**, PharmD, manager (Pharmacy), who led installation of the machines. Cary Hospital and North Hospital have been using Anesthesia Pyxis machines for several years, so now all three hospitals have the same equipment, which improves standard work for staff and physicians who work in multiple facilities.

Installing and filling the machines took just over two weeks, but those busy weeks were the culmination of a year's worth of work. “This was a team effort between Pharmacy, Surgical Services, Anesthesiology and staff from other areas. While our patients may not be directly impacted by this change, the process improvements associated with it will help ensure a positive experience,” commented **Sheldrick Streete**, director (Surgical Services – Raleigh Campus). “We are so grateful to the entire team – specifically Al Smith, Lisa Dove and Erin Koontz – for making our transition to Pyxis seamless. They spent countless hours behind the scenes to make this project successful,” added **Jana Pittman**, CRNA (American Anesthesiology).

New Tool Streamlines New Supply Request Process



Improving patient care is always a priority at WakeMed, and our Value Analysis Program is just one way we are working to positively impact patient outcomes. Under the leadership of the Non-Labor Steering Committee (NLSC), which is tasked with managing our supply costs, the effort aims to standardize and improve care by ensuring our clinicians have access to the best performing, state-of-the-art supplies and products.

“Technology and medical supplies are changing all the time, and we are working to actively engage providers and clinicians to bring new, innovative or alternative supplies to WakeMed to help improve patient care and outcomes,” commented NLSC chair **Chuck Harr**, MD, chief medical officer, Raleigh Campus. To make it easier for new products to be considered and evaluated, the team recently revised and released the New Product Request Form. The form is intended to bring together all the necessary data and information to determine if a product is appropriate for WakeMed – whether for a trial period or sustained use.

Typically, the request is initiated by a provider –nearly two-thirds of all requests come from surgeons – with input from other clinical team members. Once completed, it should be returned to the appropriate team lead (see list below), who will oversee and coordinate necessary approvals in a timely manner. “While cost is always a consideration, improving patient outcomes is the goal of this process. The product that is best for one patient is best for all patients – and that's what we should be using; that's standard work,” commented **Kevin Schmidt**, director, Strategic Sourcing.

More information about the process is included on the form itself, which is available in PolicyTech or on the Strategic Sourcing page of MyWakeMed.

Value Analysis Team Leads

- **Med/Surg:** Peggy Lassiter
- **Surgical Services:** Sheldrick Streete, Nell Panten & Daniel Merrell
- **Cath Lab:** Amanda Thompson
- **Imaging:** Holly Brookover
- **Lab:** Grover Smith
- **Pharmacy:** Abbie Williamson
- **Respiratory Care:** Crystal O'Neal
- **Food & Nutrition and Environmental Services:** Robyn Smith Brown
- **Contract Services:** Kevin Schmidt



Don't Forget Your Biometric Screening

Biometric Screenings are ongoing through March 29

Things to remember:

- Know the time and location of your screening and bring your ID badge.
- Allow approximately 20 minutes, start to finish.
- The screening includes height, weight, waist circumference, blood pressure and a basic lipid panel (cholesterol) with blood glucose.
- Employees may bring current blood work results to the screening (to qualify, it must have been conducted after January 1, 2019, and must include full lipid panel and a total glucose).
- The cholesterol screening requires fasting for a minimum of eight hours unless prohibited for medical reasons.

Screening results will be posted to WakeMed MyChart, usually within 72 hours. Blood work results (lipid panel and glucose) will be under “View Test Results” and measurements (height, weight and BMI) can be found in “Letters”. Remember, you must meet a certain level on each standard to receive the reward. If you do not meet the standards, you can complete an alternate standard requirement to make up points. More details about alternate standards will be shared next month. Questions? Contact Bob Nelson, ext. 06903.

Cary Hospital Introduces Advanced Gastrointestinal Center



Over the past year, Cary Hospital has added new services focused on helping patients assess and treat a variety of digestive diseases and disorders. As part of this effort, the Endoscopy department has been renamed the Advanced Gastrointestinal Center at Cary Hospital. Offering top to bottom care for the entire digestive system – from the esophagus to colon – the Advanced Gastrointestinal Center provides convenient access to board-certified physicians and sophisticated procedures addressing everything from acid reflux, swallowing difficulties and polyps to Crohn's, cancers, weight loss and more. Several of these procedures are not available anywhere else in western/southwestern Wake County and at least one procedure is not offered anywhere else in the state. In addition to GI procedures, Cary Hospital also offers comprehensive care from dietitians, diagnostic services and much more – all in one convenient location.

Some commonly treated conditions include:

- Colon cancer
- Colon polyps
- Diverticulitis
- Gastroesophageal reflux disease (GERD)
- Gastrointestinal bleeding
- Indigestion and heartburn
- Intestinal pain and conditions
- Inflammatory bowel diseases (IBD), including ulcerative colitis and Crohn's disease
- Irritable bowel syndrome (IBS)
- Stomach pain and conditions
- Ulcers
- Swallowing disorders

To learn more about physicians and services provided at the Advanced Gastrointestinal Center at Cary Hospital, visit www.wakemed.org/advancedgi.



Updates & Renovations Continue at Raleigh Campus

As we move into a new year, several areas of Raleigh Campus will see some changes and improvements. Early this spring, 1C and 1D Clinical Evaluation Areas are combining into one unit – 1C Clinical Evaluation Area. Additionally, the Chest Pain Unit is merging with 1A Clinical Evaluation area – which should help reduce patient wait times while freeing up space to create a new evaluation area dedicated to pediatric patients.

Patient unit renovations will continue this year with 5A receiving new floors, paint, fixtures and much more. A timeline for the work is being developed and details will be shared when they are available. The Heart Center lobby will also be refreshed in an effort to improve patient flow and access while modernizing the facility. The project includes new flooring, new wall coverings, moving the patient registration desk and creating a central staircase to the second floor.

Congratulations, Health Care Heroes

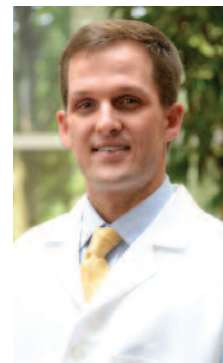
The *Triangle Business Journal* recently announced its 2019 class of Health Care Heroes and several WakeMed employees and close partners are among this year's list of 23 honorees. The annual program recognizes leaders in their field who have made significant contributions to health care.



Since she became an EMT at age 14, **Jessica Dixon, RN**, (Infection Prevention) has demonstrated her passion for health care. Dixon has been an infection prevention nurse at WakeMed for 12 years and is dedicated to helping clinicians understand the long-term, infection-related impact of their decisions. She has played a key role in supporting WakeMed's Chasing Zero journey to eliminate preventable harm. Her dedication to nursing excellence and attention to patient safety is evident through her efforts to prevent the spread of illness and keep WakeMed patients, visitors and staff healthy.



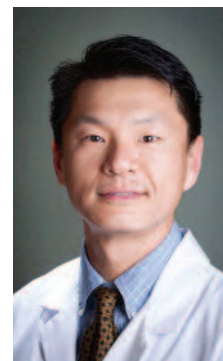
As a physician and medical director for WakeMed Innovations, **Stuart Ginn, MD**, (ENT – Head & Neck Surgery) has found a way to blend his life-long interests in innovation, flight and medicine. Dr. Ginn, who worked as a pilot for United Express airlines before becoming a physician, is part of the team that helped secure WakeMed's participation in the FAA Unmanned Aircraft Systems (UAS, or 'drones') Integration Pilot Program. The project is investigating how to use drones for medical package delivery – and the first test flights occurred at Raleigh Campus last August.



A North Carolina native, **Judson Williams, MD**, (WakeMed Heart & Vascular) believes that the best cardiovascular care in the world should be available right here in his home state. In addition to performing complex cardiovascular surgery, he is internationally known for cardiovascular clinical research and serves as WakeMed's principal investigator for the VEST study. He also played a key role in making WakeMed the first U.S. hospital to introduce early recovery after surgery (ERAS) for heart surgery patients. The interprofessional effort, co-led with **Gina McConnell, BSN, RN**, has become nationally known.



Christine Khandelwal, DO, is director of inpatient palliative medicine at Transitions LifeCare, a long-time partner of WakeMed's. She is a patient advocate, providing expert communication and navigation through difficult situations, while also encouraging the rest of the health care team to meet the needs of the patient and family. Dr. Khandelwal was recently appointed to serve as the physician chair of the Patient and Family Experience Oversight Committee and participates in the WakeMed Geriatric Task Force, where she continues to provide advocacy and leadership to improve care for those with advanced illness.



An emergency medicine physician with Wake Emergency Physicians, PA, **Bobby Park, MD**, is director and one of the founders of RelyMD, a direct-to-consumer telemedicine service. The mission of RelyMD is to improve people's lives by providing health care in a more convenient, efficient and cost-effective manner. This fall, led by Dr. Park, RelyMD put that mission into action by providing telemedicine services for Hurricane Florence evacuees in six shelters across Wake County. The effort helped ensure patients got the care they needed without having to visit an emergency department far from home.

NEWS FROM WAKEMED PHYSICIAN PRACTICES

Welcome New Physicians



Amit Mukhia, MD
Neonatology



Imran Quyyum, MD
Hospital Medicine –
Raleigh Campus



Albert Santos, MD
Pulmonology



Kaebah Orme-Evans, MD
OB-GYN



Xavier Preud'homme, MD
Psychiatry



Jihad Arteh, MD
Hospital Medicine –
North Hospital

Welcome New Advanced Practice Providers

Trish Odom, NP
Heart & Vascular

Kelly Gill, PA
Urology

Ellen Wibran, PA
Urgent Care

Now Open! WakeMed Heart & Vascular – Fuquay-Varina

WakeMed Heart & Vascular has opened a cardiology office within the Primary Care – Fuquay-Varina location. **Hemant Solomon, MD**, is welcoming general cardiology and peripheral vascular disease patients with a goal of expanding services based on the needs of the community.

WakeMed Heart & Vascular – Fuquay-Varina
231 North Judd Parkway
Fuquay-Varina, NC 27526
Appointments: 919-232-0322

Hazardous Drug Program Update

Medical Surveillance Program Expands to Staff Nurses

In October, WakeMed announced changes to how a number of medications are received, handled, stored, prepared, dispensed and administered. As part of these changes, and in an effort to ensure the health and safety of our team, WakeMed has also broadened the Hazardous Drug Medical Surveillance program to include all staff nurses. The program will eventually be expanded further to include many other employee groups, including nurse techs, Environmental Services, Imaging, physicians and more.

Currently, all staff nurses are required to complete a baseline questionnaire and another annually thereafter during their annual health screening appointment. Nurses are also encouraged – but not required – to participate in the laboratory medical surveillance program, which includes the following:

- Baseline lab testing performed at the 2019 health screening and every three years following
- Lab tests include: CBC (blood count), BMP (general chemistry), urinalysis (checks for blood in the urine), and LFT (liver function test).
- Lab testing is used to monitor for warning signs of possible hazardous drug-related changes over time.
- Occupational Health will contact employees with their results and provide guidance on whether follow-up evaluation is needed.

All staff nurses should make an appointment for their annual health screenings to allow time to complete the paperwork and discuss the lab study options. Participation in the program is required, but employees can opt out of the lab testing by signing a declination form. If an employee declines the lab testing, they can change their minds and complete the lab testing any time after their annual health screening appointment.

Look for the Yellow Sticker!

As part of ongoing changes related to hazardous drugs, starting soon, patients who have received a hazardous drug in the past 48 hours will have a yellow “HD” sticker on the door. This sticker is intended to quickly alert care team members and remind them to follow hazardous drug processes. Need stickers for your unit? Order them through MPD.



CHILD LIFE SERVICES

creates fun; eases fears

When families have a sick child, it can be an uneasy time full of worry and questions. Fortunately, WakeMed has a team of child life specialists who assist the care team in providing a positive experience for children and families.

Child life specialists are educated in the psychosocial care of children and the developmental impacts of potentially traumatic experiences, and they can have a direct impact on quality of care and outcomes while also providing an all-around better experience.

Now organized as one department

Over the years, child life specialists have been part of different hospital departments. They have recently been brought together as one department, which enables them to practice cross coverage and be available to respond quickly when needed for trauma and during busy times. Things to know:

- Child life specialists are not just “the play people.” They use play to promote normalization as well as for teaching and self-expression for patients;
- They are important team members who provide knowledge and expertise related to child development and patient- and family-centered care;
- They work with parents and other family members just as much as with children. Often, the preparation they provide for a pediatric patient also alleviates fears of adult caregivers.

The team currently supports families in the Children's Emergency Department, Children's Hospital, PICU, Endoscopy and Day Surgery. Clinical staff in these units can contact child life specialists through phones or pagers. There is at least one child life staff member on site from 6:30 am to 1 pm weekdays, 8 am to 11 pm Saturdays, and 11 am to 11 pm Sundays.

Child Life Services can offer other departments education on child-friendly language and how to make a unit more child friendly. To request services, email the team at childlife@wakemed.org.

Bereavement Support

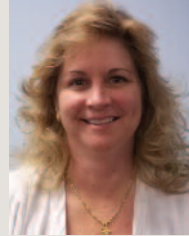
A large part of a child life specialists' education and role includes bereavement support for families who have a child who has died or who is actively dying. They can create memory items such as hand prints or hand molds for families and provide resources to help process emotions. Occasionally they can assist children of adult patients who are dying by preparing children for what it will be like to see their loved one in their current condition. With support from the WakeMed Foundation, the team is also working on rolling out a sibling bereavement resource bag within their staffed units.



WakeMed's Good Catch Program encourages staff to positively impact patient safety by speaking up, reporting good catches and sharing their experiences. If you have made a good catch, share it by clicking the “Report a Good Catch” link on the WakeMedWeb.



Massiel Tavarez (Imaging Services – North Hospital) was working with an Emergency Department patient when she made her Good Catch. The patient was not designated as a fall risk, but she started losing her balance when walking to the restroom. Massiel quickly took her hands and guided her to the restroom and back to her stretcher for the exam. In talking to the patient, Massiel learned she had fallen several days earlier and experienced a concussion. Massiel shared this information with the charge nurse and the patient was designated as a falls risk.



Ann Conerly-Perry, RN (Emergency Department – Raleigh Campus) was working at the front desk of the Emergency Department when a patient came in with vague symptoms of headache, nausea and history of migraines. Ann quickly realized that these could indicate a serious condition and activated a Code Stroke alert. A thorough evaluation showed that the patient had suffered a hemorrhagic stroke and Ann's quick thinking ensured they received timely care.

The WakeMed Board of Directors recently honored WakeMed employees who were recognized for making a Good Catch for Patient Safety in 2018. We are proud of these individuals and their commitment to patient safety!



COMINGS & GOINGS

3A CVIC sends best wishes and congratulations to **Marilyn Pezzullo, RN**, on her retirement from WakeMed.

NICU welcomes **Ashley Evans, RN**.

Outpatient Rehab welcomes **Christine Fabics, PT**, to the Clayton team.

Emergency Department – North Hospital welcomes **Laronda Smith, RN**; **Alicia Harris, RN**; **Michelle Ward, RN**; and **Cathy Mattox, RN**.

Food & Nutrition Services – Raleigh Campus welcomes **Adam Smith** as executive chef.

Heart Center Administration welcomes **Alyssa Franklin, MSN, RN**, to the Cardiovascular Patient Educator team.

Primary Care – North Raleigh welcomes **Ebony Spencer**.

Imaging Nursing – Raleigh Campus welcomes **Melissa Maxey, RN**, who transitioned from 3E CVIC.

The Mother Baby and Newborn Nursery team at Raleigh Campus welcome **Jennifer Holcom, RN**; **Maddy Ozolins, BSN, RN**; **Alexis Abraham, BSN, RN**; **Holly Cribb, RN**; **Taylor Wright Boulding, BSN, RN**, and **Amanda Nava, RN**.

Nursing Education welcomes **Sarah Hassing, MSN, RN**, and **Clint Dean BSN, RN**.

5C Medicine welcomes **Sophia Wilson**.

Spiritual Care welcomes chaplain interns who will be at WakeMed until May 6: **Alice Evans (1A, 5C)**, **Jim Keating (3C, CPU)**, **Nancy Stokes (3B)**, **Ronnie McCray (6A)**, **Wanda Thomas (3A)** and **Zach Parks (5B)**.

6A CVIC welcomes **Tracey Smith**.

Pharmacy – Raleigh Campus welcomes **Tarndeeep Garcha, PharmD, BCPS**.

Clinical Administrators welcome **Jack Alfman MSN, RN**; **Barbara Chorney MSN, RN**; and **Leslie Johnson BSN, RN**.

Financial Clearance welcomes **Tamesha Williams-Diallo**.

WOW, WHAT AN EMPLOYEE!

The **Adult and Gestational Diabetes Management program** has successfully recertified with the American Diabetes Association for outpatient self-management diabetes education programming at Raleigh Campus, Cary Hospital and North Hospital. Congratulations!

Alden Parsons, MD, (WakeMed Heart & Vascular Physicians) was named to the American College of Surgeons' Division of Education, Patient Education Committee.

Debra Tyson, RN, (Patient Case Management – Raleigh Campus) passed the case management certification exam.

Congratulations to the following employees who earned bachelor's degrees in nursing (BSN): **Muaadth Haqq, RN**; **Rachel Abbott, RN**; **Olivia Knowles, RN**; **Caitlin Todd, RN** (all of NICU); **Laura Sousa, RN**; **Tara Bruce, RN**; **Steve Nadeau, RN** (all of Surgical Services – Cary Hospital).

June Adamio, RN, (Surgical Services – Cary Hospital) earned a master's degree in nursing (MSN) from Eastern Carolina University.

Shaunaci Cage, RN, and **Kiara Jacobs, RN**, (both of NICU) received registered nurse certification (RNC).

Holly Boyd, BSN, RN, (Labor & Delivery – Raleigh Campus) received inpatient OB certification.

Laura Pinckney, BSN, RN, (Newborn Nursery – Raleigh Campus) earned certification as a maternal newborn nurse.

Melanie Grant (Financial Clearance) was promoted to team leader, Insurance Verification.

Aranzazu Conklin (Quality Analytics) was awarded a Western Governor's University Alumni Scholarship from WGU North Carolina. She is pursuing a master's degree in nursing.

Emilie Pinto was named Campbell University School of Osteopathic Medicine's DO Student of the Year. WakeMed is a dedicated clinical campus site for Campbell and third- and fourth-year students are based at WakeMed for the duration of their training.

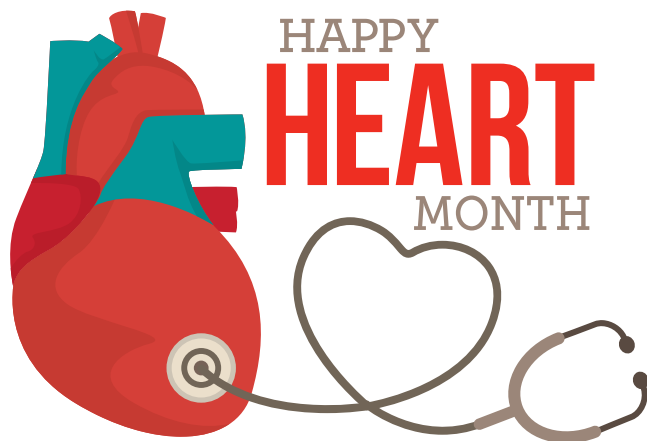
ATTACHMENTS AND ADDITIONS

Christine Stein (Information Services) and husband Barret welcomed daughter Lucy Saphira Stein on November 8, 2018.



WAKEMED GOES RED!

On Friday, February 1, employees from across WakeMed dressed in their best reds for Go Red for Women Day! This annual event is the start to National Heart Month and is intended to help raise awareness of cardiovascular disease. It's also a great way to recognize everyone at WakeMed who provides compassionate care and service to our heart patients and their families!



WAKEMED RECEIVES TOP INTERNATIONAL RATING FOR CARDIOTHORACIC SURGERY

WakeMed recently received a 3-star rating for quality of isolated coronary artery bypass graft (CABG) surgery from the Society of Thoracic Surgeons (STS) National Database™. This is the highest rating a hospital can achieve and places WakeMed among the elite for heart bypass surgery in the United States and Canada. The STS developed a comprehensive rating system – the STS National Database™ – in 1989 and is now considered the gold standard for clinical registries. Its focus was and still is quality improvement and patient safety among cardiothoracic surgeons. WakeMed joined the initiative in 2001.



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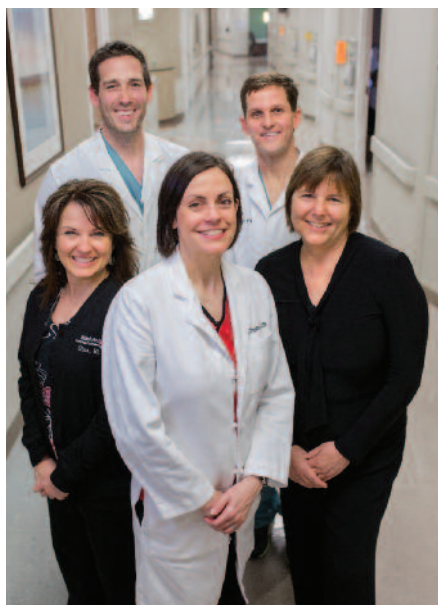
HYBRID STUDY



The WakeMed Cardiovascular & Thoracic Surgery Research Team marked a research milestone in November when they enrolled their first patient – the first patient in North Carolina – in the HYBRID clinical trial. The trial enables eligible patients with multi-vessel coronary disease to be randomized to either percutaneous intervention

(PCI) only or HYBRID interventions (surgery and PCI). Both procedures are accepted, commonly performed procedures for the treatment of coronary artery disease but the study will help discover which treatment option is better for the patients with multi-vessel coronary artery disease. Members of the HYBRID research team include (left to right) **Rhonda Norton**; **Judson Williams, MD**; **Frances Wood, MD**; **Bryan Boulton, MD**; and **Ansley Winders**.

RECOVERY, REINVENTED WakeMed is First Hospital in the US to Implement Enhanced Recovery Pathway for Heart Surgery Patients



What do Gatorade, chewing gum, and walking have in common? Each are small, but critical elements of a new, nationally-recognized program WakeMed has introduced to help improve recovery for cardiac surgery patients.

Known as Enhanced Recovery After Cardiac Surgery (ERAS Cardiac), this new care plan has demonstrated outstanding results in less than two years. While similar pathways have long been in place for other surgical specialties, heart and vascular programs have not previously

been successful in implementing ERAS programs due to the complexities associated with heart surgery.

The Challenges of Cardiac Surgery Recovery

Heart patients have long feared open-heart surgery – and for good reason. Historically, patients have experienced long hospital stays, followed by months of recovery – often with many complications along the way.

ERAS Cardiac aims to improve recovery and prevent common complications – such as pain, blood clots, pneumonia, infections and more – by standardizing the care of heart surgery patients before, during and after surgery. The result is 20 individual steps that may have minimal impact on their own, but once combined, have proven significant improvements in the recovery process for surgery patients.

Creating the First ERAS Cardiac Program

The program got its start in 2016 when nurse educator **Gina McConnell**, BSN, RN, (CTICU) and **Judson Williams, MD**, (WakeMed Heart & Vascular) both envisioned applying the benefits of an ERAS program to heart and vascular patients. They soon partnered with **Pat Woltz**, PhD, RN, (Nursing Research), **William Bradford**, MD, (American Anesthesiology of NC) and **Erin Ledford** (Pharmacy) – creating a team that would spend months doing the research, planning and coordination it would take to make this dream a reality.

In addition to the core team, numerous critical disciplines have been involved in implementing ERAS at WakeMed. Every member of the continuum of care for a heart surgery patient plays a key role – including the surgeon, cardiologist, pre-op nurse educator, anesthesiologist, intensivist, bedside nurse, respiratory therapist, dietitian, endocrinologist, physical and occupational therapists, hospitalist and everyone in between. “This pathway is a partnership in every sense of the word,” explains McConnell. “It’s a partnership with our patients and among our entire care team – all with a goal of ensuring both a successful surgery and improved recovery period.”

After 16 months of planning and education, WakeMed became the first hospital in the U.S. to implement the ERAS Cardiac pathway in April of 2017. “The most rewarding part of this journey has been seeing how something so completely patient-centered can catch on so quickly and have such powerful outcomes that other hospitals are asking us to help them do the same thing,” explains Dr. Bradford. “We have a team that is driven to do the right thing for our patients at all costs, which has made this process both awesome and humbling.”

Proven Benefits of ERAS Cardiac at WakeMed

After less than two years, the data speaks for itself. The chart shows some of the improvements ERAS has helped bring about.

| | Postop Intubation Time (Median Hours) | Reintubation Rate (%) | GI Complication Rate (% ileus) | Total ICU Stay (Median Hours) | ICU Readmit Rate (%) | Postop LOS (Median Days) | Total LOS (Median Days) |
|--------------------------|---------------------------------------|-----------------------|--------------------------------|-------------------------------|----------------------|--------------------------|-------------------------|
| PRE-ERAS Cardiac (N=489) | 5.3 | 5.3 | 6.8 | 43.0 | 5.3 | 7.0 | 9.0 |
| ERAS Cardiac (N=443) | 5.4 | 4.3 | 3.8 | 28.0 | 3.8 | 6.0 | 8.0 |

Innovative Program Receives National Acclaim

Since launching our Cardiac ERAS pathway, our team members have been tapped for national leadership roles, presented at numerous national meetings and our outcomes data has been published in multiple clinical journals – including as the cover story for the November 2018 issue of *Nursing* journal. In February, WakeMed became the first organization in the world to be named a Center of Excellence by the Society for Enhanced Recovery After Cardiac Surgery. The designation recognizes exceptional efforts related to continued improvement, implementation of evidenced-based interventions, data collection and contributions to the ERAS community. Dr. Williams currently serves as vice president of the board of directors for the Society for Enhanced Recovery After Cardiac Surgery. WakeMed will host the first national ERAS Cardiac Surgery Conference here this summer.

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.

Kate Wilkes, Editor
WakeMed Employees, Photos

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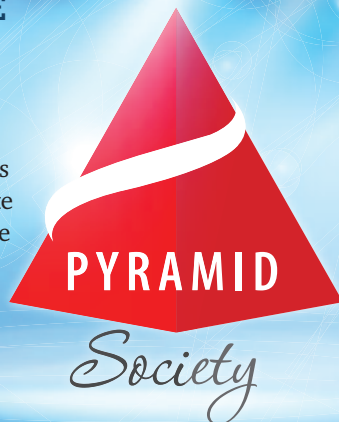
Get expert medical care, 24/7/365, for just \$15!

WakeMed has partnered with RelyMD, a telemedicine provider, to offer a special rate for everyone on the WakeMed medical plan. RelyMD is staffed by Wake Emergency Physicians, PA — the same trusted providers who staff our emergency departments. Providers treat patients age six months and up, and the average wait time is fewer than 10 minutes. Visit relymd.com/wakemed and enter Group ID "WakeMed" to receive the special rate.



PYRAMID SOCIETY AWARD – DEADLINE EXTENDED!

Nominate by March 1 for the Pyramid Society Award! Do you know someone who goes the extra mile and always puts our patients and families first? Nominate them for WakeMed's highest honor – the Pyramid Society Award! To learn more and to complete the nomination form, visit MyWakeMed. All nominations received by March 1 will be considered for the 2019 awards cycle.



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 the WakeMedWeb. Send calendar submissions to Public Relations or email microscope@wakemed.org.

2019 SHINE Conference

March 28 & 29
Andrews Center

This two-day conference is designed for nurses, nurse practitioners, pre-hospital providers and therapists who care for patients with neurological and neurosurgical conditions. Learn more and register at www.wakemed.org/shine-conference.

Join the WakeMed Team and March for Babies

April 27
Perimeter Park

Nursing NPDP credit is available for walkers and captains. Contact Donna Lane, BSN, RN, with questions or for more information.

Nursing Education

How Does Feedback Impact Me? Feb. 28, 10 to 11 am, NED A (WakeMedU code: NE014-16049)

Ownership, Empowerment & Accountability: A New Model for Competency Assessment – March 11, 1 to 4 pm, MOB (WakeMedU code: NE014-17106)

Guarding Against Burnout – March 14, 1 to 3 pm, NED-C (WakeMedU code: NE014-17055)

Medicine of Compassion – March 28, 8:30 to 11:30 am, Cary Hospital, Conference Center (WakeMedU code: NE014-9073)

Wake AHEC

Culturally-Relevant Care: Building Knowledge, Attitudes and Skills (Parts 1-2) – Feb. 27, live webinar

Solution-Focused Brief Counseling: Solution – Focused Brief Counseling with Children and Adolescents: Tips and Strategies – March 1, Andrews Center

Targeted Nutrition Therapy for Cognitive Development, Low Muscle Tone and Mood – March 2, Andrews Center

The Impact of Toxic Stress on Health and Your Role in Resilience – March 5, Andrews Center

Leveraging Cultural Identity in the Context of Clinical Supervision – March 7, Andrews Center

Ethical Considerations in Clinical Supervision: Understanding the Power Differential – March 8, Andrews Center

Cardiovascular Care Symposium 2019 – March 9, Raleigh Convention Center

Strategies for Treating a Child with Sensory Issues and Autism Spectrum Disorder – March 9, Andrews Center

Perinatal Mood and Anxiety Disorders - Risk, Prevention, Recognition and Treatment – March 13, live webinar

How to Get Away with Unethical Decision Making – March 14, Andrews Center

March of Dimes (MOD): Preconception Health & Health Disparities for LGBTQ Patients, Clients & Students – March 14, live webinar

Health Disparities – March 15, Andrews Center

Diabetes Management and Foot Care Conference – March 16, Andrews Center

Treatment of Speech Production Difficulties after a Left-Hemisphere Stroke – March 22, The McKimmon Conference & Training Center

Cannabis: Synthetic to CBD – March 23, Andrews Center