The ED staff held a yard sale and bake sale to raise money to fund the fair. Staff developed teaching materials for the educational booths. These booths included fever education, blood pressure screening, medication safety, burn care, animal bite and rabies education, bee stings, spider and snake bites, dental care, first aid, stroke recognition, heart attack signs and symptoms and diabetes education. Bike helmet checks, car seat checks, sessions on how to escape a burning building, gang awareness and crime stopper information were provided by the local police and sheriff departments. The State Trooper Association provided drunken driving simulation. There was a screening booth from the North Carolina Kidney Foundation. All areas provided educational materials along with giveaways such as toothbrushes, fire hats for kids, stuffed animals, thermometers, and pill organizers. Bike helmets and car seats were given as prizes.

There were several live specimens for education such as a black widow spider, copperhead snake, boa constrictor and a tarantula. Participants registered for two grand prizes: dinner for two at a local restaurant. "We had an overwhelming response from the community as well as hospital employees and we hope to make this an annual event," Sandra Settle, RN, Emergency Department, Annie Penn Hospital, Emergency Department said.

Support was provided by hospital administration. Marketing advertised the event, and Volunteer Services provided and served food. Also assisting were Housekeeping, Plant Operations, Dietary, and Security.

Approximately 300 people attended the inaugural event. The feedback from the community and hospital administration has been very positive. Our goal is to make this a yearly event, with some type of formal evaluation tool to monitor participant and staff satisfaction. Several participants were identified as having a high risk of disease symptoms, such as elevated blood pressure and blood glucose. They were referred to their primary physician or given a list of physicians in the area. One person was sent to the ED for evaluation.

The health education outreach program supported our Magnet mission and spirit. The program also encouraged teamwork within the department and the hospital.

We need your stories! Send your amazing, humorous, or life-affirming stories to thresa.brown@mosecone.com or sarah.lackey@mosecone.com

To increase healthcare awareness in an under-served community, the Emergency Department (ED) at Annie Penn Hospital hosted a health education outreach fair. The main purposes of the health fair were to promote health and disease prevention and to motivate local residents to make positive changes in their health behaviors by increasing awareness of the benefits of a healthy lifestyle.

Rockingham County currently has an unemployment rate of 14.20 percent. As a result, the number of uninsured and underinsured residents has risen. The number of patients seeking care in our ED has increased over the past several years, with a 10 percent increase last year. Many patients use the ED as their only means of healthcare. More patients don’t have a private physician and therefore, they do not receive proper education related to their health condition. This may lead to poor health decisions and inadequate disease management.

The ED Shared Governance Committee identified the most frequent reasons for ED visits and/or returns after inpatient admission. These topics were targeted for the health education outreach fair. Mortality rates are often used as an indicator of the health status of a population. From 2002 to 2006, motor vehicle injuries were the leading cause of death in the 0-3 age group. The 40 and above age group primarily had chronic diseases such as heart disease and cancer as the leading cause of death.

See Outreach page 12
I presented the annual State of Nursing Address on all campuses during November and December. This year’s schedule was interrupted by the arrival of surveyors from The Joint Commission. I admit to feeling much more relaxed after our very successful survey.

Fiscal year 2009 was certainly a year of real challenges for our Health System, our nation and our communities. These challenges impacted our staff and families as the economy necessitated changes in lifestyle for many employees. Despite all of the stress, we have so many 2009 accomplishments to celebrate. Let me share some highlights from my address.

Patient Satisfaction
- “Nursing Respect” score on our patient satisfaction survey improved from 91.09 percent to 92.37 percent.
- Continued implementation of Relationship Based Care
  - Wave II brought RBC to all five hospitals
  - Lead Nurse concept continues to evolve
  - 761 employees attended Re-Nurturing the Spirit of Caring retreats
  - Moses Cone Health System presented and was well-represented at the national RBC conference.

Employee Satisfaction
- Nursing turnover declined from 12.6 percent to 8.5 percent.
- NDNQI Nursing satisfaction survey results were slightly improved from 2008.
- Celebrations
  - First Annual Nursing Report issued.
  - Magnet Re-designation obtained.
  - 18 Health System nurses named to the NC Great 100.

Quality
- Improvement in nursing quality indicators of falls with injuries, pressure ulcer prevalence, blood stream infections and Foley-related UTI.
- Moses Cone Behavioral Health Center received American Nurses’ Association’s NENQI Nursing Excellence in a Psychiatric Hospital award.
- Chest Pain, Stroke Center, Level II Trauma certification and Bariatric Center designation achieved.
- Medal of Honor received for organ donation.

Financial
- Exceeded LOS goal: goal 5.06, actual 5.00.
- Delta/Operational Effectiveness: $9,145,686 saved in salary reductions.
- 223.30 FTEs eliminated with no layoffs.
- Care Coordinator role created.

Other Achievements
- H1N1
  - Strong organization response to the H1N1 epidemic.
  - Mandatory flu vaccine requirement implemented.
- New Services
  - Aquaphoresis procedure for heart failure patients.
  - Arctic Sun hyperthermia protocol.
  - MedCenter High Point opened.
  - Pediatric ED at Moses Cone Hospital opened.

We had a great 2009! Thanks for all of your contributions.

In 2010, we will focus on the following areas:

Patient Satisfaction
- Nursing Respect Score.
- RBC Continuum and Wave III to be implemented.

Employee Satisfaction
- Turnover.
- Increase percent of Nursing staff with BSN degrees and with specialty certification.

Quality
- Nursing sensitive indicators.
- Bedside reporting to be implemented in all departments.

Financial
- LOS.
- Staffing at HCPPD goal.

Let’s continue our focus on Caring, Competence and Celebration and Being the Best Place to Practice Nursing in the Country!

Joan Wessman, RN, MS, Chief Nursing Officer

Moses Cone Health Care System is known as a great place for nurses to work. Our Magnet Culture, Professional Practice Council and Relationship Based Care Initiatives are some of the things that contribute to making it that way.

Joan Wessman, RN, MS, Chief Nursing Officer of Moses Cone Health Care System, is always looking for ways to make the Health System an even better place to practice nursing. One of her dreams is to establish a Nursing Education Center, not just for Moses Cone Health System nurses, but for the community as well. Thanks to partial funding from Mr. Stanley Tanger, a well-known local philanthropist, her dream is about to become a reality.

An entire floor of the Northwood Building, located across from The Moses H. Cone Memorial Hospital and fondly known as “The Black Box,” will be converted into an education space for nurses. The space will contain classrooms, offices for local nursing faculty to meet with their students, as well as some very interesting patients. These “patients” are simulation mannequins. They will live in their very own lab with their own technical operator. The operator will be able to remotely control the response of the mannequins to interventions performed by the healthcare team.

The Nursing Education Center will help strengthen the relationship between Moses Cone Health System and local nursing schools by providing classroom, clinical teaching and office space, and by creating the opportunity to generate new nursing programs. This benefits the entire community.

When will this Nursing Education Center be completed? Funding has been approved, architectural drawings are in progress and the project is expected to be completed this year. “This is evidence of our Health System’s awareness of the importance and the value of nursing in our health care delivery,” Joan says.

Sarah Lackey, author of this year’s Message from Joan, has had several articles published in major nursing journals, and is currently serving as a peer reviewer for several nursing publications, having had several articles published in major nursing journals, and is now participating in original research and mentoring others through the process of writing for publication.

Please join me in welcoming Sarah into her new role as co-editor of Nursing Beat. Her clinical experience and professional knowledge will serve as a wonderful asset to our publication.

Theresa H. Brown, RN, MSN, ACNS-BC, Co-Editor

The new Nursing Education Center will have simulation mannequins to provide more life-like clinical scenarios for students and staff.

Nursing Education Center on Horizon

By Marlienne Goldin, RN, BSN, MPA

The Nursing Education Center will be a wonderful asset to our publication. Her professional activities have not slumbered, however, as she recently served as a peer reviewer for several nursing publications, and has had several articles published in major nursing journals, and is now participating in original research and mentoring others through the process of writing for publication.

Please join me in welcoming Sarah into her new role as co-editor of Nursing Beat. Her clinical experience and professional knowledge will serve as a wonderful asset to our publication.

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The Nursing Education Center will be a wonderful asset to our publication.
Ten Community Hospital, says, “This was the right thing to do. We would be free to do so. afternoon of Sandi’s funeral so each nurse who wanted to attend Nurses, nurse technicians and nursing secretary/monitor true meaning of a Magnet and caring culture with their actions. System nurses rose to the occasion and again demonstrated the patients and families but also to our fellow colleagues. Health ourselves daily to heal and to show compassion not only to our Sandi valiantly fought cancer for several years as she devoted “Sandi was a wonderful person and friend. I had the utmost respect for her. She showed bravery beyond description through the last part of her life.” Sandi valiantly fought cancer for several years as she devoted each time Sandi went to the Caribbean she would looked forward to that rum cake,” Dr. Burney says. Patrick Burney, MD Wendy Slingerland, RN, BSN, a nurse for the Palliative Care Team, believes we are making slow progress, but the program is making an impact on the lives of our patients and the quality of life they desire for themselves. She explains that while a patient may not be admitted for an acute problem related to the inclusion criteria noted above, they can be referred if they do have these same medical conditions as part of their medical history. “The interaction among nursing staff, physicians and palliative care team members has been successful in facilitating those much needed conversations. In turn, we are not only seeing better communication between family members and patients, but the care we provide has improved,” says Liz Issoo, RN, BSN, Assistant Director of Department 2100. Nurses are an integral part of the care team for each and every patient. We often represent the “safe zone” where families feel comfortable and are able to confide. When the family has questions about care, it is essential to have the right resources to communicate the needs and desires of our patients and families. This study is beginning to open the door to this challenge by making it a regular part of our care. Palliative Care Pilot Study on 2100 By Jackie Norris, RN, BSN Palliative care is designed to improve the quality of life for patients and families facing life-threatening illness. Particular attention is given to the prevention, assessment and treatment of pain and other symptoms, and to providing psychological, emotional and spiritual support. As nurses, we frequently find ourselves in situations where the direction of the care shifts to focus on quality of life. A new study is evaluating a process to encourage early referral for in-patients and families to hospice and palliative care when appropriate. The Palliative Care Team at Moses Cone Health System is in process of a joint venture and research with Department 2100, the Medical Intensive Care Unit at The Moses H. Cone Memorial Hospital. This research study is a prospective and retrospective study of the benefits of hospice and palliative care consult teams within the inpatient hospital setting. This study began October 2009 and will continue until a specific amount of cases have been referred. Staff members use criteria to determine the appropriate number of referrals. Each patient referred must be at least 50 years old, with no upper age limit defined. They also must have been hospitalized for five days or longer before requiring ICU monitoring or direct ICU admission. They must meet the following medical conditions: end-stage renal disease; advanced cardiac disease; dementia, metastatic cancer, status post cardiac arrest with hypoxic event, stroke, hemorrhage or end-stage COPD with at least one episode of ventilator dependency. Inpatient, Advanced Inpatient and Specialty (order treatment of possible flu patients only), Basic clinical nurses, that the most efficient and effective task force determined, with input from the non-clinical nurses who had been identified. They were asked to rate their comfort level for direct patient care, being mindful of patient safety. They also were asked what tasks they felt they could do with review and what tasks they did not feel they could do. The task force determined, with input from the non-clinical nurses, that the most efficient and effective form of education in this situation would be a skills task force; tasks that more than 50 percent believed they could not do with review. Strategies to find alternative means to staff the hospitals included using each nursing department review its disaster plan and assessing the skills of nurses not working at the bedside as a possible pool to assist in patient care. These nurses work in such capacities as risk management, care managers/ coordinators, diabetes educators and information systems. A task force made up of staff educators, clinical nurse specialists (CNs) and clinical nurse educators (CNEs), led by Waqiah Ellis, RN, MSN, Manager Staff Education, was assigned to develop a plan to educate this nursing resource pool and to implement a strategy for their use. First, a survey was sent to the more than 100 non-clinical nurses who had been identified. They were asked to rate their comfort level for direct patient care, being mindful of patient safety. They also were asked what tasks they felt they could do with review and what tasks they did not feel they could do. The task force determined, with input from the non-clinical nurses, that the most efficient and effective form of education in this situation would be a skills task force. Results of the survey were analyzed. Tasks that 50 percent of respondents said they could do without any additional education were omitted from the skills blitz; tasks that more than 50 percent believed they could do with review/training would be included. Four tiers of skill levels were developed with the competencies required for each tier: (for treatment of possible flu patients only), Basic: Inpatient, Advanced Inpatient and Specialty (order transcription, IV start team, telemetry monitors, chart checks). See Jump Start, page 12

Non-Clinical Nurses “Jump Start” Skills for H1N1 Threat By Donna Gordon, RN, MSN, CRNI
In June 2009, an H1N1 Steering Committee convened to evaluate the response of Moses Cone Health System to epidemic of flu impacting our community. The committee considered the possible scenario of 40 percent to 60 percent of our nursing staff being absent because of illness. Working at Moses Cone Health System is like being a part of a very large family. We all come together and experience many of life’s ups and downs. We celebrate our successes, our failures, the birth of children, the loss of loved ones and, sometimes, the loss of one of our own. Sandy, Waqiah Ellis, RN, MSN, Manager Staff Education and chair of the task force discusses the Jump Start skills blitz with Staff Education Cassandra Gallivan, RN, MBA/MHA, and Beverly Causer, RN, BSN...
Awards and Honors

Four Medical Center’s 4th annual Nursing Research Symposium:
- "Planning, Implementing and Evaluating of a Skill Fair" – Poster Presentation, Thresa Brown, RN, MSN, ACNS-BC, Clinical Nurse Specialist, Annie Penn Hospital.
- "Developing and Implementing an Intervention to Combat Delirium Utilizing an Evidenced-Based Practice Model" – Poster Presentation, Theresa H. Brown, RN, MSN, ACNS-BC, Clinical Nurse Specialist, Annie Penn Hospital.
- "Teledermatology in a Rural Community Hospital for Remote Wound Care Consultations" – Poster Presentation, Thresa H. Brown, RN, MSN, ACNS-BC, Clinical Nurse Specialist, Annie Penn Hospital.
- "Two Patient Care Departments with Different Patient Populations" – Poster Presentation, Mona Easter, RN, MBA, Department Director, Unit 300, Annie Penn Hospital.
- "Nurses’ Knowledge of Heart Failure Education Principles: Comparison" – Poster Presentation, Vaqaih Ellis, RN, MSN, Manager Staff Education, Moses Cone Health System.

Graduations

Bachelor of Science Degrees in Nursing:
- Mercy Ogunjoko, RN, BSN, Adult Unit, Moses Cone Behavioral Health, Center Winston-Salem State University.
- Madison Goulion, RN, BSN, 2000, Moses Cone Hospitals-Virginia Commonwealth University.
- Crystal Meyers, RN, BSN, 2000, Moses Cone Hospital-The University of North Carolina at Greensboro.
- Masters of Business Administration Degree:
  - LeVern Delaney, MBA/MAH, RN, BSN, Director of Nursing, Nursing Administration-Pfeiffer University.
  - Gretta Frierson, MBA/MAH, RN, BSN, Assistant Director, Department 5000, Moses Cone Hospital, Pfeiffer University.
- Bachelor of Science Degree in Nursing:
  - LeAnn Jessup, RNC, Nursing, Bethesda Hospital, Wesley Long Community Hospital.
  - Kimberly Melby, RN, BSN, 5 East Medical Unit, Wesley Long Community Hospital.
  - Martha Hambly, RN, BSN, 5 East Medical Unit, Wesley Long Community Hospital.

Certification

Certified in Aromatherapy:
- Margaret Ann Martin, RN/BC, IS, Telemed, Wesley Long Hospital, graduates from Prime Health School of Aromatherapy.

Certified in Diabetes Education:
- Jeanne Johnston, RN, MSN, CDE, Diabetes Coordinator, Moses Cone Health System.

On-Campus Nursing Certification:
- Jackie Clarke, RN, MSN, ACNS-Practicing, Wesley Long Community Hospital.

Promotions and Leadership

Assistant Director
- Cheryl Allison, RN, BSN, Emergency Department, Wesley Long Community Hospital.
- Care Coordinator
- LeAnn Jessup, RNC, Neonatal Intensive Care, The Women’s Hospital of Greensboro
- Registered Nurse, Level III
  - Marie Boyd, RN, ICU, Annie Penn Hospital.
  - Kimberly Melby, RN, BSN, 5 East Medical Unit, Wesley Long Community Hospital.
  - Martha Hambly, RN, BSN, 5 East Medical Unit, Wesley Long Community Hospital.

Online Learning:

Pros
- Allows flexible scheduling
- Allows easy access to all areas
- Allows for distance learning
- Participation encouraged from all members
- Encourages active learning
- Encourages individual learning methods
- Limited understanding of teaching methods

Cons
- Instructors not always responsive
Recent employee satisfaction results show:
- A team of exceptional people collaborating and supporting one another
- Patient satisfaction sustained at the 99 percentile with families believing that care and compassion provided is exceptional.
- Nurse sensitive quality indicators show the vital role of nursing in reducing harm to our patients.

Does this sound like the kind of place that you would like to work? Developing and then sustaining an environment in which quality and employee and patient satisfaction thrive is what Magnet is all about.

Sustaining a Magnet culture is far more difficult than achieving the initial designation. Not only do structures and processes have to be developed, they have to result in outcomes. Outcomes of such magnitude can only be achieved when they are hard-wired in to the system. Moses Cone Health System’s is you.

Outcomes of such magnitude can only be achieved when they are hard-wired in to the system. Moses Cone Health System’s is you.

Registered Nurse First Assistant (RNFA): An Advanced Role for the Operating Room Nurse

The new Magnet model has been proven to impact satisfaction, patient and employee alike, as well as quality. With the new model, the 14 forces are no longer used. They have been replaced with the five model components: transformational leadership, structural empowerment, exemplary professional practice; new knowledge, innovations and improvements; and empirical outcomes. Since the 14 forces have been a part of our practice for years now, learning the new Magnet model will be much easier—just five model components.

The formation of teams (one for each model component) are underway to complete gap analyses. These analyses compare the current state of our Health System with where we would like to be in the future. Pending these results, strategies will be put into place to achieve high-quality, effective and efficient care.

Transformational Leadership—Leaders advocate for support and collaborate with staff to meet current needs and strategic priorities.

Structural Empowerment—Employees are involved in decision-making that impact their customers and their profession.

Exemplary Professional Practice—The professional model of care and delivery model (Relationship Based Care) guide how we care for ourselves, colleagues and customers.

New Knowledge, Innovations, and Improvements—Implementing new ways to achieve high-quality, effective, and efficient service.


The Operating Room is a place long recognized for the dynamic role of the nurse. As early as Florence Nightingale, nurses prepared wounds for surgery and assisted in procedures. Nursing involvement in the surgical team was introduced in 1894 at Johns Hopkins in Baltimore. The Mayo brothers in Rochester, MN were among the first to officially provide an expanded role for nurses in the operating room. Today, the roles and responsibilities of the operating room (OR) nurse have flourished and expanded, actively defining the framework for safe patient care in the perioperative setting.

The Registered Nurse First Assistant (RFNA) is an advanced practice role for operating room nurses. In this role, experienced OR nurses have an opportunity to advance their skill set and education, while remaining directly involved with all aspects of patient care. The traditional OR nurse role focuses solely on intraoperative care. The RNFA role includes care given in the preoperative, intraoperative and postoperative phases of the surgical experience.

“Being an RNFA means having the opportunity and privilege to take patient care to a higher level of commitment and expertise,” says Terry Wagoner, RN, CNOR, CRNFA, Operating Room, The Moses H. Cone Memorial Hospital. “You feel more responsibility for the outcome of the surgery because you’re involved on a deeper level. It’s a very gratifying experience!”

As an integral member of the OR team, the RNFA collaborates with the entire surgical team and focuses on providing exceptional patient care. Nurses who have taken on this rewarding challenge demonstrate independent nursing judgment in such areas as tissue handling, retracting, clamping, suturing and providing hemostasis. Currently, there are only 22 programs in the United States accredited to offer the RNFA curriculum. One of those programs is a collaborative effort between Moses Cone Health System and North Carolina Agricultural & Technical State University School of Nursing. The course is offered every March and provides the knowledge and framework for RNFA practice.
A Day in the Life of the Vice-President of Nursing

By Kaeni Hendlerse, RN, MSN

The Chief Nursing Officer for Moses Cone Health System sets the vision and direction for nursing. Her role is similar to that of the captain of a ship, setting the course for nursing and forecasting future direction. Debbie Grant, RN, MSN, Vice President for Nursing Services, is instrumental in bringing that vision to reality. She is at the helm, directing the change and keeping the ship on course.

The Vice President of Nursing is the change agent, the go-to person, the facilitator for the details of operations, policy and procedure, regulatory compliance and all the nuances involved in initiating new processes. Debbie is involved in nearly every process or initiative, from facilitating a major global process such as the new electronic documentation system to overseeing Congregational Nursing programs; spearheading the implementation of Rapid Response (RBC) across the Health System implement the principles of RBC. What makes this implementation extra special is that the departments are located across all five of our major campuses.

The role of a Vice President for Nursing in a multi-faceted five-hospital health system is multi-faceted. The Chief Nursing Officer for Moses Cone Hospital’s environmental service directors on several of the campuses and redirects resources to circumvent patients being held for bed placement. She checks in and redirects resources to circumvent patients being held for bed placement. She checks in and redirects resources to circumvent patients being held for bed placement.

By 1 p.m. she is off to the Moses Cone Health System on the boards of several community organizations.

On the Wesley Long Community Hospital campus, Gail Proctor, RN, was preparing for the department’s daylong celebration. We were just about to go “over the rainbow” in Waves I and II. It is because of you making the principles of RBC come to life that we are able to celebrate RBC for Department 2100 and is very proud of her team. Gail was able to immediately explain, “We are implementing a new model of care for our patients and families. Patients are assigned a lead nurse who works with them to plan their care. We are also learning about how to take care of our co-workers and ourselves better.”

On November 17, 2009, Wave II of RelationshipBased Care (RBC) celebrated “Go Live.” We had 18 more departments across the Health System implement the principles of RBC. What makes this implementation extra special is that the departments are located across all five of our major campuses. RBC is spreading like wildfire across the organization.

The departments had their themes displayed, and there was a lot of food shared. We were inundated with many outside visitors during the “go live” day celebrations. The Joint Commission was here to survey our Health System, in addition to a state surveyor. Overall, it was a successful day for all of the departments in spite of distractions. Please congratulate the individuals in these departments for a successful implementation. They all worked very hard. RBC is a journey, and now we prepare for Wave III to start in spring 2010 as we focus on sustaining Waves I and II. It is because of you making the principles of RBC come to life that we are able to celebrate RBC for Department 2100 and is very proud of her team.