Running, Continued
I look forward to my runs with friends as a way to enjoy the camaraderie and conversation with others who love running. I enjoy solo runs as a time to reflect and work through issues in solitude. I enjoy journaling about my runs and seeing the daily and weekly progress, or noting the troubling times and figuring out how what I ate or how I slept impacted my performance. It is not about speed or winning to me. I compete only with myself.

Learning to run showed me that I could take on a new venture, despite my age, and blossoms. I have more energy, more confidence, and I find that I am more positive. Because of these things, I have more energy for my staff members when they need me. I am more tolerant with challenging patients and events. Running has changed my life. I wish I had taken it up sooner.

Thank you!
Thank you to all who came out for the Nursing Beat photop shoot on March 31st. If you would like your photos emailed to you, please send a request to our photo editor at dhoward23@triad.mcom.

NURSING BEAT MISSION STATEMENT:
To communicate and celebrate the dynamic power of Nursing innovations and enduring values.

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Inside
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Running: A New Me in Many Ways
I am a runner! I still think it sounds funny to hear those words come out of my mouth. But I am not one to let running grow out of my life. In fact, as a kid, I pretty much hated it.

The change began in 2007. I had gained weight after each of my pregnancies and lived a fairly unhealthy lifestyle. I felt rather conflicted about this—I was a healthcare worker! At age 49 I committed to change. I lost weight (120 pounds) in all and became active. After losing the first 75 pounds, I began to explore different activities for exercise. I tried running, and was surprised! I tried it. My friend encouraged me to sign up for the Women’s Only Running School.

The running school is held each summer to help women who have never run before or who have not run in some time prepare to run the Women’s Only 5K, an event held each fall and sponsored by Moses Cone Health System to benefit women who cannot afford mammography. As an oncology nurse, this event is especially close to my heart, because I served on the planning committee and completed my first 5K run in that event. I have been running ever since.

In 2009 and 2010 I set a goal of running 1,000 miles each year. Now in 2011 I am training for my sixth half-marathon and also training for a full marathon in the fall.

Running is an amazing thing. It has empowered me in a way that I never dreamed possible. I was looking for an exercise to improve my cardiac function and appearance, and it did. But that is not all! It has also brought me a new love for running, a new respect for my three adult children, who are now runners.

The opportunity to share my love for this new sport with other new runners—I have helped coach the Women’s Only Running School for the past three years.

Many new friends.
See Running, page 12

We serve our communities by preventing illness, restoring health and providing comfort, through exceptional people delivering exceptional care.
An Innovative Addition to Emergency Care

By Jessica Wilburn, RN, MSN, CEN

At first glance, the Wesley Long Community Hospital Emergency Department (ED) appears to be like so many other emergency care facilities across the country. But this ED contains two unique areas: its Transitional Care Unit (TCU) and the Psychiatric Emergency Department. State facilities continue to close inpatient psychiatric beds; federal funding for mental healthcare is being cut; the number of uninsured or underinsured people continues to rise — all of these factors contribute to an increase in the number of patients with behavioral or psychiatric problems presenting to the ED. The need for a separate area to care for these patients became evident. As a result of intense collaboration between Wesley Long Community Hospital and Moses Cone Health System Behavioral Health Center, a seven-bed locked psychiatric ED opened in the Wesley Long Community ED a year ago.

Most of the nurses who staff the psychiatric ED specifically asked to work there. These are experienced emergency nurses with a special interest in mental healthcare. The areas other staff include a nurse tech, mental health counselor and a full-time security officer. Soon a psychiatric social worker will join the team.

Because Wesley Long Community Hospital is the designated hospital for patients with psychiatric emergencies, Guilford Emergency Medical Services workers take most of these patients there. The patient is initially assessed by the emergency department physician and remains under that physician’s care while in the department. A Behavioral Health Care psychiatrist makes rounds daily in the psychiatric ED. Nurses begin treatment using protocols and provide therapeutic diversion with books, magazines, puzzles and television. The collaboration between the Wesley Long Community Hospital ED and the Behavioral Health Center continues. Staff from each facility attend each other’s staff meetings. There is a monthly multidisciplinary triage meeting attended by physicians and leadership from each hospital as well as nursing staff. CardiLink personnel and quality improvement experts. The majority of patients from the psychiatric ED are admitted to the Behavioral Health Center. Further evidence of the collaborative relationship between these two facilities. The average length of stay in our psychiatric ED (nine hours) is one of the lowest in the state, a record all participants are proud to relate.

So here we are in May, just in time for Nurses’ Week. Our theme, a phrase coined by Terry Akin, is “Nurses Are World Changers.” Doesn’t that phrase automatically make you think of the “fugger” world? When you read some of the articles in this issue, it will be evident that one way we change the world is through our international and community involvement.

But there is something more. What remains meaningful for us after we have given every last ounce of strength and stamina we have to offer? What brings us to work each day? What pulls us into the arena of human suffering again and again like an elixir? It is that moment — that tiny, silent moment — when we, from our own open heart, touch another’s pain and give ease, no matter how slight. It is just a moment, a touch, a look, a smile, a presence. Yet, in that moment, we have been a world changer for another human being. We’ve changed their world of crisis and vulnerability to one of hope and connection.

I have been there so many times in my life: when there seems to be no space between my own raw emotion and the world, where every encounter is a whisper that shapes the day, where the kindest word, the slightest acknowledgement, the smallest gesture of support can change the world from one of sadness and defeat to one of warmth and light. It has made me a much better nurse. That tiny moment of human connection keeps us going through the hardest times we face.

Nurses truly are world changers — globally, locally, but most of all and perhaps most insidiously, in the wide expansions of the human heart.

We honor you with this Nurses’ Week edition of Nursing Beat. Thank you.

Sarah Lackey, RN-BC, MSN, Co-Editor

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Magnet moment takes a field trip

By Tiffany Watson, RN

This event has brought about new discussions at her daughter’s school regarding CPR. Another parent on the trip commented that “they are very unsure of what would’ve happened had [Lindberry] not been there with the train ing and knowledge she had.”

This statement really hit home with Dee. In fact, on the day of the field trip she was scheduled to be at a presentation for shared governance, but one of her colleagues offered to stand in for her. Looking back on that day, she commented, “It is amazing how one Magnet moment turned into another one. It’s almost like I was supposed to be there.”

Dee Lindberry, RN, BSN, using her assessing skills in the Intensive Care Unit at Wesley Long Community Hospital. These skills helped Lindberry to save a young life outside of the hospital as well.

Riding the bright yellow school bus bound for the Natural Science Center, Dee Lindberry, RN, BSN sat prepared for an uneventful day with her 6-year-old daughter on the annual class field trip. However, the center’s attractions were not what drew the most attention that day.

As Dee, a critical care nurse at Wesley Long Community Hospital, rounded the corner to view an exhibit to see one of her daughter’s classmates lying on the floor unresponsive. He had been seizing and no action had been taken. Passing the crowd of onlookers who had surrounded him, Dee began performing CPR. “For what seemed like hours,” Dee said, she used all her skills to save the young boy. After “the longest two minutes of my life,” he opened his eyes and became responsive.

“It was one of the scariest moments of my life, but it was almost like my body took over to save him,” Dee recalls. “I will never forget how scared everyone was when they didn’t know what to do for him.”
Anany Hungry for MAGNET?

By Cameron Carlton, RN, MSN

In every day, in everything we do, we walk the Magnet journey. It is a part of how we communicate and how we care for those in need. We do not often think about how we demonstrate the five components of Magnet — Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations and Improvements; Transformative Leadership; and Empirical Outcomes. — when the provide compassionate, competent care to our patients. How can we learn more about Magnet and how everything we do supports our Magnet journey? Attend a Magnet meal.

Every quarter the Magnet Education/Marketing Committee holds two Magnet meals for registered nurses. There are several goals for these meals. First, the meals allow nurses time away from the bedside to network and share their “Mesures of Magnet,” stories in which one of the five components is demonstrated through innovation, empowerment, professional practice, compassion, and a drive for quality. Second, these meals provide an opportunity for Magnet education and celebration. The atmosphere for the meal is upbeat and cheerful. There is food, fun, and celebration while nurses learn more about the Magnet components and all the great work being accomplished in nursing. Later, the meals are meant to mirror the process that occurs when the Magnet Appraisers perform their site visit. When the surveyors are here for a Magnet site visit, they share a meal with nurses to discuss the five components and how the nurses believe that we meet those components. The surveyors actually choose who attends, giving them a random selection of nurses who were not sent by leadership. There is at least one nurse invited from every area of nursing care at all five campuses.

If you haven’t been selected to attend a Magnet meal, hopefully your invitation will arrive. The meals are meant to mirror the process that occurs when the Magnet Appraisers perform their site visit. When the surveyors are here for a Magnet site visit, they share a meal with nurses to discuss the five components and how the nurses believe that we meet those components. The surveyors actually choose who attends, giving them a random selection of nurses who were not sent by leadership. There is at least one nurse invited from every area of nursing care at all five campuses.

Every day, in everything we do, we walk the Magnet journey. It is a part of how we communicate and how we care for those in need. We do not often think about how we demonstrate the five components of Magnet — Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations and Improvements; Transformative Leadership; and Empirical Outcomes. — when we provide compassionate, competent care to our patients. How can we learn more about Magnet and how everything we do supports our Magnet journey? Attend a Magnet meal.

As the plight of Third World countries becomes more evident to us through news broadcasts and photojournalism, the sheer numbers of people worldwide needing medical assistance can seem incomprehensible. Just ask Cheryl Workman, RN, MSN, Trauma Program Manager, The Moses H. Cone Memorial Hospital; Gina Tarboro, RN, Medical Staff Services, Moses Cone Health System and Sheri Jones, RN, Congregational Nurse, Moses Cone Health System who went to Uganda in 2009 and 2010. You can also ask Pamm Blanchard, RN, Congregational Nurse, Moses Cone Health System who joined them in 2009. Last year they provided healthcare to 1,200 people in four days in Uganda. These Ugandans were in desperate need of the most minimal health care. Many other Moses Cone Health System nurses have changed the world in international healthcare through their participation in missions. Gabriel “Gabe” Santenalla, RN, BSN, Flexible Resources, Moses Cone Hospital, will take his eight trip to the Philippines this year.

Last year Santenalla and Ray Buendia, RN, BSN, RN IV, Department 3700, Moses Cone Hospital assisted in the Philippines, Buendia’s native country! They had the opportunity to offer medical, dental, surgical, and OB/GYN services and assist with cataract surgery.

In March 2009, Kristin McLamb, RN, MSN, GAP Program, Staff Education for Moses Cone Health System went to Peru to set up and run a medical clinic Judy Lowes, RN, Maternity Admissions, The Women’s Hospital of Greensboro held Vacation Bible School in Kenya with her team and completed construction on a house for the clinic. On a trip to India after the 2004 tsunami, Bobbi Jo Pritchard, RN, Nursing Suites, Women’s Hospital, treated various injuries and illnesses, assisted with minor surgery and offered medical treatment.

“After not being able to see for many years, finally gaining clearer vision was a miracle for many people.”

Teaching was a high priority for all of these nurses. In addition to sharing the Christian message, they shared information on oral hygiene, diabetes care, hand washing, good body mechanics (many stoop over for hours working in the fields) and breast self-exams.

see World Changers, page 12

Nurses Are “World Changers”
Health Fairs Promote Services in the Community

By Nicole Small, RN, BSN, CNOR

The people of Redsville and surrounding areas are often not aware of all the services Annie Penn Hospital provides and may not be familiar with the newer faces of the physician staff. Surgery and Endoscopy staff at Annie Penn Hospital recognized this need and made a commitment to promote those services to the Rockingham County community.

In the fall of 2010, staff held several health fairs throughout the area to make Rockingham County residents more aware of health services at Annie Penn Hospital. Several newer physicians on staff were introduced to the fairs. Sharon Dalton-Bethea, MD, a pain management specialist with Physical Medicine, Rehabilitation Brent Ziegler, MD, a general surgeon and Su-Wooi Teoh, MD, an ENT surgeon, were among the new medical staff introduced. Pamphlets about preventative services such as colonoscopy and mammography were offered in addition to videos to educate patients on joint replacement surgery.

Staff nurses, surgical technologists, endoscopy technicians, certified registered nurse anesthetists and departmental leadership all participated in planning organizing, and staffing the health fair booths. Collaboration with community organizations helped make the health fairs a success, also demonstrating the Structural Management component of the new Magnet Model. Elisa Hayes, RN, BSN, CPAN, PACU, Annie Penn Hospital states, “Our department loves this community. The positive feedback and energy we get back from our community projects makes us want to share more of all the wonderful things we have going on at Annie Penn”.

Health fairs provide an excellent opportunity to reach out to our community on a personal level, building confidence in the residents of Rockingham County that their healthcare needs can be met right here at Annie Penn Hospital.

HONORS
National Pressure Ulcer Advisory Panel
President (elected) - Laura McNichol, MSN, RN, GNP, CWOCN, Clinical Nurse Specialist/Magnified Ostomy Conference nurse, Moses Cone Health System

PUBLICATIONS/PRESENTATIONS
Issues in Mental Health Nursing
Ashley Jerrell, RN, BSN, BA, Unit 4700 Moses Cone Health System: “I could call my ‘Nurse Station’ or Nursing Station? How to Appropriately De- cute Our ‘Work Space in Acute Care’ Published March 2011 Vol 31, No. 3. AORN Journal

Acknowledgements:
• Cynthia Wreene, RN, CNOR, Surgical Services, Annie Penn Hospital
• Elisa Hayes, RN, BSN, CPAN, Surgical Services, Annie Penn Hospital
• Ashley Olson, RN, BSN, Surgical Services, Moses H. Cone Memorial Hospital
• Nicole Small, RN, BSN, CNOR, Surgical Services, Annie Penn Hospital

MAGNET Annual Conference “ONS Four Clinical Innovation Experts” In Baltimore, MD March 10 -12, 2011. Podium Presentation – “Predictors of Emergency Department Heart Failure Admissions” .

By Nicole Small, RN, BSN, CNOR

Bachelor of Science in Nursing

• Wanda E. Scott, RN, BSN, BSN, Epic Care Center, Cone Health, The University of North Carolina at Greensboro.

• Kim Robertson, RN, BSN, Administration Coordinator, Moses H. Cone Memorial Hospital, Winston-Salem State University.

• Chaunt Hearn, RN, BSN, Department of Medicine, Wake Forest University.

• Amanda Maule, RN, BSN, Department of Nursing, Annie Penn Hospital, Winston-Salem State University.

• Steacie Stein, RN, BSN, Unit 3700 Moses H. Cone Memorial Hospital, Indiana State University.

• Ibrahim Apeneng, RN, BSN, Unit 3000, Moses H. Cone Memorial Hospital, Winston-Salem State University.

• Anais Minaya, RN, BSN, Unit 3000, Moses H. Cone Memorial Hospital, Winston-Salem State University.

• Kim Canter, RN, BSN, Unit 3000, Moses H. Cone Memorial Hospital, Winston-Salem State University.

• Debbie Duggal, RN, BSN, RN, CNOR, Registered Nurse, Epic Care Center, Winston-Salem State University.

• Andrea Davis, RN, BSN, Unit 2900 Moses H. Cone Memorial Hospital, Winston-Salem State University.

• Josh Driper, RN, BSN, Unit 3000 Moses H. Cone Memorial Hospital, The University of North Carolina at Greensboro.

GRADUATIONS
Master of Nursing Education

• Sarah Abrams, RN, MSN, Unit 3000, Moses H. Cone Memorial Hospital, The University of North Carolina at Greensboro.

Master of Nursing

• Nikki Pickenspick-Couser, MSN, RN, Regional Cancer Center. Moses Cone Health System.

Honors:

• Steve Helms, RN, BSN, Epic Care Center, Cone Health, The University of North Carolina at Greensboro.

• Jenifer Lewis, RN, BSN, Epic Care Center, Cone Health, The University of North Carolina at Greensboro.

• Sara Schnarr, RN, BSN, Epic Care Center, Cone Health, The University of North Carolina at Greensboro.

• Jennifer Zinn, RN, MSN, CNS-BC, NCN, Fairfield Medical Center’s Orthopedic Symposium, Ohio. February 28, 2011.


• Participated in development of Guidelines for NACN Position Statement Development.

• Revised the Position Statement “Role and Value of the Orthopaedic Nurse”.

Certiﬁed Operating Room Nurse

• Wanda Rogers, RN, CNOR, Surgical Services, Women’s Hospital.

• Laura Bell, RN, CNOR, Assistant Director, Surgical Services, Women’s Hospital.

• Wayne Morsey, RN, MSN, CNOR, Department Director, Surgical Services, Annie Penn Hospital.

Acknowledgements:
• Chasity Hearn, RN, BSN, Winston Salem State University.

• Ashley Olson, RN, BSN, Annie Penn Hospital.

• Elisa Haynes, RN, BSN, CPAN, Annie Penn Hospital.

• Cynthia Wrenn, RN, CNOR, Annie Penn Hospital.

• Revised the Position Statement: “Role and Value of the Orthopaedic Nurse” in Baltimore, MD, March 10-12, 2011.

• Participated in development of Guidelines for NACN Position Statement Development.

• Revised the Position Statement “Role and Value of the Orthopaedic Nurse” Society for Gastroenterology Nurses and Associates National Conference, May 2011.

• Participated in development of Guidelines for NACN Position Statement Development.

• Revised the Position Statement “Role and Value of the Orthopaedic Nurse” Society for Gastroenterology Nurses and Associates National Conference, May 2011.

• Participated in development of Guidelines for NACN Position Statement Development.

• Revised the Position Statement “Role and Value of the Orthopaedic Nurse” Society for Gastroenterology Nurses and Associates National Conference, May 2011.
For clinical pathways “going green” became a reality on Aug. 31, 2010. The pathways became a thing of the past, and the ability to document in the computer became the actuality.

This was not an overnight process. The project began from the informal discussions with bedside nursing staff. Eva Hyde, RN, CNS, RN, MSN, Clinical Nurse Specialist, Orthopedics, who led the project, said nurses often asked her when the pathways would be in the computer as it was difficult to remember to go back and document in the chart when everything else was online.

This issue was taken to Clinical Information Systems (CIS), staff and to the Clinical Nurse Specialist team to get their thoughts. After discussion with the CIS Steering Committee, approval was obtained to move forward automating the General Medical pathway.

This automated pathway was piloted on Department 5500 at The Moses H. Cone Memorial Hospital. Results of the pilot revealed increased staff satisfaction with the automated pathway as well as improvement in pathway documentation.

Based on these results, and regulatory requirements, approval was obtained from executive level staff to move forward with the Systemwide transition of clinical pathways from paper to computer. In light of the impact this project would have on the Health System, an evidence-based practice proposal focusing on clinical pathway automation was presented to the Nursing Research Committee (NRC). NRC and the Moses Cone Health System Institutional Review Board approved the proposal to move forward at a Nursing Research Study since there was very little in the literature on this topic. This project would add to the pool of evidence related to computerized care planning.

Following the approval process, there was much work to be done to get the paper-pathways transitioned to computer. There were several mechanisms utilized to accomplish this objective including: going paperless, developing and implementing the pathway documentation process, developing workflows, and training staff. This process created a more cohesive effort and effective process for the review, revision and transition of the paper pathways to computer. Nursing Focus Groups and bedside staff were involved at the very beginning to ensure that the voices of the end-users were heard prior to development and implementation. Nursing staff from various departments were involved in testing these pathways before the “go live” data.

What do nurses think?

Since the pathways were placed in the computer, nurses have commented:

- “As time passes, I think documentation time will decrease…”
- “Don’t normally look at care plans prior to care rely on reports, however, I am getting to look at it earlier now. Is that a good thing?”
- “I don’t think it allows me more time with my patient yet, but time spent has improved as I am paper of barriers to work on and what the plan of care.”

These comments are encouraging, but we know that automating clinical pathways will not solve all of our problems with documentation. These are only the beginning steps to improving the care planning and documentation processes. As we move forward transitioning to Cone HealthLink, other opportunities for improvement must exist. Specific areas that may be impacted by automating the pathways and progressing toward a more collaborative communication tool include our model of care, bedside shift reports/ handhelds, multidisciplinary patient progression rounds, and ultimately our interactions with the patient and family.

Leaving through charts, poring over computers and working in the acute clinical situations — who are those white-coated nurses? They are clinical quality coordinators, whose jobs are needed to make sure exceptional patient care is documented every time it is delivered throughout Moses Cone Health System. To reach the Systemwide goal of being a national leader in the top 10 percent of health systems, everyone must work together. The work of clinical quality coordinators moves decisively toward that goal by combining their expertise with many healthcare professionals to create a synergy with amazing results. The goal of all clinical quality coordinators is to guarantee to every patient (from any community) that data collection and public reporting represent a true measure of our patient care. They strive to ensure that this information is as flawless as possible. The clinical quality coordinators work with staff, searching for innovative ways to improve the processes we use every day to meet the personal needs and regulatory requirements for patients.

These nurses use both technology and the human factor in their work. A typical day begins early with a thorough scan of reports, computer programs and printouts. All new of the registered nurses begin by identifying patients related to their specific area. These include patients in the primary care (PNA) information, heart failure (HF), acute myocardial infarction (AMI) and patients included in the Surgical Care Improvement Project (SCIP). Computer software from the Operating Room (OR) and Post Anesthesia Care Unit, as well as the previous day’s OR schedule, is used to look for SCIP anesthesia end times and time-sensitive pre-op and post-op care measures. Personal interactions with staff encourage questions such as “Was the Foley catheter removed before the end of post-op day 2?” or “Did I document the last doses of beta blocker before surgery?”

For the PNA population, scans of the Emergency Department reports, review of X-ray results and lab values, and work with pharmacy staff help ensure the correct first antibiotic is given within six hours. Audits of staff documentation ensure that vaccine screens are in place and documented correctly. Transcribed reports and many of the e-chart entries are reviewed to ensure that appropriate care was given and is adequately documented in the medical record. Much of the time for nurses in these roles is spent reviewing discharge and patients’ medical records up to 30 days after discharge. They report the results and trends they see as a group, and this information is submitted to the government agency, the Centers for Medicare and Medicaid Services (CMS). Based on this information, CMS gives the Health System a score. This information is available to the public as nationally reported hospital comparative scores.

Exceptional care is on everyone’s watch, 24 hours a day. It is the mission of the clinical quality coordinators.

One of the goals of clinical quality coordination is to educate, empower and staff to be proactive and alert to quality care issues, events and trends. The presence of clinical quality coordinators in the Health System helps alert nursing and medical staff to areas of needed focus. Is there evidence that this presence is working? Yes – in the steady improvement in the Health System’s Core Measures scores. We are all “owning” quality inpatient care and doing successful work together, making sure that patients receive the expert care they need. Clinical quality coordinators are on all campuses, interfacing with all disciplines and patient care areas. Look for them in your area.

Pam Smith (PNA)
Lois Ellis (HF)
Angela Moore (WL AP)
Teresa Schrader (AMI)
Carmen Minzer (SCIP)
Peggy Tech (Team Lead)
Paula Egleston (SCIP)
How Have You Changed the World?

The world of nursing has changed me by revealing all of life’s little details. By enjoying what I do. By attending to people who weren’t noticed before. I give them good memories to take with them. By making it better; by helping people feel better. With caring hands. Being kind changes the world and can change someone’s attitude toward the world. Being more considerate to others’ needs. By making life better; one patient at a time. We support our troops by sending care packages to them. By touching a life at a critical point. I help heal with my kind personality. By supporting families during end-of-life transition and other crises. We change the world one person at a time. By putting a smile on my patient’s face and helping them forget their worries for a moment. We change the world one person at a time. I have been present and available. By making life better, one patient at a time. Through kindness to others who are at a crossroad in their life. I’ve spared the world of one clumsy ballerina and hopefully made someone smile. Comforted many through the fight for their lives, triumphed with them when they win. With kindness and smiles. One handwashing at a time! By putting a smile on my patient’s face and helping them forget their worries for a moment. One student at a time.

By supporting families during end-of-life transition and other crises. We support our troops by sending care packages to them. I’ve learned to have more patience and how to stay calm – panic is contagious. By touching a life at a critical point. I help heal with my kind personality.