“High expectations are the key to everything.”

- Sam Walton, Founder, Walmart

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Enhancing the professionalism of nursing practice is the least I can do to pay back a profession that has given so much to me. I have always wanted to be a nurse, probably in part because my mother was a nurse. Correction: She was more than a nurse. She was the epitome of professionalism. Mom role modeled everything I ever aspired to be as a nurse. She instilled in me a sense of pride in my vocation and a belief that anything worth doing is worth doing well.

Do you remember the 1988 Cutlass Supreme commercial with the tagline “This isn’t your father’s Oldsmobile”? Well, as I fast forward several decades, I recognize that nursing today looks nothing like it did in my Mom’s day, and will be radically different in the future. That’s because healthcare is growing more and more complex each year, requiring that healthcare personnel acquire new skills and competencies – in technology, leadership, health policy, research, systems improvement, evidence-based practice, population health and public health, to name just a few. Educational advancement is a must because this no longer resembles my Mom’s profession.

In 2010, The Institute of Medicine challenged the nursing profession to transform itself. Perhaps one of the better known goals is to increase the number of BSN-degreed nurses to 80 percent by 2020. This is a challenge that I readily accept because I firmly believe that it is a necessary step toward achieving parity with our colleagues at the bedside. Over the years, our colleagues at the bedside have increased the educational requirements needed to practice. To enter into their professions and practice at the bedside, pharmacists, physical therapists, occupational therapists, speech therapists and registered dietitians all have greater educational requirements than nursing. I love the nursing professional too much to allow nursing to fall behind.

I am an unyielding advocate for increasing the educational stature of nursing and nurses, and an unquenchable champion of nurses converting from ADN to BSN degrees. I am pleased to report that over the course of one year, the number of Cone Health RNs having BSN degrees increased from 57 to 67 percent, exceeding our goal of 59 percent.

As a nurse, I am obligated to advance the practice of nursing. I accept this obligation in my individual practice as well as in my responsibilities to influence the future of nursing and elevate the next generation of nurses.

Sincerely,

Theresa M. Brodrick, PhD, RN, CNS, CNA
Executive Vice President and Chief Nursing Officer

“Education is the most powerful weapon which you can use to change the world.”
- Nelson Mandela, Former President of South Africa
Cone Health Nursing Philosophy

We support the mission, vision and values of Cone Health. As nurses, we recognize that our practice is multidisciplinary. It requires collaboration and coordination with other members of Cone Health. Further, we acknowledge that our role in patient care is unique and vital to the good health of our patients and families.

We believe that each individual:

- Has a unique physical, psychological, social, cultural and spiritual need.
- Is a member of a family or social group.
- Has the right to safe, effective, efficient and ethical nursing care.
- Has the right to make informed choices about healthcare.

We are committed to excellence in patient care. We continually assess, evaluate and improve the processes by which we deliver that care. We also celebrate the competence and caring of our nurses as a means of strengthening our practice environment.

We maintain high standards for our practice environment and believe that:

- The goal of nursing is to assist individuals to achieve the optimal level of wellness throughout their lifespans.
- Professional nursing practice is based on our expert knowledge and the integration of research findings into practice.
- Excellence in nursing practice requires our commitment to ongoing professional development and lifelong learning.
- Nursing education requires our collaborative relationship with academic colleagues and a supportive learning environment for clinical practice.

Cone Health Nursing Practice Model

The Cone Health Professional Practice Model provides a framework that guides nursing practice. In this model, the patient and family are at the center of care and are impacted by the strong connection of evidence-based practice, interdisciplinary relationships and shared governance.

Our nurses have the authority to practice based on current literature and proven interventions through the use of clinical practice guidelines, policies and procedures. Registered nurses are responsible for overseeing and coordinating care for patients and families while collaborating with other disciplines.

Our shared governance structure, in practice since 1991, gives nurses the autonomy to make decisions about their practice as well as issues affecting patients. Our shared governance model uses a systematic approach to ensure that nurses have input at the departmental and organizational levels.

The three C’s — caring, competence and celebration — are hardwired into our nursing culture.
Delivering Relationship-Based Care

Cone Health Nursing has adopted Relationship-Based Care as its care delivery system. This system helps us understand what is most important to individual patients and actively engage them in all aspects of care. We believe this system supports the best in patient care, providing us with a common language, a common approach to patient care and clear expectations. Relationship-Based Care supports a culture of caring and healing.

Relationship-Based Care is three dimensional:

- Care of self
- Care of colleagues
- Care of patients and families

Our patient care delivery system has a number of attributes, including:

- A caring and healing environment.
- Leadership.
- Teamwork.
- Professional nursing practice.
- Resource-driven practice.
- Outcomes measurement.

We make a number of assumptions about Relationship-Based Care:

- The essence of caring is human connection.
- Everyone has a valuable contribution to make.
- Relationships between patients, families and caregivers are at the heart of care delivery.
- A therapeutic relationship between the patient/family and a professional nurse is the core of safe, quality care.
- Knowledge of self and self-care is vital to caring for others.
- Healthy work relationships create conditions for caring.
Excellence can be attained if you
... risk more than others think is safe,
care more than others think is wise, dream more than others think is practical, expect more than others think is possible.”
- Unknown

Delaney Leads Nursing at Alamance Regional

An exceptional nurse and an inspiring leader, LaVern Delaney, RN, MSN, MHA/ MBA, was promoted to Vice President of Nursing/Patient Services for Alamance Regional Medical Center, where she will provide strategic leadership for the more than 900 nurses who work there. Delaney was formerly Director of Nursing/Patient Services at The Moses H. Cone Memorial Hospital. She and her team led 11 departments, all of which share the singular focus of bringing the best care and service to patients.

Over the years, Delaney has demonstrated leadership through her work in a number of network-wide initiatives. For example, Delaney has been involved in implementing electronic medical records across Cone Health, served on the Cone Health Institutional Review Board and was part of the steering committee working toward the re-designation of Cone Health hospitals through the American Nurses Credentialing Center Magnet Recognition Program®. She also has been active with the Cone Health Diversity and Inclusion Council and in Cone Health’s cultural transformation work.

Delaney is leading the system-wide central cardiac monitoring initiative that allows the monitoring of 280 cardiac rhythms from a remote location. This effort is expected to improve quality and safety.
New Sickle Cell Medical Center Serves the Underserved

When the Cone Health Sickle Cell Medical Center was established, our goal was to provide a comprehensive medical home available 24 hours a day for people in our community with sickle cell disease. Before the center opened in spring 2013, most people had to piece together their medical care and that typically included regular and lengthy emergency room visits. The modern medical facility, with comfortable waiting and exam rooms enhanced through many pieces of donor-funded art, is already helping patients improve their quality of life.

Nurses were empowered to provide input in the early planning stages for the new clinic. A patient-centered, holistic approach ensures that every patient has physical and psychosocial needs addressed at the clinic and after discharge. A nurse practitioner, a team of nurses and admission service associates (positions somewhat similar to nurse techs) join social workers and case managers to follow patients from admission to post-discharge. Dedicated staffing and post-discharge follow-up provide consistent relationships between patients and staff to create an effective caring and healing environment.

Outcomes

During the first eight months of operation, more than 350 patient encounters occurred, including services such as blood exchange, blood transfusion and IV pain medication. In addition to direct medical care, a major focus has been developing patient-specific support services, which are augmented by a partnership with the Piedmont Health Services and Sickle Cell Agency. The agency's 40-plus years of experience working with sickle cell patients is invaluable.

One outgrowth of the adult support services funded through charitable gifts is a new program, Life on the Curve, to provide support and education to help teenagers transfer from pediatric to adult care. If this transition is not managed well, it leads to poorer health outcomes and difficult young adult years.

For this to succeed, education needs to start in the early teen years. The Sickle Cell Agency leads the first phase that involves working with young teenagers. Then at age 17, the Sickle Cell Center will provide group and individual education and assessments to ensure patients are prepared for the new system of managing their disease. Life on the Curve is expected to help these teenagers cope with the disease and lead as normal a teenage and young adult life as possible. Other outcomes are better grades in school, and the potential for a college education and a stable working life.
Green Named Fellow

Deborah Green, DNP, RN, CENP, Vice President, Nursing/Patient Services at Annie Penn Hospital and Interim President at Cone Health Behavioral Health Hospital, was named one of only 20 Robert Wood Johnson Foundation Executive Nurse Fellows for 2013. The fellowship is a three-year leadership development program designed to enhance nurse leaders’ effectiveness in improving the U.S. healthcare system.

Green has an interest in rural health, patient access to care and working with patients who need psychiatric services. She hopes to help identify ways to provide care for psychiatric patients in their communities, so they don’t end up seeking care in hospital emergency rooms. Green believes nurses and psychiatrists can work together with community partners to develop plans of care and access to care for behavioral health patients.

Early Mobility: Get Them Up and Get Them Moving

Under the leadership of Marlienne Goldin, Director, Neuro-Surgical ICU, Cone Health Nursing launched mobility efforts on two units over a six-week period to:

- Improve patient progression.
- Achieve a quicker patient return to pre-hospital levels of functioning.
- Ensure that patients return home instead of to a lower level of care.

Ninety-three staff members took part in formal education related to mobility. Multiple staff members were provided with huddle-level and one-to-one education about the importance of mobility and getting patients up. Fifty-eight patients participated in the trial.

The goals of the trial were to

- Decrease length of stay from 4.6 days to 4.46 days, a reduction of .14 days.
- Discharge 90 percent of participating patients to the level of care from which they were admitted.
- Provide mobility and fall prevention education to 90 percent of participating patients.

Outcomes

- Data comparing the six weeks immediately prior to the start of the trial and the six weeks of the trial shows that the units reduced their length of stay by 0.3 days (see below).
- Eighty-nine percent of patients were discharged home (to the same level of care).
- Anecdotal data shows that 200 patient education cards were distributed.
The merger integration plan between Cone Health and Alamance Regional Medical Center began within one month after the Federal Trade Commission gave the green light in May 2013. At that time, a template for integrating the policies, practices and operations was developed with an expected 18-month completion timeframe. This organization-wide initiative was led by Karin Henderson, BSN, MSN, RN, and included the involvement of nurses at all levels of the organization.

One of the first integration deliverables lead by nurses was the implementation of a uniform dress code, effective Jan. 6, 2014. In preparation for the dress code go-live, the Professional Practice Committee of the Shared Governance Council created a uniform swap to help offset the cost for employees. In addition, any surplus uniforms were donated to Goodwill Industries.

Cone Health nursing leaders presented Nursing Peer Review to Alamance Regional Medical Center nursing directors in phase two of integration. Collaborative work between the two groups led to a plan for education and implementation of this valuable practice at Alamance Regional Medical Center.

The vetting process of the 2014 Nursing Strategic Plan included all nurses across the system and was uniformly adopted. Components include the Cone Health nursing philosophy, professional practice model and care delivery system. In addition, a system-wide nursing organization chart was developed.

A key element of the integration was bringing uniformity to Shared Governance practices. Bylaws completion is expected in August 2014 by a multi-facility task force of nurses.

In addition, collaborative efforts ensure that Alamance Regional Medical Center will participate in the Cone Health Nurse Extern Program, with externs being selected to work at Alamance Regional in summer 2014.

The remaining integration work includes:
- Integrating data taken from Alamance Regional Medical Center’s participation in the National Database of Nursing Quality Indicators RN Satisfaction Survey. Joint reporting of this data will occur in early 2014.
- Integrating nursing education programs.
- Aligning nursing job descriptions and educational requirements.
- Standardizing nursing practices, policies and procedures.
- Streamlining patient transfers.
- Including Alamance Regional Medical Center in the next Magnet re-designation cycle.
“You make a living from what you get.
You make a life from what you give.”

- Sir Winston Churchill, Former British Prime Minister

Care Re-engineered at Behavioral Health Hospital

Cone Health Behavioral Health Hospital has re-engineered its structure of care to empower nurses and other healthcare professionals to work efficiently and effectively, with less overlap in services, and more benefit to patients and families.

Evidence-based practice models at high-performing psychiatric hospitals across the nation suggest the best model utilizes a blend of RN case managers and clinical social workers. In these models the RN case manager focuses on utilization review and the clinical social worker focuses on discharge planning and counseling. Prior to the restructuring at Behavioral Health Hospital, clinical social worker and counselor roles overlapped, resulting in inefficiencies and patient dissatisfaction. Clinical social workers were responsible for utilization review, interfering with their availability for individual, family and group sessions, and creating conflicts of interest in balancing treatment and reimbursement. And in some cases, lack of coordination between counseling and family contact, and case management functions produced unrealistic expectations in patients and families.

In the structural redesign, the clarification of roles, the ability to involve RN case managers in the management of patients with medical co-morbidities, and the shift in responsibility for utilization review to the RN has improved efficiency and decreased duplication of documentation. A system-wide process and best practice for precertification and initial reviews was established.

Outcomes

The restructuring of the care delivery relationships and functions at Behavioral Health Hospital has resulted in a smoother and more efficient delivery of care for patients. RN case managers help link patients to the support required for ongoing medical management after discharge. Clinical social workers have increased availability for discharge planning and counseling. It has also resulted in improved documentation, and has impacted compliance with all federal and state regulatory agencies.
UNCG Brings BSN Curriculum to Cone Health

The University of North Carolina at Greensboro (UNCG) School of Nursing and Cone Health entered into an agreement by which UNCG will offer RN to BSN courses on The Moses H. Cone Memorial Hospital campus beginning with the 2014-2015 academic year. The program, which will use a blend of independent learning activities, web-based activities and traditional instructional strategies, will allow registered nurses to complete the courses required for a bachelor of science in nursing degree in two years.

In addition, Winston Salem State University and North Carolina A&T University have similar programs on Cone Health campuses.

Outcomes
The total number of BSN students enrolled in all cohort programs is 31.

Women’s Only Race Continues to Grow Through Support from Nursing to Raise Money for Mammograms.

Surpassing National NDNQI RN Survey Results

For the third consecutive year, Cone Health surpassed national standards in the National Database of Nursing Quality Indicators® RN Satisfaction Survey in all five categories and the Practice Environment Scale Mean Score. The five categories are:

- Participation in Hospital Affairs.
- Foundation for Quality of Care.
- Nurse Manager Ability, Leadership and Support.
- Staffing and Resource Adequacy.
- Collegial RN-MD Relationships.
Cone Health Nurses Contribute to Body of Knowledge

Opportunities for scholarly endeavors exist at Cone Health. Nurses from across the system have taken advantage of financial support to advance formal education and obtain certification. Many participate in professional organizations as members, hold chapter board positions, and serve as national and international leaders. Opportunities for professional growth within the Shared Governance structure through the Nursing Research Council, the Professional Development Council, the Service Practice Council and others, allow Cone Health nurses to grow clinically and in service to the profession.

Cone Health nurses contribute to the body of nursing science. This occurs on the local, regional, national and international levels as they participate in professional nursing organizations, represent Cone Health in national and international publications, publish in peer-reviewed journals and textbooks, and present podium and poster presentations.

The contribution to nursing provided by Cone Health nurses has steadily increased over the last four years. Following are the number of national presentations and publications:

In 2013, Cone Health nurses presented their accomplishments in nursing science in Brazil and Chile, as well as reaching a broad audience through a webinar presentation of Nurse Peer Review.
New Nurse Academies Increase Retention Rates

The Institute of Medicine’s (IOM) Future of Nursing report recommendation #3 is to implement nurse residency programs. These transition-to-practice programs assist new graduate nurses in making the transition from education to practice.

Several years ago, Cone Health implemented an OR Residency Program. Cone Health implemented the second of its nurse residency programs with the Emergency Academy in the summer of 2012. Since that time, Critical Care and Medical-Surgical, Behavioral Health and Women’s Health Academies have been added. Keys to the success of programs are Academy coaches – specially trained, unit-based preceptors who serve as mentors. All Academy participants rotate through a variety of clinical departments during their 16- to 18-week programs. In addition to clinical experience, nurses attend clinical instruction workshops, classes and “professional days” during which they are exposed to a broad range of topics to prepare them for their careers.

Outcomes

In the IOM report, healthcare organizations are encouraged to evaluate the effectiveness of residency programs in improving the retention of nurses. After three years, the outcomes of the Cone Health Nursing Academies are positive.
Efficiency is doing things right.
Effectiveness is doing right things.
Excellence is doing right things right.
- Unknown

Nurses Help Domestic Violence Victims

The Greensboro (North Carolina) Police Department responded to 13,819 potential domestic violence calls in 2012.

In 2013, the Cone Health Forensic Nursing Program began confidentially collecting evidence of domestic violence, which is stored until it is needed to obtain restraining orders or for use in criminal trials.

Because women are often frightened and embarrassed after being attacked by someone they once held close, the nurse examiners are specially trained with the knowledge to help women find support and assistance, and the skills to collect the evidence they may need.

Cone Health forensic nurses work in specialized treatment rooms to collect evidence of sexual assaults. The nurses are trained to take photographs, and obtain and log other evidence that can be used in court proceedings. All of the evidence is confidential. The exam and evidence collection do not even show up in the person’s standard medical record.

Forensic nurses began collecting evidence of domestic violence in the emergency departments at The Moses H. Cone Memorial Hospital, Wesley Long Hospital, Annie Penn Hospital and MedCenter High Point. The services are being rolled out in the emergency department of Alamance Regional Medical Center.
In 2013, a record 26 Cone Health nurses were recognized by the Great 100 Nurses program. This is the largest number of nurses from a single health network in the 25-year history of the Great 100 program.

The Great 100 Inc. is a grassroots peer recognition organization honoring the nursing profession in North Carolina by recognizing nursing excellence and providing scholarships for nursing education.

Top row, left to right: Carol Myers, RN; Kimberly Osborne, RN; Julie Potts, RN; Lila Allmond, RN; Connie Lewter, RN; Catherine Gaither, RN; and Vassie Cain, RN.

Middle row, left to right: Cathryn Ayers, RN; Lisa Boland, RN; Christopher McKeown, RN; Sheena Lambert, RN; Crystal Liles, RN; Greta Frierson, RN; Robin Bass, RN; Sandra Blaha, RN; and Linda Bryson, RN.

Bottom row, left to right: Elizabeth Suits, RN; Jessie Danley, RN; Ruthie Rogers, RN; Ann Clark, RN; Helen Lee, RN; Darlene Hicks, RN; Katherine Clark, RN; Lindsay Draper, RN; Jason Upham, RN; and Vivian Johnson, RN.
Clinical Ladder Projects Result in Measurable Outcomes

The Nursing Clinical ladder at Cone Health affords all nurses the opportunity to pursue professional advancement and realize clinical promotion through the Professional Nurse Advancement Program. The program recognizes RN3 and RN4 nurses through job titles and financial compensation, and rewards formal learning, reflective learning, advancement of clinical skills and education, and mentoring. Professional nurses at Cone Health are committed to adding to the body of clinical nursing research and the execution of evidence-based practice to improve the care and safety of patients.

To attain clinical ladder distinction, nurses must meet education, practice and specialty concentration requirements. There is an organized and consistent application process, which includes creation of a professional portfolio and execution of a project that has measurable empirical outcomes. Below are samples of the projects completed for the application process and their outcomes:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Project Name</th>
<th>Description</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moses Cone Hospital</td>
<td>Falls Prevention</td>
<td>Developed Train the Trainer Falls Prevention classes for staff. Initiated gait belt check-offs and a practice change with increased frequency of monitoring.</td>
<td>Fall rate decreased 23 percent the first month and 53 percent after a year. Based on its success, this program was implemented system-wide.</td>
</tr>
<tr>
<td>Wesley Long Hospital</td>
<td>High-Tech Problem with Low-Tech Solution</td>
<td>Average time to educate surgery patients for robotic prostatectomy was 47 minutes. Developed a pre-op class for patients to attend prior to admission.</td>
<td>For those attending the class, average time for education decreased to 17 percent. Noted great patient satisfaction scores for those who attended the class.</td>
</tr>
<tr>
<td>Women's Hospital</td>
<td>NICU Nurse Tech Skills</td>
<td>The project identified that nurse techs did not have a competency verification process for the competencies they perform. Developed a checklist and a skills fair with return demonstration of skills. Conducted a follow-up questionnaire with nurses and techs.</td>
<td>Both groups improved the degree to which they were satisfied with the competency of their nurse techs.</td>
</tr>
<tr>
<td>Annie Penn Hospital</td>
<td>Hourly Rounding</td>
<td>Compliance rate of using hourly rounding was 72 percent. Re-educated staff on the importance of using hourly rounding and documented those in compliance by name.</td>
<td>Increased staff compliance to 100 percent. In addition, fall rate decreased and patient satisfaction increased.</td>
</tr>
<tr>
<td>Behavioral Health Hospital</td>
<td>Patient Medication Compliance</td>
<td>Developed a medication compliance quiz completed on admission. Patients were then taught the purpose of medications, and developed a plan for taking the medications using teach back. A post-education quiz was also given.</td>
<td>Showed success and good patient response. Class taught to Behavioral Health Academy nurses so they can teach patients.</td>
</tr>
</tbody>
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Skin-to-Skin Contact Helps Newborns Adjust

Women’s Hospital held its first Model of Care Committee meeting in 2011 to review how we care for our patient population and to consider methods for improvement. Participants included faculty physicians, leadership and RNs from a variety of units. During this meeting, three task forces were formed – one looks at current practice, the second at best practice and the third at current research. The Best Practice Model Task Force developed a plan to study if newborn temperatures can be maintained after birth and bathing using skin-to-skin contact.

After a pilot program in 2012 involving a select group of parents and newborns, Women’s Hospital adopted the skin-to-skin, family-centered model of care to improve the vaginal birth experience for all parents and newborns. Skin-to-skin care in the OR was initiated in January 2013.

Outcomes

Research indicated that babies transition to the world outside the womb more calmly when they are placed skin to skin immediately following birth. Skin-to-skin contact helps babies regulate their temperature, heart rate and breathing; positively influences blood glucose levels; encourages mother-baby and father-baby interaction; stimulates feeding behavior and digestion; and calms and relaxes mother, father and baby.

During the two-month pilot newborns had an average of one hour and 43 minutes of skin-to-skin contact after birth. All of the infants who had skin-to-skin contact had normal temperatures at two hours after birth. Data also showed that 100 percent of babies using skin-to-skin contact after bathing had normal temperatures within one hour after bathing. The study also noted that the exclusive breastfeeding rate went from 40 percent to 63 percent in the pilot as a result of keeping moms and babies together. Time spent away from mother in the Nursery during the hospital stay decreased from six hours to 53 minutes in the pilot.
Intraoperative Prep Solutions: A Retrospective Chart Review

Surgical site infections (SSIs) are the most common type of healthcare-associated infection in surgical patients. Cone Health nurses wanted to identify which intraoperative prep solution used for adult open abdominal surgical procedures resulted in the lowest incidence of SSI 30 days after surgery. During this study, they were able to compare four separate intraoperative prep solutions utilized in general surgery.

The retrospective medical record review involved a sample of 162 consecutive patients ages 18 years and older who had undergone elective open abdominal procedures at one of Cone Health’s four acute care hospitals.

Statistical testing of results revealed a significant difference in the incidence of SSIs among patients prepped with a particular solution. The results were published in the Association of Operating Room Nurses Journal, May 2013.

- Unknown
Cone Health’s 2nd Annual Nursing Research Symposium drew more than 380 participants from across the region. Attendees included students, direct care nurses, advanced practice nurses, nursing leaders and physicians.

The symposium featured Linda Aiken, PhD, FAAN, FRCN, RN, as the keynote speaker. Dr. Aiken, the Claire M. Fagin Leadership Professor of Nursing, Professor of Sociology, and Director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania, is internationally acclaimed for her work with causes, consequences and solutions of nursing shortages in the United States and around the world. In her presentation – titled “Nursing and Quality Outcomes: Getting the Best Value for Investments” – Dr. Aiken summarized a research study involving 850 hospitals and 100,000 nurses in four large states. The study concluded that the following factors play an important role in patient outcomes:

- Having a better educated nurse workforce is associated with better patient outcomes independent of staffing or work environments.
- Good nurse staffing levels are necessary but not sufficient for excellent patient care outcomes.
- The cost of improving nurse staffing in hospitals with poor work environments is not a good investment relative to improving the work environment.
- Promoting good work environments is a relatively low-cost lever to improve patient outcomes.
- Magnet Journey is a successful intervention to improve work environments.

Podium presenters educated the audience about nursing research from across the state. The afternoon concurrent sessions presented timely topics such as bullying, alternative therapies and new treatment modalities, among others. Motivational speaker Ana Tampanna closed the symposium by posing the question: “Why did we become a nurse?” This inspired each participant to renew his/her commitment to the profession.

The symposium was a collaboration between Cone Health, Vidant Medical Center, WakeMed Health & Hospitals, Mission Hospital (Asheville, NC), Carolinas HealthCare System and Greensboro Area Health Education Center.
Nursing Research Guided by Shared Governance Council

The Cone Health Nursing Research Council and the staff of the Area Health Education Center were the architects of the 2nd Annual Nursing Research Symposium. The mission of the Council is to infuse evidence-based practice and nursing research into the nursing infrastructure of Cone Health.

The council’s first event was the Cone Health Nursing Research Day in 2006. Only after concerted and dedicated efforts to educate, mentor and guide nurses about evidence-based practice and nursing research through the use of workshops, in-services, enculturation in the Iowa Model, nursing department assignments and lots of one-on-one interaction were nurses ready for the 2006 Nursing Research Day. Nineteen departments submitted posters for review for that first nursing research day.

Thanks to continued leadership support over the past 10 years, and broad representation on the council by direct care bedside nurses, clinical nurse specialists and educators, leaders and faculty from local universities, nursing research at Cone Health has grown to be a strong component of our nursing culture.

Outcomes

Over the past four years, the number of nursing research studies has increased by 100 percent. In addition, studies with empirical outcomes have increased as the sophistication of nursing research has grown in the network.
Our Nurse Executives

Theresa Brodick, PhD, RN, CNS, CNA  
Executive Vice President & Chief Nursing Officer

Anne Brown, RN, MSN, PCCN  
Director, Nursing/Patient Services, Wesley Long Hospital

Dennis Campbell, RN, MS, BSN, NEA-BC  
Executive Director, Quality Excellence

LaVern Delaney, RN, MSN, MHA/MBA  
Vice President, Nursing/Patient Services, Alamance Regional Medical Center

Tracy Diffenderfer, RN, BSN, MSN, CNOR  
Executive Director, Operative Services and Anesthesia

Debbie Grant, RN, MSN, CENP  
Vice President, Nursing Practice, Education and Community Integration

Debbie Green, RN, DNP, CENP  
Vice President, Nursing/Patient Services, Annie Penn Hospital and Behavioral Health Hospital and Interim President, Behavioral Health Hospital

Karin Henderson, RN, MSN, CENP  
Executive Director, Organizational Integration

Joan LoPresti, RN, MS, BSN, NEA-BC  
Director, Nursing/Patient Services and MedSurg Services, The Moses H. Cone Memorial Hospital

Annette Osborne, RN, MSN  
Vice President, Nursing/Patient Services, The Moses H. Cone Memorial Hospital

Sue Pedaline, RNC, DNP, MS  
Vice President, Nursing/Patient Services, Women’s Hospital

Becky Quate, RN, MSN  
Director, Nursing/Patient Services, Alamance Regional Medical Center

Cheryl Somers, RN, MSN, NEA-BC  
Executive Director, Emergency Services

Youland Williams, RN, MSN, NEA-BC  
Vice President, Nursing/Patient Services, Wesley Long Hospital
Cone Health is a not-for-profit network of healthcare providers serving people in Guilford, Forsyth, Rockingham, Alamance, Randolph, Caswell and surrounding counties. Our tagline – “The Network for Exceptional Care” – highlights our commitment to excellence, which is shared by our more than 10,000 professionals, 1,300 physicians and 1,200 volunteers.

As one of the region’s largest and most comprehensive health networks, Cone Health has more than 100 locations, including six hospitals, two medical centers, four urgent care centers, 95 physician practice sites and multiple centers of excellence.

1. **The Moses H. Cone Memorial Hospital** is our flagship. Moses Cone Hospital is a 536-bed teaching hospital and referral center. It includes a Pediatric Emergency Department, Level II Trauma Center and centers of excellence such as the Orthopedics Center, Neurosciences Center, Stroke Center, and Heart and Vascular Center. North Tower opened in 2013 with 16 new operating rooms and all private patient rooms.

2. **Alamance Regional Medical Center**, a 238-bed medical and surgical hospital in Alamance County, joined Cone Health in May 2013. Specialized services include a Heart & Vascular Center, Cancer Center, Women’s Care Center, advanced imaging services and surgical services among others.

3. **Wesley Long Hospital** offers 175 private beds for medical and surgical patients with service areas focused on oncology, bariatric surgery, urology and orthopedics. Our modern facility utilizes state-of-the-art equipment such as the da Vinci® surgical robot system and the SpyGlass® visualization system in the Endoscopy Center. The campus also houses the Cancer Center, Sleep Disorders Center, Wound Care and Hyperbaric Center, Sickle Cell Medical Center and Surgery Center.

4. **Women’s Hospital**, a 134-bed facility, is home to one of the area’s most experienced neonatal intensive care teams. The hospital’s Level II and Level III unit has been providing care to critically ill newborns since 1990. The hospital also houses the nationally accredited Breast and Ultrasound Imaging Center. The hospital’s da Vinci robot provides minimally invasive surgical care for gynecology patients.

5. **Annie Penn Hospital** has 110 acute care beds. This facility includes inpatient and short stay surgery centers, Cone Health Cancer Center at Annie Penn, LeBauer HeartCare at Annie Penn and specialty clinics such as a Sleep Disorders Center and an Endoscopy Center of Excellence.

6. **The Behavioral Health Hospital** offers pediatric and adult inpatient crisis stabilization. The 80-bed facility accommodates 50 adults and 30 adolescents. Outpatient care includes numerous group therapy programs as well as individual counseling and day programs. The hospital also offers the community a 24-hour Helpline that provides access to a trained professional. Three additional outpatient Behavioral Health Centers also are located in Greensboro, Kernersville and Reidsville.
“I think the purpose of life is to be useful, responsible, honorable, compassionate. It is, above all, to matter: to count, to stand for something, to have made some difference that you have lived at all.”

- Leo Rosten, Writer, Teacher
The road to success is not doing one thing 100 percent better... but doing 100 things one percent better.

- Unknown