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2013 hospital statistics

Novant Health Clemmons Medical Center
- Opened phase one in April 2013 with emergency room services, diagnostic imaging, lab and surgical services
- Treated 6,564 emergency department patients
- Performed 423 surgeries
- Achieved triennial accreditation from The Joint Commission

Novant Health Forsyth Medical Center
- Discharged 43,929 patients
- Had 235,750 patient days
- Delivered 6,135 babies
- Treated 89,321 emergency department patients
- Performed 25,234 surgeries
- Achieved The Joint Commission Disease-specific Certification for the Advanced Palliative Care Program
- Achieved triennial accreditation from The Joint Commission
- Earned a three-year Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation for adult inpatient hospital programs and stroke specialty program at Novant Health Rehabilitation Center, In-patient Rehabilitation

Novant Health Kernersville Medical Center
- Discharged 2,375 patients
- Had 9,879 patient days
- Treated 29,047 emergency department patients
- Performed 2,732 surgeries
- Achieved triennial accreditation from The Joint Commission

Novant Health Medical Park Hospital
- Discharged 787 patients
- Had 6,322 patient days
- Performed 9,847 surgeries
- Named as one of the nation’s top performers on key quality measures by The Joint Commission
Dear colleagues and friends,

It is indeed a time of celebration.

Together, we journeyed into 2014 with great anticipation and many successes, highlighted by the third Magnet re-designation of Novant Health Forsyth Medical Center and the inaugural Magnet designation of Novant Health Kernersville Medical Center and Novant Health Medical Park Hospital. The accomplishments and achievements are many and sometimes, perhaps, too quietly noted. So, it is with heartfelt appreciation that this annual report is dedicated to the nursing staff of Novant Health.

As healthcare reform gains traction, the demand for the professional nurse with advanced expertise will grow to an unprecedented high. The environment requires that we continue to seek innovative ways to deliver care and practice at the top of licensure. Our accountability for outcomes is expected to be shared to and by all with transparency. As a result, Novant Health has responded by improving patient outcomes through research, strengthening shared governance, improving nursing care models and implementing a state-of-the-art electronic medical record and virtual system.

As you read, enjoy these reflections on the remarkable experience, in every dimension, every time. Celebrate our commitment to professional nursing, patient care and excellence.

With joy and gratitude,

Cindy Jarrett-Pulliam, RN, MSN, NE-BC, FACHE
Vice president and chief nursing officer
Forsyth Medical Center received Magnet designation for excellence in nursing services by the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program for the third time. This designation is extra special since Kernersville Medical Center and Medical Park Hospital are included. Magnet designation is the nation’s highest form of recognition for nursing excellence and is one of the benchmarks used to measure the quality of care patients receive.

“Magnet designation was a goal from the day we opened our doors more than three years ago,” says Jo Crowley, MA, BSN, RN, ONC, NE-BC, senior director of patient care services of Kernersville Medical Center. “The team at NHKMC is committed to the remarkable experience and the success that comes from involving the staff in decisions that drive that remarkable care. We are very proud to be a newly designated Magnet facility in 2014 and look forward to maintaining the standards of quality care and staff empowerment that enabled us to achieve this goal.”

During the four-day site visit, four Magnet appraisers visited more than 60 units at NHFMC (including Novant Health Hawthorne Outpatient Surgery Center and Novant Health Orthopedic Outpatient Surgery Center), NHKMC, and NHMPH and interviewed hundreds of staff. The Magnet appraisal team found, “a very engaged nursing staff with patients at the center of their work.”

The Magnet Recognition Program provides a framework to recognize excellence in: the management philosophy and practices of nursing services; adherence to standards for improving the quality of patient care; leadership of the chief nurse executive in supporting professional practice and continued competence of nursing personnel; and attention to the cultural and ethnic diversity of patients and their significant others, as well as to the care providers in the system.

Published research has shown that hospitals with Magnet designation have positive outcomes for patients, nurses and the workplace. Patients receiving care at Magnet hospitals have been recorded as experiencing lower mortality rates and greater satisfaction during their stay and are able to go home sooner. “Our incredible nursing team members are often a part of our patients’ most significant life experiences. I am proud of our team and the Magnet designation, which leads to our team members enjoying a higher degree of job satisfaction, leading transformation and delivering the best outcomes with evidence-based practice,” says Sean Sanz, senior vice president and chief operating officer of NHFMC.

The Magnet vision

“Magnet organizations will serve as the fount of knowledge and expertise for the delivery of nursing care globally. They will be solidly grounded in core Magnet principles, flexible, and constantly striving for discovery and innovation. They will lead the reformation of healthcare; the discipline of nursing; and care of the patient, family and community.”

- The Commission on Magnet Recognition, 2008

Novant Health nursing vision

Novant Health nursing will be a world-class driving force for transformational change through a patient-centered, evidence-based approach to care in an authentic, collaborative and healing environment.
2014 nursing goals

Novant Health nursing services will:

1. Transform clinical care to deliver on our promise and the remarkable patient experience,
2. Retain and develop staff at the bedside to support the advancement into leader roles for those who are capable and desire it,
3. Enhance competency to adapt and drive transformational change,
4. Accelerate the adoption of a nursing foundation comprised of nursing theory, Novant Health professional practice model and a shared governance model to elevate nursing best practice throughout Novant Health, and
5. Optimize nursing efficiency across Novant Health.
Novant Health nurses are earning a well-deserved national reputation for being leaders in their profession. Many serve in leadership roles in a variety of professional organizations that are committed to furthering nursing practice.

**Academy of Oncology Nurse Navigators**
- Sharon Gentry, MSN, RN, AOCN, CBCN – co-chair for annual conference (2012 – 2014) and member of leadership council (2010 – to present)

**American Association of Neuroscience Nurses, Triad Chapter**
- Gladys Campbell, MSN, RN, CNRN – 2013/2014 nominating committee

**American Nurses Credentialing Center**
- Dale Callicutt, MSN, RN-BC, CCRN – chair, cardiac-vascular content expert panel
- Kelly Swauger, BSN, MHSA, MAOL, RN, NE-BC – co-chair, nurse executive content expert panel

**Association of Perioperative Registered Nurses, Winston-Salem Chapter**
- Andrea Blakemore, BSN, RN – board member
- Vicki Clark, BSN, MHA, RN, CNOR – vice president

**Association of Rehabilitation Nurses, Greater NC Chapter**
- Janie Roland, BSN, MHA, RN – board member at large

**Association of Women’s Health, Obstetric and Neonatal Nurses, Triad NC region**
- Bindy Hankins, BA, RN, RN-C – secretary/treasurer
- Debbie Wright, BSN, RN-C – coordinator

**Emergency Nurses Association, North Carolina Eastern Piedmont Chapter**
- Kalah Mueller, RN – secretary

**North Carolina Great 100**
- Kelly Swauger, BSN, MHSA, MAOL, RN, NE-BC – co-chair, selections committee

**Hospice of Winston-Salem/Forsyth County**
- Sharon Gentry, MSN, RN, AOCN, CBCN – professional advisory committee

**Journal of Oncology Navigation and Survivorship**
- Sharon Gentry, MSN, RN, AOCN, CBCN – section editor for breast cancer (2011 – present)

**Kybele Worldwide**
- Nancy Pearson, MSN, RN, NE-BC – perinatal nurse team leader and administrative team leader/consultant

**National Association of Orthopaedic Nurses, Triad Chapter**
- Becky Lasley, BSN, RN, ONC – secretary/treasurer

**North Carolina Magnet Coalition**
- Leslie Robbins, MSN, RN – 2014 chair
North Carolina Nurses Association
- Daria Kring, PhD, RN, NE-BC – leadership academy class of 2014
- Nancy Pearson, MSN, RN, NE-BC – team lead and speakers bureau for nurse bullying committee

NC Piedmont Triad Oncology Nursing Society
- Sharon Gentry, MSN, RN, AOCN, CBCN – board member (1990 – present) and Oncology Nursing Foundation representative

Sigma Theta Tau International
- Daria Kring, PhD, RN, NE-BC – chair, conference planning committee

Susan G. Komen Northwest North Carolina
- Sharon Gentry, MSN, RN, AOCN, CBCN – outreach committee, speakers bureau and community profile team

The Oncology Nurse
- Sharon Gentry, MSN, RN, AOCN, CBCN – editorial board (2008 – present)

University of North Carolina of Greensboro
- Cindy Jarrett-Pulliam, MSN, RN, NE-BC – nursing advisory board
Structural empowerment

Solid structures and processes provide an innovative environment where strong professional practice flourishes and where the mission, vision and values come to life to achieve outcomes that are important to our organization.

The key components of structural empowerment are:

- Collaborative relationships with community organizations
- Professional engagement
- Commitment to professional development
- Teaching and role development
- Recognition of nurses by the organization
Focus on retention pays off

Today’s healthcare environment demands efficient use of resources. Research shows that turnover rates are high for new nurse graduates as a result of a stressful work environment coupled with inadequate support during the transition from student to professional practice. It was identified in 2012 that 37 percent of the new RNs at Forsyth Medical Center were voluntarily leaving within their first two years of service. In 2013, NHFMC nursing leadership partnered with human resources to focus on retaining RNs during their first two years of employment with Novant Health.

The goal of the onboarding process is to ensure a knowledgeable workforce that offers safe and remarkable care and makes a long-term commitment to the organization.

Initiatives to improve the onboarding process included:

- Gathered feedback from RNs regarding their onboarding experience and identified opportunities to improve.
- Worked with nursing leaders and educators to create the remarkable RN onboarding experience. These changes started with the interview process and progress through the first two years of employment. Changes included pre-hire activities, increasing leader communication efforts and optimizing the preceptor program.
- Identified nurse managers as the “chief retention officer” of their departments. They were trained to have an increased awareness of possible flight risk of staff, assess data and feedback and use employee engagement tools to create retention strategies for their department.

As a result the 2013 retention focus, NHFMC successfully reduced its voluntary turnover of new RNs leaving within their first two years from 37 percent to 10 percent. NHFMC nursing leadership continues to explore and identify additional retention strategies and efforts in 2014.
Popcorn and Pearls

Another excellent way to empower nurses is to use multiple strategies to support a lifelong learning culture that includes professional collaboration and the promotion of role development. This is exactly what the educators and nursing leaders at NHKMC did to provide professional development opportunities for their nurses.

Nursing processes, procedures, equipment and best practice change on a daily basis. Nurses at NHKMC do not focus on a specific patient population as nurses on more specific units may. Instead, they have a much broader patient population creating a wide variety of education needs. The educators used multiple educational methods including just in time training, formal classes, bulletin boards, individual training, and in-services; however, these were not optimal for nurses on the unit providing direct patient care.

It was difficult to track who had received education and the educators felt that they were missing lots of staff when there was pertinent education coming out daily. Leaders meet on a regular basis to discuss issues or concerns and would often suggest “staff need education” on multiple topics. At the same time, nursing, pharmacy, respiratory and other departments would send a plethora of education daily. If the nurses were “educated” on all the topics, no time would be left to take care of patients. The educators and leaders began to review the process. Can nurses experience optimal learning while providing patient care? What if we offered an education session on a regular basis when the staff was not providing patient care? Staff’s schedules consist of working 36 hours per week – that meant four hours remained that would not be considered overtime if it were used for education.

The unit leaders agreed to support education by paying staff to attend education sessions on their days off. The leaders requested that multiple times be offered during different pay periods so that they could balance their unit productivity. Educators agreed to provide concise educational sessions presenting the most pertinent education with encouragement to access the other educational opportunities that were available between sessions.

In February 2013, NHKMC educators began offering Popcorn and Pearls; popcorn was the incentive they used to attract the nurses and, once there, they were given pearls of knowledge. They learned a lot from their first few sessions and over the last year have refined the program into something that staff and leaders are excited about.

Popcorn and Pearls is offered every other month in two-hour sessions. Each class consists of one main topic and three to six shorter topics that either the staff request or the leaders request. The goal is to have very little lecture time and opt for more role playing, simulation, games and hands-on activities.

During the first session, 76 percent of the ED staff attended and 53 percent of the medical-surgical staff attended. Nurses left saying, “I learned something new and this was a great session.” They particularly like the case studies. Topics and activities have included Novant Health nursing’s professional practice model, chest tube care and set-up, rapid-infuser demonstration, certification review questions, simulation of an imminent birth and use of newborn equipment, post-op care of the bariatric patient, a courtroom simulation discussing how to avoid documentation risks, restraint documentation, code blue documentation, review of a new online nursing resource and Magnet preparation.

The nurse managers decided that this is an opportune time to conduct staff meetings as well so they are scheduling their meetings either before or after the Popcorn and Pearls sessions. This gives their staff at least four opportunities to attend the education sessions and staff meetings.

The feedback from staff has been great! This innovative solution to providing staff development has proven to be very effective and efficient.
Educational accomplishments (January 2013 to June 2014)

Nursing excellence requires a commitment to professional development and lifelong learning. Through support, encouragement and innovative educational opportunities, we have been able to assist staff in advancing their education.

Bachelor of science in nursing

- Samara Alikakos, BSN, RN, CMSRN – NHFMC renal
- Vanessa Allen, BSN, RN - NHFMC pulmonary
- Susan Ammann, BSN, RN – NHMPH PACU
- Jamie Bucknall, BSN, RN, RN-BC – NHFMC cardiac pre and post
- Jessica Burnette, BSN, RN – NHFMC gastroenterology
- Amber Clapp, BSN, RN – NHKMC ED
- Amy Collins, BSN, RN – NHFMC labor and delivery
- Quang Dang, BSN, RN – NHFMC pulmonary

- Traci Danley, BSN, RN – NHFMC radiology
- Leah Davidson, BSN, RN – NHFMC CVSU
- Christina Dehart, BSN, RN, CMSRN – NHFMC pulmonary
- Crystal Dollard, BSN, RN – NHFMC gastroenterology
- Jennifer Dollyhigh, BSN, RN – NHFMC ICU
- Tia Exline, BSN, RN, CCRN – NHFMC CICU
- Martha Harrelson, BSN, RN, RNC-NIC – NHFMC NICU
- Carol Hartsog, BSN, CNRN – NHFMC neuro ICU
- Brittney Heath, BSN, RN – NHFMC cardiac pre and post
- Jennifer Hemric, BSN, RN, CCRN – NHFMC CVSU
- Kimberly Henson, BSN, RN, RNC-OB – NHFMC labor and delivery
- Jessica Hoffman, BSN, RN – NHFMC behavioral health adult psych
- Amy Holdren, BSN, RN – NHFMC ED
- Joy Jessup, BSN, RN – NHFMC dialysis

- B.J. Kerley, BSN, RN, CMSRN – NHFMC ECU
- Carolyn Kravontka, BSN, RN – NHFMC ICU
- Jennifer Lenchik, BSN, RN – NHFMC mother baby
- Brittany Miles, BSN, RN, CEN – NHFMC ED
- Anna Miller, BSN, RN – NHFMC NICU
- Ashley Moore, BSN, RN – NHFMC ED
- Iris Neas, BSN, RN – NHFMC pulmonary
- Sherri Ogden, BSN, RN, CEN – NHFMC ED

- Ajile Peterson, BSN, RN – NHFMC 6th north telemetry
- Brandi Presnell, BSN, RN – NHFMC CICU
- Wendy Pruitt, BSN, RN, CMSRN – NHFMC general surgery
- Cristy Rizos, BSN, RN – NHFMC ED
- Heather Rodman, BSN, RN, OCN – NHFMC oncology
- Tayler Sapp, BSN, RN – NHFMC 6th CTSU
- Danielle Simpson, BSN, RN – NHFMC CICU
- Melanie Smitherman, BSN, RN – NHFMC CVSU
- Jamie Strom, BSN, RN, CEN – NHFMC ED
- Hien Tran, BSN, RN – NHFMC oncology
- Allison Van Nest, BSN, RN – NHFMC renal
- Chasity Wagoner, BSN, RN – NHFMC pulmonary
- Andera Waller, BSN, RN – NHFMC innovations
- Charity Williams, BSN, RN – NHFMC labor and delivery
- Tina Williams, BSN, RN – NHFMC CPPU
Master of arts in nursing
• Phyllis Brooks-Miller, MA, BSN, RN – NHFMC renal

Master of health administration
• Lori Johnson, MHA, BSN, RN, CMSRN – NHFMC Surgical Services
• Matoka Love-Maxey, MSN, MHA, CCRN, RN-BC – NHFMC CVSU
• John Rincic, MHA, RN, CCRN – NHFMC CICU
• Queta Thomas, BSN, MHA, RN – CICU

Master of science in nursing
• Gari Leigh Adams, MSN, RN, CEN – NHFMC nursing practice, education and research
• Amy Barber-Kennon, MSN, RN – NHKMC ED nursing resource team
• Nancy Bryan, MSN, RN, RNC-OB, C-EFM – NHFMC labor and delivery
• Jenna Campbell, MSN, RN, OCN – NHFMC nursing practice, education and research
• Dana Dalton, MSN, RN, RN-BC – NHFMC renal
• Amanda Doub, MSN, RN, CMSRN – NHFMC nursing practice, education and research
• Heather Hanna, MSN, RN – NHKMC nursing administration
• Kathy Henry, MSN, RN, CHPN – NHFMC acute palliative care
• Matoka Love-Maxey, MSN, MHA, RN, CCRN, RN-BC – NHFMC cardiac vascular surgery unit
• Sheri McVay, MSN, RN, CPAN – NHKMC nursing administration
• Kerri Reid, MSN, RN, CMSRN – NHFMC ECU
• Tracey Whitley, MSN, RN, RNC-OB, C-EFM – NHFMC nursing practice, education and research

Master of science in nursing/nurse practitioner
• Megan Hulen, MSN, NP – NHFMC heart and vascular
• Abigail Millikan, MSN, NP – NHKMC ED

Doctor in nursing practice
• Chirrl Lambeth, DNP, NNP-BC – NHFMC NICU
• Rodney Nash, DNP, CRNA – NHFMC anesthesia services
• Andrea Underwood, DNP, FNP-BC – NHFMC ED

Professional certification
It is important for all nurses to understand the value of nursing certification. Credentialing advances the profession of nursing by encouraging and recognizing professional achievement.

Certification is a profession’s official recognition of achievement, expertise and clinical judgment. It is a mark of excellence that requires continued learning and skill development to maintain.

NHFMC implemented several programs to support nurses in obtaining their certification. In 2013, nurses could apply for the Archie K. Davis funds to be used for any type of certification prep materials. NHFMC spent more than $20,000 from this fund on certification prep materials and classes.

In 2013 and 2014, the professional practice and development council endorsed a “pass and pay” strategy. Nurses who paid for the exam and passed would be reimbursed. NHFMC spent more than $9,000 in 2013 to pay for certification exam registration fees and spent more than $7,000 in the first half of 2014.

In 2014, Novant Health is participating in a program to encourage nurses to pursue certification. ANCC’s new Success Pays program reduces test-taking anxiety and removes a financial barrier to testing. So far this year, 21 nurses have successfully passed their ANCC certification using this program and 81 additional nurses are pursuing their certification using this program.

Congratulations to all the nurses who have achieved this important career milestone in 2013 and the first half of 2014!
Certification accomplishments (January 2013 to June 2014)

**Cardiac-vascular nursing board certification (RN-BC)**
- Enrique Dela Cruz, BSN, RN, RN-BC – NHFMC 6th north telemetry
- Pamela Hanson, RN, RN-BC – NHFMC heart and wellness
- Caroline House, BSN, RN, RN-BC – NHFMC 6th north telemetry

**Certified ambulatory perianesthesia nurse (CAPA)**
- Deborah Harberger, BSN, RN, CAPA – NHMPH PACU

**Certified case manager (CCM)**
- Clarissa Lowery, BSN, RN, CCM, CCRN – NHFMC rehabilitation

**Certified critical care registered nurse (CCRN)**
- Whitney Benfield, BSN, RN, CCRN – NHFMC ICU
- Sarah Bodenheimer, BSN, RN, CCRN – NHFMC nursing practice, education and research
- Lauren Boyd, BSN, RN, CCRN – NHFMC CICU
- Ashley Conaway, BSN, RN, CCRN – NHFMC ICU
- Sharon Cox, BSN, RN, CCRN – NHFMC ICU
- James Dellinger, BSN, RN, CCRN – NHFMC ICU
- David Duplisea, RN, CCRN – NHFMC ICU
- Tia Exline, BSN, RN, CCRN – NHFMC ICU
- Tyrone Hall, BSN, RN, CCRN, CCRN-CSC – NHKMC ICU
- Jennifer Hemric, BSN, RN, CCRN– NHFMC CVSU
- Kristel Hurst, BSN, RN, CCRN – NHFMC ICU
- Matoka Love-Maxey, MSN, MHA, RN, CCRN, RN-BC – NHFMC CVSU
- Kevin Stanley, BSN, RN, CCRN – NHFMC ICU

**Certified critical care registered nurse with subspecialty cardiac medicine (CCRN-CMC)**
- Emily Stone, BSN, RN, CCRN, CCRN-CMC – NHFMC ICU

**Certified critical care registered nurse with subspecialty cardiac surgery (CCRN-CSC)**
- Tyrone Hall, BSN, RN, CCRN, CCRN-CSC – NHKMC ICU

**Certified emergency nurse (CEN)**
- Mary Boyd, BSN, RN, CEN – NHFMC ED
- Barbara Eldridge, BSN, RN, CEN – NHFMC nursing practice, education and research
- Daniel Lackey, BSN, RN, CEN – NHFMC EAU
- Brittany Miles, BSN, RN, CEN – NHFMC ED

**Certified medical-surgical registered nurse (CMSRN)**
- Pat Atkins, RN, CMSRN – NHMPH nursing
- Robin Austin, BSN, RN, CMSRN, CPAN – NHKMC nursing administration
- Lauren Betson, BSN, RN, CMSRN – NHFMC pulmonary
- Sherri Dye, BSN, RN, CMSRN – NHFMC GI
- Tonya Elder, BSN, RN, CMSRN – NHFMC women’s specialty care
- Kathryn Hellinger, RN, CMSRN – NHMPH nursing
- Katie Hough, BSN, RN, CMSRN – NHFMC renal
- Shayna Johnson, RN, CMSRN – NHFMC ECU
- Cheryl Jones, RN, CMSRN – NHFMC renal
- Crystal Merritt, RN, CMSRN – NHFMC pulmonary
- Hope Moore, RN, CMSRN – NHFMC oncology
• Elizabeth Owens, RN, CMSRN – NHMHP nursing
• Carrie Rogers, MSN, RN, CMSRN – NHFMC nursing practice, education and research
• Tracy Scotto Rinaldi, BSN, RN, CMSRN – NHFMC general surgery
• Kathryn Spencer, BSN, RN, CMSRN – NHFMC innovations

Certified post anesthesia nurse (CPAN)
• Sheri McVay, MSN, RN, CPAN – NHKMC nursing administration

Family nurse practitioner board certification (FNP-BC)
• Athena Brummett, MSN, FNP-BC – NHFMC neonatology administration
• Abigail Millikan, MSN, FNP-BC – NHKMC ED nursing resource team

Inpatient obstetric nursing (RNC-OB)
• Kim Henson, BSN, RN, RNC-OB – NHFMC labor and delivery
• Lois Leech, RN, RNC-OB – NHFMC high-risk maternity
• Katina Miller, BSN, RN, RNC-OB – NHFMC labor and delivery
• Damaris Petrone, RN, RNC-OB, CCE – NHFMC labor and delivery
• Lynette Sechriest, RN, RNC-OB – NHFMC labor and delivery
• Rhonda Smith, RN, RNC-OB – NHFMC labor and delivery

Orthopaedic nurse certification (ONC)
• Vadim Cebotari, RN, ONC – NHFMC orthopedics
• Tracy Delehant, RN, ONC – NHFMC orthopedics
• Erian Hoffpauri, BSN, RN, ONC – NHFMC orthopedics

Oncology certified nurse (OCN)
• Ashley Dennis, BSN, RN, OCN – NHFMC oncology
• Iris Landingham, RN, OCN – NHKMC oncology
• Trish Strickland, RN, OCN – NHFMC oncology

Progressive care certified nurse (PCCN)
• Susan Akers, BSN, RN, PCCN – NHFMC nursing practice, education and research
• Lindsay Smith Lane, BSN, RN, PCCN – NHFMC nursing practice, education and research

Medical-surgical nursing board certification (RN-BC)
• Stephanie Caudle, BSN, RN, RN-BC – NHFMC renal
• Julie Cooke, RN, RN-BC – NHFMC pulmonary
• Dana Dalton, MSN, RN, RN-BC – NHFMC renal
• Angela Funderburk, BSN, RN, RN-BC – NHKMC medical-surgical
• Nadine Hardin, BSN, RN, RN-BC – NHKMC medical-surgical
• Malaya Jester, BSN, RN, RN-BC – NHFMC renal
• Amanda Lineberry, RN, RN-BC – NHFMC ECU
• Jessica Lundquist, RN, RN-BC – NHFMC pulmonary
• Travis Radcliff, BSN, RN, RN-BC – NHKMC medical-surgical
• Ginny Reynolds, BSN, RN, RN-BC – NHKMC medical-surgical

Neonatal intensive care nursing (RNC-NIC)
• Kayla Shew, RN, RNC-NIC – NHFMC NICU
• Janna Pinckney, MSN, NP, RNC-NIC – NHFMC neonatology administration
Awards and honors (January 2013 to June 2014)

Nursing contributions to the organization and community are recognized for their positive effect on patients and families. Nurses are acknowledged in various ways for these accomplishments, enhancing the image of nursing in the organization and community.

Elizabeth Ward professional nurse award
- Lori Johnson, MHA, BSN, RN, CMSRN – NHFMC PERK unit (2013)
- Rick Lee, MSN, RN, NE-BC, CEN – NHFMC nursing administration (2013)
- Lesa Smith, MSN, RN, CCRN, RN-BC – NHFMC nursing practice, education and research (2013)

Nurse executive board certification (NE-BC)
- David Beasley, MHA, BSN, RN, NE-BC, CCRN – NHFMC ICCU
- Cheri Hardy, DrPH, MPH, BSN, RN, NE-BC – NHFMC diabetes administration
- Sandy Hunter, MS, BSN, RN, NE-BC, CCRN – NHFMC nursing administration
- Nancy Pearson, MSN, RN, NE-BC – NHFMC labor and delivery
- Stephanie Starling, MHA, BSN, RN, NE-BC, RN-BC – NHFMC nursing administration
- Scottie Wilson, MHA, BSN, RN, NE-BC – NHFMC nursing administration

Nursing professional development (RN-BC)
- Ginger Burkhead, MSN, RN, RN-BC, CMSRN

Psychiatric–mental health nursing board certification (RN-BC)
- Ellen Knight, BSN, RN, RN-BC – NHFMC nursing practice, education and research

Greater Winston-Salem market remarkable 45 – 2013
- Cindy Amos, BSN, RN – NHMPH outpatient surgery
- Adrian Bailey, BSN, RN, CMSRN – NHFMC pulmonary
- Amy Barber-Kennon, MSN, RN – NHKMC ED resource team
- Melissa Bowman, RN, RN-BC – NHFMC pulmonary
- Cindy Brackman, RN – NHKMC nursing administration
- Debra Bryant, RN, RNC-OB, C-EFM – NHFMC labor and delivery
- Mary Calloway, RN – NHFMC infusion center

NC Great 100
- Debra Bryant, RN, RNC-OB, C-EFM – NHFMC labor and delivery (2013)
- Mitzie Trammel, MS, BSN, RN, CCRN – NHFMC ICU (2013)
- Susan Hill, MSN, RN, NP – NHKMC emergency services (2014)
Kristen Foley, BSN, RN, OCN

Curtis Jenkins, RN

Patsy Michalak, RN, CMSRN – NHFMC pulmonary
Teresa Phibbs, RN, CMSRN – NHFMC emergency services
Kerri Reid, MSN, RN, CMSRN – NHFMC experienced care unit
Robin Robertson, RN, IBCLC – NHFMC neonatology
Stephanie Starling, MHA, BSN, RN, NE-BC, RN-BC – NHFMC nursing administration
Jennifer Turrentine, BSN, RN – NHFMC behavioral health
Andrea Underwood, MSN, FNP-C – NHFMC emergency services
Carol White, RN, CMSRN – NHFMC nursing administration
Heather White, RN, CCRN, RN-BC – NHFMC CICU
Venus Ybanez, MSN, RN, CNRN – NHFMC orthopedics

Greater Winston-Salem market remarkable 45 – 2014
Samara Alikakos, BSN, RN, CMSRN – NHFMC renal
Lisa Allen, BSN, RN, CMSRN – NHFMC gastroenterology
Katherine Amen, BSN, RN, RNC-NIC – NHFMC nursing practice, education and research
Robin Austin, BSN, RN, CMSRN, CPAN – NHKMC nursing administration
David Beasley, MHA, BSN, RN, CCRN – NHFMC ICU
Lauren Betson, BSN, RN, CMSRN – NHFMC pulmonary

Jenna Campbell, MSN, RN, OCN – NHFMC nursing practice, education and research
Bobbi Clark, RN – NHFMC community wellness and education
Donnette Cobb, BSN, RN, CCRN – NHCMC operating room
Katie Cochran, BSN, RN – NHFMC cardiothoracic surgery
Joanne Crowley, MA, BSN, RN, NE-BC, ONC – NHKMC administration
Amanda Doub, MSN, RN, CMSRN – NHFMC nursing practice, education and research
Kelly Fincher, RN – NHKMC emergency services
Kristen Foley, BSN, RN, OCN – NHFMC oncology
Bridgette Freeman, RN – NHFMC orthopedics
Jennifer Hawes, RN, CHPN – NHFMC acute palliative care
Wendy Hicks, MSN, RN – NHKMC medical surgical
Susan Hill, MSN, RN, NP – NHKMC emergency services
Lisa Horton, RN – NHFMC general surgery
Curtis Jenkins, RN – cardiothoracic surgery
Sole Johnson, MSN, RN, CEN – NHFMC nursing practice, education and research
Nina Nakhle, RN – FMC neuroscience
Rebekah Phillips, BSN, RN – NHFMC EP lab
John Rincic, MHA, RN, CCRN – NHFMC CICU
Catrina Simmons, BSN, RN, CPN – NHFMC women’s specialty care
Tracey Whitley, MSN, RN, RNC-OB, C-EFM – NHFMC nursing practice, education and research
2013 career ladder – level III

- Ashley Adams, BSN, RN, CCRN – NHFMC ICU
- Samara Alikakos, BSN, RN, CMSRN – NHFMC renal
- Anne Ambs, BSN, RN – NHFMC ICU
- Cindy Amos, BSN, RN – NHMPH outpatient surgery
- Adrian Bailey, BSN, RN, CMSRN – NHFMC pulmonary
- Susan Bennett, BSN, RN – NHFMC recovery room
- Lauren Betson, BSN, RN, CMSRN – NHFMC pulmonary
- Linda Black, BSN, RN – NHFMC ED
- Christina Branscome, BSN, RN – NHMPH PACU
- Angela Briles, BSN, RN – NHFMC endoscopy
- Jill Brown, BSN, RN, RNC-OB – NHFMC high-risk maternity care
- Katie Callahan BSN, RN – NHMPH outpatient surgery
- Katie Cochran, BSN, RN – NHFMC CTSU
- Susan Collins, RN, RN-BC – NHFMC 6th north telemetry
- Kevin Colston, LPN – clinical research
- Kristie Comer, BSN, RN – NHFMC NICU
- Julie Cooke, RN, RN-BC – NHFMC pulmonary
- Sharon Cox, BSN, RN, CCRN – NHFMC ICU
- Enrique Dela Cruz, BSN, RN, RN-BC – NHFMC 6th north telemetry
- Kristen Dishen, RN, BSN – NHFMC labor and delivery
- Lori Dixon, BSN, RN, CCRN – NHFMC CVSU
- Dawn Rachelle Duffey, RN, RNC-OB – NHFMC labor and delivery
- Kelly Duffey, BSN, RN – NHFMC NICU
- Matilde Duke, BSN, RN – NHFMC rehab
- Amy Dwiggins, BSN, RN, RN C-OB – NHFMC labor and delivery
- Kezia Egnatz, BSN, RN – central scheduling and staffing office (CSSO)
- Fang Fang, BSN, RN – NHFMC renal dialysis
- Lyndsi Flynn, BSN, RN – NHFMC mother baby
- Karen Fox, BSN, RN, LCCE – NHFMC surgical admission center
- Mary Catherine Frantz, BSN, RN – NHFMC patient placement
- Amy Fulp, BSN, RN – NHMPH PACU
- Ruby Gaither, BSN, RN – NHHFMC 6th north telemetry
- Gillian Gatewood, BS, RN – NHFMC rehab
- Roxanna Goughnour, RN, RNC-OB, C-EFM – NHFMC high-risk maternity care
- Rita Grefiel, RN, BSN, CNOR – NHFMC operating room
- Paula Grisham, RN – NHFMC Hawthorne outpatient surgery
- Missy Halliday, BSN, RN – NHFMC labor and delivery
- Phyllis Handy, LPN – NHFMC ED
- Lindsey Henkel, RN, RNC-MNN – NHFMC mother baby
- Donna Higgins, BSN, RN – NHFMC Hawthorne outpatient surgery
- Diane Hill, BSN, RN, RN-BC – NHFMC 6th diabetic
- Amanda Hinson, RN – NHFMC mother baby
- Jennifer Hudson, BSN, RN – NHFMC NICU
- Elizabeth Hughes, RN – NHFMC CTSU
- Amy Inman, RN, CMSRN – NHFMC gastroenterology
- Rhonda James, RN, RNC-MNN – NHFMC mother baby
- Ellen Johnson, RN, CCRN, RN-BC – NHFMC CICU
- Jessica Johnson, BSN, RN – NHFMC ED
• Kimberly Johnson, BSN, RN – NHFMC rehab
• Nicole Kale, RN, CCRN – NHFMC ICU
• Crystal Kennedy, RN, CMSRN – NHFMC pulmonary
• Sharon Kiser, BSN, RN – NHFMC general surgery
• Iris Lendingham, RN, OCN – NHFMC radiation oncology
• Edgar Lim, BSN, RN – NHFMC CICU
• Gerri Lineberry, RN, CMSRN – NHFMC PERK unit
• Dean Ludwig, RN, CNOR – NHFMC open heart surgery
• Jennifer Mathay, BSN, RN, RNC-OC – NHFMC labor and delivery
• Kellie McGowan, BSN, RN, CCRN – CSSO
• Sheri McVay, BSN, RN – NHMPH PACU
• Beverly Middlebrooks, RN, GCRN – Forsyth orthopedic outpatient surgery
• Kerry Middleton, BSN, RN – NHFMC CTSU
• Myra Mock, BSN, RN – NHFMC PACU
• Tess Monterroyo, BSN, RN – NHFMC gastroenterology
• Tamiko Moore, BSN, RN – CSSO
• Monica Moorefield, BSN, RN – NHFMC general surgery
• Junine Morrison, BSN, RN – NHFMC ICU
• Elizabeth Otto, RN, RNC-NIC – NHFMC mother baby
• Elizabeth Patterson, RN, BSN – NHFMC ob-gyn recovery
• Rebecca Pendry, RN, BSN – NHFMC women’s specialty care
• Judy Petticord, LPN, NHFMC – endoscopy
• Rose Poulose, RN, CMSRN – NHFMC 6 west diabetic
• Brandi Presnell, BSN, RN – NHFMC CICU
• Linda Queen, BSN, RN – NHFMC adult behavior health
• Lourdes Racelis, BSN, RN – NHFMC infusion center
• Lindsey Roberts, BSN, RN – NHFMC labor and delivery
• Aquilla Rousseau, BSN, RN, CMSRN – NHFMC vascular access therapy team
• Laila Samson, BSN, RN – NHFMC renal
• JD Sheppard, BSN, RN – NHFMC PACU
• Cassandra Sink, BSN, ED – NHFMC endoscopy
• Natalie Snow, RN, BSN – NHFMC NICU
• Felicia Snyder, BSN, RN – NHFMC general surgery
• Sarah Snyder, BSN, RN – NHFMC general surgery
• Jamie Strom, BSN, RN, CEN – NHFMC ED
• Marquita Tabron, BSN, RN, CCRN – NHFMC ICU
• Cynthia Thompson, BSN, RN, CMSRN – NHFMC gastroenterology
• Crystal Thorpe, BSN, RN, CMSRN – NHFMC PERK unit
• Ashley Timmons, BSN, RN – NHKMC ICU
• Kathy Trivette LPN – NHFMC endoscopy
• Karen Walker, BSN, RN, CCRN-CMC – NHFMC CICU
• Cassandra Welch, RN, CMSRN – NHMPH outpatient surgery
• Donna Welch, BSN, RN – NHFMC oncology
• Heather White, RN, RN-BC, CCRN – NHFMC CICU
• Meagan Widener, BSN, RN, RNC-MNN – NHFMC mother baby
• Stephanie Witt, BSN, RN – NHFMC CICU
2013 career ladder – level IV
• Emily Barnes, BSN, RN, RNC-NIC – NHFMC NICU
• Bonnie Brown, BSN, RN, CNN – NHFMC renal dialysis
• Rebecca Brown, BSN, RN – NHFMC Hawthorne outpatient surgery
• Joy Burgess, MHA, BSN, RN – NHFMC endoscopy
• Lori Corder, BSN, RN, CMSRN – NHMPH clinical nursing
• Mary Cortez-Gann, RN – NHFMC oncology
• Rebecca Cranfill, BSN, RN, RN-BC – NHFMC CVPP
• Angela Davis, BSN, RN, CMSRN – NHFMC vascular access therapy team
• Sophia Debrew, BSN, RN, CMSRN – NHFMC general surgery
• Nelda Everidge, BSN, RN – NHFMC Hawthorne outpatient surgery
• Sandra Feist, BSN, RN, RNC-NIC – NHFMC NICU
• Lauren Flogel, BSN, RN, RNC-MNN – NHFMC mother baby
• Kimberly Gilmore, BSN, RN – NHFMC oncology
• Emily Hensley, BSN, RN, CCRN – NHFMC CICU
• Tommy Hodgin, BSN, RN, CTRN – critical care transport
• Kimberly Howell, BSN, RN, RNC-NIC – NHFMC NICU
• Adrienne Jenkins, BSN, RN, RN-MNN – NHFMC ED
• Lisa Jones, RN, RNC-NIC – NHFMC NICU
• Deborah Lakey, BSN, RN, RNC-OB – NHFMC high-risk maternity care
• Elizabeth Larrick, BSN, RN – NHFMC mother baby
• Matoka Love-Maxey, MSN, MHA, RN, CCRN, RN-BC – NHFMC CVSU
• Glenda Martin, BSN, RN, CNN – NHFMC renal dialysis
• Tina Martin, BSN, RN, CEN – NHFMC ED
• Jennifer McBride, BSN, RN, CCRN – NHFMC ICU
• TJ McGee, RN, OCN – NHFMC oncology
• Edward Mueller, BSN, RN – NHFMC recovery room
• Elizabeth Nagel, RN, RNC-NIC – NHFMC NICU
• Cynthia Oldaker, RN, CRN – NHFMC radiology administration
• Elana Rosinger, BSN, RN, CMSRN – NHFMC general surgery
• Carolyn Rudisill, BSN, RN, CCRN – NHFMC CICU
• Rhonelle Sicat, BSN, RN, CEN – NHFMC emergency department
• Robbin Simmons, BSN, RN, CPAN – NHFMC PACU
• Deeann Smith, BSN, RN, CMSRN – NHFMC general surgery
• Anne Spillman, BSN, RN, CMSRN – NHFMC gastroenterology
• Deborah Stafford, BSN, RN, CMSRN – NHFMC women’s specialty care
• Shannon Tedder, BSN, RN, RNC-OB – NHFMC labor and delivery
• Mary Watkins, BSN, RN, RNC-OB – NHFMC labor and delivery
• Dana Whitaker, BSN, RN, CNRN – CSSO
• Leonard Williams, BSN, RN, CNN – NHFMC renal dialysis
• Susan Wood, BSN, RN, RN-BC – NHFMC CTSU
• Venus Ybanez, BSN, RN, CNRN – NHFMC neurology

2014 career ladder (January – July) – level III

• Mayra Asis, BSN, RN, RN-BC – CSSO
• Tracy Atkins, BSN, RN – NHFMC labor and delivery
• Anne Ambs, BSN, RN – NHFMC ICU
• Whitney Benfield, BSN, RN, CCRN – NHFMC ICU
• Ashley Boles, BSN, RN, CEN – NHFMC ED nursing resource team
• Lauren Boyd, BSN, RN, CCRN – NHFMC CICU
• Nancy Bryan, MSN, RN, RNC-OB, C-EFM – NHFMC labor and delivery
• Katie Callahan, BSN, RN – NHMPH outpatient
• Nancy Chilton, BSN, RN – NHFMC hemodialysis
• Alex Cockerham, LPN – NHFMC ED
• Kristie Comer, BSN, RN – NHFMC NICU
• Marsha Conklin, RN – NHFMC vascular access
• Linda Creed, LPN – NHFMC ED
• Karen Cumbo, BSN, RN – NHFMC Pediatrics
• Lea Davidson, BSN, RN – NHFMC CVSU
• Michelle Daye, RN – NHFMC ED
• Jamie Dellinger, BSN, RN, CCRN – NHFMC CICU
• Rachelle Duffey, RN, RNC-OB – NHFMC labor and delivery
• Amy Dwiggins, BSN, RNC-OB – NHFMC labor and delivery
• Laurie Edwards, RN – NHFMC ICU
• Sara Egnatz, BSN, RN – CSSO
• Tia Exline, BSN, RN, CCRN – NHFMC CICU
• Jennifer Hemric, BSN, RN, CCRN – NHFMC CVSU
• Jennifer Hudson Palmer, BSN, RN – NHFMC NICU
• Melissa Flinchum, BSN, RN, CCRN – NHFMC ICU
• Lindsi Flynn, BSN, RN – NHFMC mother baby
• Summer Goodman, BSN, RN – NHFMC ICCU
• Lisa Horton, RN – NHFMC general surgery
• Kimberly Johnson, BSN, RN – NHFMC rehab
• Crystal Kennedy, RN, CMSRN – NHFMC pulmonary
• Lauren Kiger, BSN, RN, CCRN – NHFMC ICU
• Carolyn Kravontka, RN – NHFMC ICU
• Penny Kuria, MSN, MHA, RN – NHFMC PERK unit
• Jessica Lundquist, RN, RN-BC – NHFMC pulmonary
• Jennifer Mathay, BSN, RN, RNC-OB – NHFMC labor and delivery
• Tammy McConnell, BSN, RN – NHMPH PACU
• Julia McKoy, BSN, RN – NHFMC mother baby
• Crystal Merritt, RN, CMSRN – NHFMC pulmonary
• Brittany Miles, BSN, RN, CEN – NHFMC ED
• Myra Mock, BSN, RN – NHFMC PACU
• Carolisa Palmer, RN, CMSRN – NHFMC general surgery
• Elizabeth Patterson, BSN, RN – NHFMC labor and delivery
• Rebecca Pendry, BSN, RN – NHFMC women’s specialty
• Judy Petticord, LPN – NHFMC endoscopy
• Rose Poulose, RN, CMSRN – NHFMC 6th diabetic
• Karen Reece, BSN, RN – NHFMC holding room
• John Rincic, MHA, RN, CCRN – NHFMC CICU

• Cristy Rizos, BSN, RN – NHFMC ED
• Kayla Shew, RN, RNC-NIC – NHFMC NICU
• Dena Shore, RN – NHFMC general surgery
• Emily Stone, BSN, RN, CCRN, CCRN-CMC – NHFMC ICU
• Crystal Thorpe, BSN, RN, CMSRN – NHFMC PERK
• Kathy Trivette, LPN – NHFMC endoscopy
• Oneicesa Washington, BSN, RN – NHFMC NICU
• Teresa White, RN, CMSRN – NHFMC general surgery
• Sariya Yan Theng, BSN, RN – NHFMC NICU

2014 career ladder (January – July) – level IV
• Lauren Betson, BSN, RN, CMSRN – NHFMC pulmonary
• Julieanne Chapman, BSN, RN, CNOR – NHFMC open heart surgery
• Sherry Coggin, BSN, RN, OCN – NHFMC oncology
• Angela Davis, BSN, RN, CMSRN – NHFMC vascular access
• Sophia Debrew, BSN, RN, CMSRN – NHFMC general surgery
• Rita Grefiel, BSN, RN – NHFMC operating room
• Jennifer McBride, BSN, RN, CCRN – NHFMC ICU
• Sheri McVay, MSN, RN, CPAN – NHMPH PACU
• Cynthia Oldaker, RN, CRN – NHFMC radiology administration
• Elana Rosinger, BSN, RN, CMSRN – NHFMC general surgery
• Deeann Smith, BSN, RN, CMSRN – NHFMC general surgery
• Debbie Stafford, BSN, RN, CMSRN – NHFMC women’s specialty
• Karen Walker, BSN, RN, CCRN – NHCMC, CSC – NHFMC CICU
• Dana Whitaker, BSN, RN, CNRN – CSSO
• Leonard Williams, BSN, RN, CNN – NHFMC renal dialysis

Circle of excellence – 2013 winners
• Tonja Artz, BSN, RN, CEN – NHCMC emergency room
• Sharon Clayton, RN – NHFMC cardiac non-invasive
• Tamiko Cowan, CNAI – NHFMC behavioral health
• Christina Dehart, BSN, RN, CMSRN – NHFMC pulmonary
• Gerald Green, BSN, RN – NHFMC orthopedic outpatient surgery
• Sheila Koone, MSN, RNC – NHFMC women’s center
• Sue Lippow, RDCS, RT(R) – NHFMC cardiac non-invasive
• Matoka Love-Maxey, MSN, MHA, RN, CCRN, RN-BC – NHFMC CVSU
• Samantha Powell, CNAI – NHFMC ICU
• Jennifer Ruiz – NHFMC nursing practice, education and research
• Heather Small, RN – NHFMC emergency room
• Jodi Spargo, CNAI – central staffing office
• Shanda Spears, BSN, RN – NHFMC ICU
• Jennifer Steele, BSN, RN – NHFMC express admission unit
• Chasity Wagoner, BSN, RN – NHFMC pulmonary
• Crystal Webster, RN – NHFMC ICU

Circle of excellence – 2014 winners
• Teressa Adams, BSN, RN, CDE – NHFMC population health
• Sonya Baskin, CNAI – NHFMC pulmonary
• Leslie Berry, CNAII – NHFMC neuroscience
• Christina Burton, RN – NHFMC NICU
• Deby Carter, RN – NHFMC Hawthorne outpatient surgery
• Tia Exline, BSN, RN, CCRN – NHFMC CICU
• Bridgett Fairclough, RN – NHFMC labor and delivery
• Kerry Flippin, RN – NHMPH nursing
• Toni Guess, MUS – NHMPH nursing
• Cherie Hardy, DrPH, BSN, RN, NE-BC – NHFMC 6th diabetic
• Martha Harrelson, BSN, RN, RNC-NIC – NHFMC NICU
• Shirley Haywood, MSN, RN – NHFMC renal
• Linda Lane, CNAII – NHFMC oncology
• Melany Madigan, RN – NHFMC dialysis
• Maria Notine, RN – NKMC ED
• Ann Ray, MHA, BSN, RN, NE-BC – NHFMC CVSU/CTSU
• Mildred Ray, BSN, RN – NHMPH nursing
• Marquita Tabron, BSN, RN, CCRN – NHFMC ICU

Nursing research awards
• 2013 Best PI Project: “Maximizing plasma pheresis outcomes,” Jessica Brinkley, MSN, RN – NHFMC renal dialysis
• 2013 Best Research Project: “Blood transfusion monitoring: what does the evidence say?” Joanna Cortez-Gann, RN; Kristen Foley, BSN, RN, OCN; Kimberly DiCarlo Gilmore, BSN, RN; and Tammy McGee, RN, OCN – NHFMC oncology

Professional practice model nurse of the quarter award
• First quarter 2013: Laurie Ann Moles, RN – NHFMC CICU
• Second quarter 2013: Cecily Mason, BSN, RN – NHFMC gastroenterology
• Fourth quarter 2013: Kristen McGuire, BSN, RN, CMSRN – NHFMC gastroenterology
• First quarter 2014: Sara Egnatz, BSN, RN – CSSO
• Second quarter 2014: Tonya Crump, MSN, RN, CCRN – NHFMC ICU
Exemplary professional practice

Exemplary professional practice is demonstrated by effective and efficient care services, interprofessional collaboration and high-quality patient outcomes. Nurses partner with patients, families, support systems and interprofessional teams to positively impact patient care and outcomes.
Medical Park Hospital awards

Medical Park Hospital perennially ranks at the top of state and national standards for surgical and patient satisfaction. For surgical care, NHMPH achieved the designation of High Reliable from The North Carolina Center for Hospital Quality and Patient Safety for three years in a row. The criterion to achieve this designation requires a score at or above 90 percent for optimal care for four six-month time periods. NHMPH scored 98 percent for optimal care in the surgical care category.

NHMPH is also known for achieving high patient satisfaction scores when it comes to Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). NHMPH scores trended up in 2013 and achieved 99th percentile status on hospital rating. NHMPH is recognized as “best” nationally.

**HCAHPS: Rate hospital**

![Graph showing HCAHPS ratings from 2012 to 2013](image)

- **Positive**
- **Novant Health Medical Park Hospital IP**
- **Total (88.3)**
- **NRC 90th Percentile (81.5)**
- * Warning: n-size is under 30

**HCAHPS: Would recommend hospital to family**

![Graph showing HCAHPS ratings from 2012 to 2013](image)

- **Positive**
- **Novant Health Medical Park Hospital IP**
- **Total (92.0)**
- **NRC 90th Percentile (84.9)**
- * Warning: n-size is under 30
A professional practice model is the overarching conceptual framework for nurses, nursing care and interprofessional patient care. It is a schematic description that depicts how nurses practice, collaborate, communicate and develop professionally to provide the highest-quality care for those served by the organization.

Our nursing professional practice model was designed and developed by the NHFMC/NHKMC/NHMPH professional practice and development council in 2011 and was adopted by the entire Novant Health nursing division in 2012.

Nursing’s professional practice model places the patient and family at the center of nursing practice, reflecting the ongoing commitment to providing remarkable nursing care. Gentle and caring nursing hands support the patient and family, representing the relationship-based care provided to them. Duffy’s Quality-Caring Model is the nursing theory that provides the foundation for all nursing practice.

The shared governance councils – safety and quality, research, nursing leadership, professional practice and development, partners and coordinating councils – surround this core and provide the structure, collaboration, development and communication for nursing practice. The outermost circle represents the organizational support for nursing and the alignment of nursing practice with the corporate values of compassion, teamwork, personal excellence and diversity, and the vision of a remarkable patient experience in every dimension, every time.

Nursing is also aligned with Novant Health’s six vision elements that support the remarkable patient experience: safety, quality, authentic personalized relationships, voice and choice, easy for me and affordability. These elements, represented by the six diamonds in the outermost circle, guide our nursing practice now and in the future.

During our Magnet site visit in December 2013, the Magnet appraisers noted “it was evident that the professional practice model is fully enculturated and drives professional nursing practice.”

Care model innovations

Novant Health has been focusing on transforming nursing care and care delivery models since 2010 with the launch of transforming care at the bedside (TCAB) and the creation of bundle one initiatives.

NHFMC, NHKMC and NHMPH were recognized by the Magnet appraisers for the exemplary TCAB work that has occurred. One of the areas that the appraisers highlighted was the success that has transpired following the implementation of team nursing on a majority of the nursing units. “Significant work has occurred in the organization for nursing to be the coordinator of care for patients,” commented the Magnet appraisal team. “By creating teams led by the registered nurse, he or she is able to spend more time performing those tasks that must be performed by a registered nurse and then can delegate non-registered nurse tasks to other team members. Certified nursing assistants were taught additional skills so that the RN can delegate specific tasks to them.”

Several care model innovations have occurred in the women’s center. The mother baby unit developed structures that keep the couplet together with the same nursing team from delivery to discharge. This transformation required significant resource changes, which included combining nursing staffs from individual
areas into a single team, assuring competencies and working with the pediatricians to complete newborn assessments in the patient rooms.

The women’s center nurses were also recognized as the coordinators of patient care. The Magnet appraisers reported, “During the meeting with the physicians, there was evidence of nurses (and nurse practitioners) being the coordinators of care, particularly in women’s specialty care and neonatology. In these areas, the nurse was the catalyst for coordination of patient care. The nurses assume responsibility for coordinating care from admission to discharge. They also establish the plan of care and lead the discussion during rounds.”

Other areas where the Magnet appraisers recognized exemplary work were in the emergency department (ED) and behavioral health. It was determined that one of the greatest barriers in the ED was the holding of behavioral health ED patients. The goal was to decrease length of stay (LOS) for behavioral health ED patients and thereby improve the overall throughput at NHFMC.

The behavioral health strategic workflow analysis team delivered a multifaceted approach to decreasing the average LOS of behavioral health ED patients. The following process improvement initiatives were implemented:

- The opening of 10 behavioral health holding beds in the emergency observation area.
- A strong nurse manager for the inpatient behavioral health unit was identified and placed, Jennifer Rosecrans, BSN, RN.
- A leadership team was implemented in the behavioral health department.
- An advanced practitioner specializing in psychiatric care was added to the ED.
- The inpatient scope of care guiding the inpatient behavioral health unit was reviewed and revised. During the Magnet site visit, Jennifer Rosecrans excitedly described the transformation of the behavioral health unit. The scope of care has evolved to include, “nursing procedures, such as IV therapy and treatments. This enables patients with mental health concerns to receive care for their medical needs as well as their psychotherapeutic interventions on the unit.”
- A minor up-fit and remodeling was done on the inpatient behavioral health units to optimize inpatient capacity.
- Tele-psychiatry for the ED was implemented.
- A behavior assessment team was created. This team is notified when behavioral health patients requiring medical clearance have obtained that clearance and can move to the inpatient psychiatric unit.
- Inpatient behavioral health units’ reporting structures were realigned under the chief nursing officer. Realignment of behavioral health services within the division of nursing has led to sustained patient flow outcomes and strengthened the partnership between behavioral health and inpatient nursing.

Using critical care protocols to standardize evidence-based practice

The management of patients in the intensive care unit is complex. Many times, decisions regarding the best option for the management need to be made in a short period of time. As a result, two patients with similar diseases and similar symptoms may receive two different therapies.

Using multiple treatment approaches can create a host of issues, including increased decision-making time, unpredictable outcomes and care teams not operating to the full extent of their training. To reduce these variances and improve operational efficiencies, Novant Health launched a system-wide transformation of critical care services.

During the last two years, a multidisciplinary team of critical care providers identified 22 treatment protocols that could be effectively streamlined with standardized care protocols and order sets.
"The critical care council has endorsed a care delivery model that has proven reliable and predictable," explains Cheryl Crutchfield, BSN, MHA, RN, director of critical care program development for Novant Health. "By standardizing the way we deliver critical care treatment across all of our hospitals, we can ensure patients receive the highest standard of care, regardless of where they enter our system. We'll be able to reduce patients' length of stay, ventilator usage, sedation time and even mortality rates."

But the benefits of this new operational philosophy extend beyond patients. Critical care team members will also experience better co-management of patients among all disciplines within the intensive care unit, clearly defined treatment plans for the most common critical care problems and the opportunity to practice at the top of their license.

Critical care team members are instrumental in the implementation of these standardized protocols. "This has been and continues to be an extraordinarily challenging endeavor," explains Sandy Hunter, MS, BSN, RN, CCRN, NE-BC, director of critical care for NHFMC. "We have educated 300 nurses and physicians on this process and I could not have asked for a stronger, more dedicated team to not only meet, but exceed expectations."

There is a three-phase implementation scheduled for each hospital. Each facility has the autonomy to select which bundle of protocols will fit with its patient population and during which phase each should be implemented. NHFMC and NHKMC implemented the protocols in the summer of 2014.

**Clostridium difficile eradication**

The achievement of exemplary practice is grounded in a culture of safety, quality monitoring and quality improvement.

Clostridium difficile (C-diff) is a gram-positive spore forming bacterium, isolated in 1935 and first described as a cause of diarrhea in 1978 in a patient with pseudomembranous colitis. Clostridium difficile infection (CDI) is now among the most common causes of hospital-acquired infection along with MRSA and vancomycin-resistant enterococci (VRE). Recently, a new hyper-virulent strain has been described that is thought to be a contributing factor to this increase.

After identifying an increase in C-diff cases with clustering on two medical units, an interprofessional team was formed to address the issue. The team included representatives from nursing, physician staff, clinical improvement, infection prevention, pharmacy, environmental services, food and nutrition and supply chain. The goal was to decrease the incidence of hospital-acquired C-diff on these two medical units.
After completing a thorough assessment of the units and the current processes, the team developed and implemented multiple action steps. These action steps included:

- Dedicating an ultraviolet machine to the two medical units.
- Educating EVS employees, UCICs and shared governance councils.
- Cleaning high-touch areas, such as door knobs, sinks, over bed tables, faucets and counter tops, once per shift in all C-diff rooms.
- Using new signage.
- Placing orange top wipes in the isolation caddies.
- Moving C-diff patients to rooms that include sinks.
- Placing blue isolation caddies on all units. Blue caddies are to be used for C-diff isolation rooms exclusively.
- Developing New Ask Me 3 patient education document.
- Distributing hand towelettes on all patient trays.
- Tracking number of days without infection.
- Restructuring environment services leadership according to zones.
- Soap and water washing every third room when rounding.

As a result of these interventions, there was a significant decrease in the number of hospital-acquired C-diff infections on the two medical units.

The team made several best-practice recommendations that can be used throughout Novant Health to decrease hospital acquired C-diff infections.

1. Propagate use of blue caddies throughout the organization.
2. Units with portable sinks are advised to relocate patients to rooms with permanent sinks when possible.
3. Continue to monitor best practices for testing and diagnosing of hospital acquired C-diff.
4. Escalation of new pneumonia order set with revised antibiotic orders to optimize antibiotic stewardship.
5. Adoption of Bristol stool scale for objective assessment and reporting of stool character.
6. Investigate the possibility of covering soap dispensers with same or similar shade of blue as caddies so that visual connection might be made.
7. Monitor infection data for trends/outliers and recruit identified areas for participation in focused efforts.

C-diff rate on two medical units
Research and evidence-based practice remain a strong foundation of nursing services at Novant Health. Through the critical exploration of our daily work, we reject tradition and nurse-centric routines in favor of scientific evidence supporting new practices. In this way, we move from a technical discipline accustomed to working within established limits to a professional discipline accountable for improved patient outcomes.

Congratulations to all nurses that implement best practices at the bedside – you affect the outcomes of hundreds of patients every year! Congratulations to all nurses that share their projects at a state or national level – you affect the outcomes of untold patients throughout the country and beyond! Your work has resulted in 20 national presentations in the past 18 months, including nine posters and 11 podium presentations. Novant Health nurses are gaining a reputation for excellence well beyond the halls of our hospitals, because we are encouraged and expected to improve practice through the scientific process. We refer to this work as evidence-based practice; our patients know it as the remarkable patient experience.

Celebrating nursing’s accomplishments,

Daria Kring, PhD, RN, NE-BC
Director, nursing practice, education and research
Research projects of note

Research by Novant Health nurses in recent years has covered a wide variety of subjects that focus on patient themes. Here are some examples.

Blood transfusion monitoring: What does the evidence say?
Joanna Cortez-Gann, RN; Kimberly Gilmore, BSN, RN; Kristen Foley, BSN, RN, OCN; TJ McGee, RN, OCN; and Brooke Kennedy, MSN, NP, OCN

The purpose of this research was to examine vital sign timing and frequency during blood administration to determine when changes in vital signs are seen during reactions. Through retrospective chart reviews of every blood transfusion reaction occurring at NHFMC from 2006 to 2010 (n = 127), data was collected to understand the correlation of vital signs to signs and symptoms. The average time to blood transfusion reaction was 92 minutes. Data suggests that vital sign monitoring is necessary at baseline, at 15 minutes from start time, one hour from start time, at completion and at one hour after completion. Age is a factor (> 60 years old). Fever is most sensitive throughout the transfusion. Pulse is most sensitive at reaction point. Males tend to have severe reactions. Because of this project, we are committed to our current blood transfusion policy vital sign parameters.

Interventions to improve peripherally inserted central catheters with the use of sapiens tip confirmation technology
Marsha Conklin, RN

The purpose of this evidence-based practice project was to implement BARD’s sapiens technology to confirm tip placement when inserting peripherally inserted central catheter (PICC) lines. This technology would eliminate the need for a chest X-ray following PICC placement. Equipment was purchased, education conducted and competencies validated. Patients can now begin using their PICC line immediately, decreasing delays in care. Patients do not have to undergo an X-ray to confirm placement, thus saving the hospital $152,670 in a six-month timeframe.

Decreasing catheter-associated bloodstream infections in the neonatal intensive care unit

Catheter associated blood stream infections (CABSI) are preventable complications of central lines. In the neonatal population, these nosocomial infections significantly contribute to increase morbidity and mortality. A multidisciplinary neonatal intensive care unit (NICU) team developed a quality improvement project to reduce CABSIs in the NICU by 50 percent using National Healthcare Safety Network criteria with a long-term goal of zero percent through the implementation of a central line maintenance bundle and increased staff compliance with central line protocols. A neonatal nurse practitioner used the Fade Model to implement this project through a multidisciplinary team, participation in the state collaborative of the National Catheter Associated Blood Stream Infection Reduction Project, an evidence-based central line bundle, a focus group with nurses to identify thoughts and perceptions related to CABSI reduction and unit protocol, and a revised protocol with education for the NICU staff. The NICU CABSI per 1,000 catheters decreased from 5.69 in 2011 to 0.99 in 2012 to 0.48 in 2013. We have demonstrated significantly decreased catheter associated blood stream infections. This reduction has been sustained through enculturation of the central line maintenance bundle, continuous extensive staff education, and staff compliance with central line protocols.

Number of CABSI
Professional presentations

Novant Health nurses are at the forefront of investigating and developing evidence-based practices that improve clinical quality and patient outcomes. In the last 18 months, nurses at NHCMC, NHFMC, NHKMC, and NHMPH disseminated more than two dozen projects at state and national levels.


Kathy Bowman, BS, RN; and Julie Pope, RN, BSN (2013, poster presentation). “Connecting with gastrointestinal patients and families.” Fourth Annual Meeting of the Academy of Oncology Nurse Navigators, Memphis, TN


Gladys Campbell, MSN, RN, CNRN (2013, podium presentation). “Use of EEG in affecting neurological outcome post arrest.” American Association of Neuroscience Nurses 45th Annual Educational Meeting, Charlotte, NC

Gladys Campbell, MSN, RN, CNRN; and Jason Jenkins, MSN, RN (2013, podium presentation). “Depression screening: The importance in the stroke patient.” American Association of Neuroscience Nurses 45th Annual Educational Meeting, Charlotte, NC

Cherie Hardy, DrPH, BSN, RN, NE-BC (2013, poster presentation). “Collaborating for improved outcomes: Coordinating point of care testing, meal delivery and insulin administration.” NCONL Annual Research Symposium, Winston-Salem, NC

Julie Cooke, RN, RN-BC; and Dale Callicutt, MSN, RN, RN-BC, CCRN (2013, poster presentation). “COPD and readmission: What needs to be done?” North Carolina Organization of Nursing Leaders Annual Research Symposium, Winston-Salem, NC

Julie Cooke, RN, RN-BC; Dale Callicutt, MSN, RN, CCRN, RN-BC; and Jessica Lundquist, RN (2014, poster presentation). “Improving COPD readmission rates.” American Association of Critical-Care Nurses’ National Teaching Institute (NTI) and Critical Care Exposition, Denver, CO


Maggie Fogg, BSN, RN, CRRN (2013, podium presentation). “Is it really team conference without the most important members of the team?” American Medical Providers Association’s 11th Annual Conference and Expo, Fernandina Beach, FL


Sharon Gentry, RN, MSN, AOCN, CBNC; Laurie Mathis, RN, OCN, CBCN; and Jamie Calcutt-Flaherty, RN, CBEC (2014, poster presentation). “Supporting evidence-based practice in nurse navigation.” Fifth Annual Academy of Oncology Nurse and Patient Navigators conference, Orlando, FL

Cherie Hardy, DrPH, BSN, RN, NE-BC (2013, poster presentation). “Collaborating for improved outcomes: Coordinating point of care testing, meal delivery and insulin administration.” NCONL Annual Research Symposium, Winston-Salem, NC

Amy Jones, RN, BSN, CRRN; and Gladys Campbell, MSN, RN, CNRN (2014, poster presentation). “Effectiveness of National Institutes of Health stroke scale training.” International Stroke Conference 2014, San Diego, CA

Daria Kring, PhD, RN, NE-BC (2014, podium presentation). “More than a cornerstone: Building a strong nursing research foundation.” ANCC National Magnet Conference, Dallas, TX


Laurie Mathis, RN, OCN (2013, podium presentation). “Role of the navigator and tumor conferences.” Fourth Annual Meeting of the Academy of Oncology Nurse Navigators, Memphis, TN


Kelly Miles, BSN, RN, CRRN; and Sheila Swortzel, RN (2013, podium presentation). “Knowledge is power.” Association of Rehabilitation Nurses’ Annual Education Conference, Charlotte, NC

Josh Nitsche, MD; and Dana Morris, BSN, RN, RNC-OB, C-EFM (2014, poster presentation). “The impact of vaginal delivery simulation on medical student education.” 2014 Annual Clinical Meeting of the American College of Obstetricians and Gynecologists, Chicago, IL

Karen Norman, MSN, RN, CCRN, RN-BC; and Heather Norman, MHA, BSN, RN (2014, podium presentation). “Recognizing and honoring donation.” WakeMed’s Organ Donation Conference, Raleigh, NC

Nancy Pearson, MSN, RN, NE-BC (2013, poster presentation). “Nursing peer review: A non-punitive approach to professional accountability.” 106th North Carolina Nurses’ Association Annual Convention, Greensboro, NC

Carrie Rogers, MSN, RN, CMSRN (2014, poster presentation). “Tailored from the start: The orientation pathway.” ANCC National Magnet Conference, Dallas, TX

Carrie Rogers, MSN, RN, CMSRN; and Elizabeth Rebo (2013, poster presentation). “Medication reconciliation: In the right hands.” 22nd Annual Academy of Medical-Surgical Nurses (AMSN) Convention, Nashville, TN

Stephanie Starling, MHA, BSN, RN, NE-BC, RN-BC; and Linda Hogan, MSN, RN (2014, podium presentation). “Cath lab outcomes at Novant Health Forsyth Medical Center.” Fourth Annual VHA Pacific NW Variability Conference: Accelerate Models for Affordable Care, Seattle, WA


Chasity Wagoner, BSN, RN; Dale Callicutt, MSN, RN, RN-BC, CCRN; and Christina DeHart, BSN, RN, CMSRN (2013, poster presentation). “Team nursing: Does it work?” Sigma Theta Tau International’s Healthy Workplace Conference, Indianapolis, IN

Moving forward

To continue to grow, we must continue to change. That’s why our journey to remarkable nursing doesn’t end in 2014. We are continuing to move forward with our journey.

There will undoubtedly be new challenges to face along the way, new barriers to remove and new ideas to create and adopt. And we are ready to take them on. We’ll learn to work even more effectively and efficiently across the healthcare continuum. As a result we will continue to build and strengthen the professional practice of nursing.

We are planning our fourth Magnet designation for 2018, which will include Clemmons Medical Center. Each Magnet designation gets more exciting as we exceed our previous performance. We will continue to demonstrate excellent patient, community and nursing outcomes. We will show that we deserve continued recognition, and that we belong in this elite group of hospitals.

All the while, we will make sure we accomplish what we’ve set out to do: Deliver the most remarkable patient experience, in every dimension, every time.