

NURSING BEAT

THE PULSE OF NURSING AT MOSES CONE HEALTH SYSTEM

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We serve our communities by preventing illness, restoring health and providing comfort, through exceptional people delivering exceptional care.



MOSES CONE

HEALTH SYSTEM

Caring for Ourselves: *Plantar Fasciitis*, A Common Nursing Complaint

By Sheryl Hairston, Secretary, Department 5000



After joining a gym and losing 65 pounds, I began having excruciating pain in both my feet. My workouts began to fade because of the pain and I was diagnosed with plantar fasciitis.

Plantar fasciitis is an inflammation of the fibrous band of connective tissue that runs from the heel bone to the ball of the foot, supporting the arch.

When the plantar fascia is strained, the ligament stretches beyond its normal extension, causing the soft tissue of the fascia to tear and become inflamed. The result is pain. Repeated stress on this ligament can interfere with daily activities. Symptoms begin as dull pain, progressing to sharp, piercing pain throughout the heel and foot. The pain usually starts in the morning during those first few steps after getting out of bed. It may gradually disappear with walking. There is also noticeable heel pain after long periods of standing or walking. Tight Achilles tendons and calf muscles are risk factors.

Plantar fasciitis is the most common cause of localized heel and foot pain. Each year more than 2.5 million new cases are reported. Many health care workers experience plantar fasciitis—not because our work causes it, but because being on our feet and walking on hard floors can exacerbate the condition.

What can health care workers do to pre-

vent this painful condition?

- Wear properly fitted shoes. These may cost a bit more initially but are worth the investment in the long run.
- Use orthotics if you have flat feet or a high arch.
- Maintain a healthy weight. This lessens the burden on your feet.
- Reduce the amount of sugar and carbohydrates in your diet.
- Avoid weight-bearing exercises such as walking and running on hard surfaces. Try water aerobics!

And what can you do if you find yourself in my shoes? Here are some things that may help heal plantar fasciitis:

- Talk to a physical therapist to learn about exercises and stretches that will help strengthen the muscles around your heel and ankles and to stretch the fascia and Achilles tendon.
- Orthotics can help relieve your pain and give your heels extra padding. You can also consider using a night splint while sleeping. Night splints will help stretch the fascia and Achilles tendon and may help reduce morning pain.
- Rest as frequently as you can. Being on your feet all day is not conducive to healing plantar fasciitis. Stretching throughout the day can also help.

For more immediate pain relief, apply an ice pack to the area for about 20 minutes at a time, several times per day. Do not use ice longer than this, as you may damage your skin and other tissues.

Message from Debbie Grant: *Nursing Flame*



2010 was the International Year of the Nurse, a tribute to the nursing flame ignited by Florence Nightingale (1820 to 1910). Her basic nursing principles advocated for proper hygiene such as hand washing, individually caring for each patient, and improved education for all nurses.

As we begin 2011, these same principles are still paramount. As nurses we must always focus on each patient's (family) care and safety.

For 2011, we have a new strategic plan that is centered on the patient. Every activity we are involved in should always support our central target--our patients. Our goals this year focus on patient safety, preventing infections and injuries, and improving patient quality outcomes. We will continue to implement Relationship Based Care, focusing on individual patient care and the balance among our patients, our team and our selves.

With my rounds, I continue to ask about exceptional patient stories--the stories that make us remember why we chose health-care, stories that inspire us, remind us to center on our patients and ignite the nursing flame. Here is one example:

As a patient returned from surgery to Department 6700, at The Moses H. Cone Memorial Hospital, his physician gave him the sad news that his wife had passed away during his procedure. She had been in the waiting room, waiting for his return. In this devastating moment, the staff in Department 6700 arranged to have his wife's body brought to an empty room. They readied her and then, per his request and with the physician's OK, pushed the man's bed next to his wife's. He held her hand for quite a while with family and staff present, two beds side by side.

This is only one example of the incredible care you provide, the teamwork you exhibit, and the entire family and community you involve. The nursing flame is still burning strong.

As we move into this new year, I am excited about our opportunities and will end with one of my favorite quotes from Margaret Mead:

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

As a committed group of nurses and health care workers, we have the opportunity to change the world every day, one patient at a time.

Debbie Grant, RN, MSN,
Acting Chief Nursing Officer & Vice President, Nursing and Patient Care Services

**Transformational
Leadership**





Nurses Are “World Changers”

By Terry Akin, Chief Operating Officer, Moses Cone Health System

“So, why did you decide to become a nurse?” That is one of my favorite questions to ask members of our nursing team. Invariably, the answers lead down a path that moves and inspires. Often, there are heartfelt tears involved as folks really return to the essence of why they decided to work in this amazing field. I had the opportunity to ask this question of our nurse leaders during a recent meeting of the Nursing Leadership Council.

At the very moment I asked the question, I could feel a sense of emotion and passion come over the room. I remember the immediate look on the face of one of our nursing leaders—the tears in her eyes answered the question better than any words could have. She then began to briefly recount her life’s journey and where she had come from, against some tough odds, to seize the opportunity to develop herself professionally and to do work that makes a difference in the lives of others. I intend to spend some time with her hearing more of her story in the very near future. Others in the room shared stories about how they or a loved one had been cared

for by a nurse at some point earlier in their lives, stories of a nurse caring for a child, or at the bedside when a loved one was dying. The combination of clinical expertise and deep compassion had a big impact in a way that called to them. The word “calling” was used by many in the room to describe the choice of nursing as a career and the “place they come from” to describe their day-to-day work.

One nurse leader who described nursing as a calling went on to say that nurses work in a privileged, sacred space. The group talked about how nurses are in peoples’ lives at points that are among the most joyful (like the birth of a baby), as well as times that can be the most difficult, challenging and sorrowful. Always, nurses are there and called upon to care for people body, mind and spirit.

I asked the group, “So who are nurses?” A reply from one nurse leader captured it beautifully: “Nurses are world changers.” I think that about says it, don’t you? The conversation I was privileged to have with our nurse leaders was deeply inspiring.

Nurses have gotten it right for a long time. From the time of Florence Nightingale (and before), nurses have understood that it is all about the patient. A favorite mentor was an amazing nurse who used to say, “Terry, always, always, always, always put the patient first—and you can work out the rest from there!”

Thanks to our nurses for all you do each and every day. For everything you do that someone knows about, there are probably 10 things you do to care for our patients that no one will ever know about. I really doubt that I could do what you do, and you have my deep and abiding respect.

I invite you to claim your heritage as “world changers.” Have these same conversations among yourselves. Fueled by this very essence of nursing, great things will happen for Moses Cone Health System and the communities we serve. Grounded in this spirit of nursing, we will become one of the very best health systems in the country.

PUBLICATIONS/ PRESENTATIONS

*American Association of Neuroscience Nurses
43rd Annual Meeting*

Marlienne Goldin, MPA, BSN, RN, Department Director Neuro ICU, The Moses H. Cone Memorial Hospital.

Poster Presentation - "Creating a Healing Environment for Neuro ICU Patients"

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) National Conference

Cindy Jarrett-Pulliam, RN, MSN, FACHE, Vice President of Nursing and Patient Services, The Women's Hospital of Greensboro; **Dr. Lynne Lewallen**, University of North Carolina at Greensboro, and former Moses Cone Health System employee; **Kelly Dixon, MSN, RN, NP**. **Amanda French, MSN, RN, CNS**, assisted with the presentation: Prenatal Care: The Beginning of a Lifetime

GRADUATIONS

Master of Healthcare Administration Degree

• **Kameka B. Totten, RN, BSN, MHA**, Assistant Director, 5 West, Wesley Long Community Hospital, Pfeiffer University.

Bachelor of Science Degree in Nursing

• **Mavis Nyako, RN, BSN, BA**, 4700, Moses Cone Hospital, Winston-Salem State University.

PROMOTIONS AND LEADERSHIP

Care Coordinator

• **Lyndsey Currin, RN, BSN**, 4th floor Urology/Telemetry, Wesley Long Community Hospital.

• **Karen Spriggs, RN, BSN**, 4th floor Urology/Telemetry, Wesley Long Community Hospital.

• **Kaye Leonard, RN, BSN**, 6 East, Wesley Long Community Hospital.

• **Angela Stroupe, RN, BSN**, 4th floor Urology/Telemetry, Wesley Long Community Hospital.

Registered Nurse Level IV

• **Julie Eastwood, RN, BSN**, Emergency Services, Annie Penn Hospital.

• **Pamela Smith Tate, RN, ICCU**, Annie Penn Hospital.

Registered Nurse Level III

• **Felicia Greenfield, RN, BSN**, 4th floor Urology/Telemetry, Wesley Long Community Hospital.

• **Tonya Ferguson, RN**, Emergency Services, Annie Penn Hospital.

Cone HealthLink Principal Trainer

• **Elizabeth Edwards, RN, BSN**, Cone HealthLink, Moses Cone Health System.

CERTIFICATION

Certified Hospice and Palliative Care Nurse

• **Richard Diehl, RN, CHPN**, Oncology, Wesley Long Community Hospital.

Certified Oncology Nurse

• **Gwendolyn Yates, RN, OCN**, Oncology, Wesley Long Community Hospital.

Certified Emergency Nurse

• **JoAnna Keith, RN, CEN**, Emergency Services, Annie Penn Hospital.

• **Denise Rhew, RN, MSN, CEN**, Clinical Nurse Educator, Emergency Services, Moses Cone Health System.

Certified Psychiatric/Mental Health Nurse

• **Laura Davis, RN, BSN, C**, Adult Unit, Behavioral Health Center.

Certified in Orthopedic Nursing

• **Kaye Leonard, RN, BSN**, Care Coordinator, 6 East, Wesley Long Community Hospital

Certified Progressive Cardiac Care Nurse

• **Kelly Capes, RN, BSN, PCCN**, 4th floor Telemetry/Urology, Wesley Long Community Hospital.

Certified Case Manager

• **Tiffany Perry, RN, BSN, CCM**, Nurse Case Manager, Moses Cone Health System.

• **Victoria Brewer, RN, BSN, CCM**, Nurse Case Manager, Moses Cone Health System.



A Walk in the Shoes of a Care Coordinator

By Tiffany Watson, RN

Around 7am on many weekday mornings, **Laurie Taylor, RN, CCRN**, can be found walking through clear glass doors at the Intensive Care Unit at Wesley Long Community Hospital, often carrying a steaming hot chai tea to get her day started. All this seems routine; however, she never quite knows what to expect next as a care coordinator on the unit. "That's one thing that makes me get out of bed and want to come to work everyday. Every single day is different and not like the one before."

Taylor may find herself starting report first thing in the morning, or she may be responding to a Code Blue or Rapid Response Team call. As part of her duties, the care coordinator is responsible for obligations in the unit, as well as being the Rapid Response Team nurse for the entire hospital. However, on a typical day she begins with report from the night shift care coordinator. Together, they review

each patient's diagnosis and their progress. They must also consider whether a patient is suitable for transfer from the unit to lower level of care. Although Taylor says it is difficult to find things she does not enjoy about her job, this duty is one of the most difficult ones. "It takes the whole team—the care coordinator, bedside nurse, physician and patient to decide if they are ready for transfer, and it's a very important decision."

After report, Taylor makes individual rounds with all the patients and checks in with each staff nurse to see if any assistance is needed at that time or anticipated throughout the day. She checks with each patient to assess how he or she is progressing and asks if there is "anything our staff can do to make this visit better for you."

Next, it is time for bed report, where she collaborates with the administrative

coordinator for the hospital regarding how many beds the ICU has available and anticipated discharges and admissions from surgery or Emergency Department; all the time trying to make sure to leave an open room for a possible Code Blue patient.

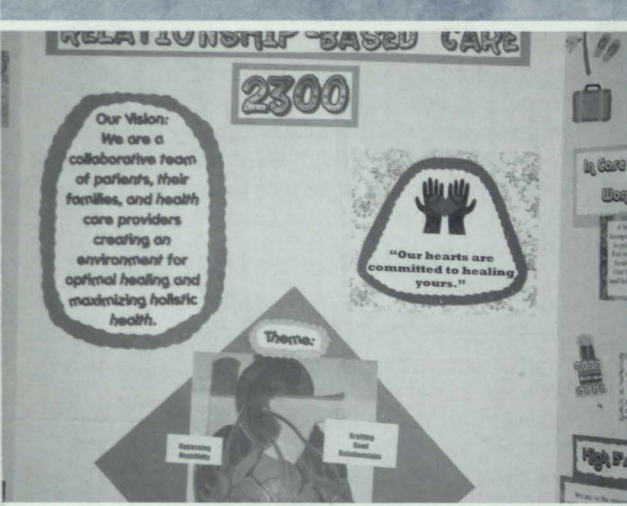
During the following hours, Taylor often fills out forms for nursing home patients, which is one of the major differences between charge nurses and care coordinators. This form highlights information regarding the current stay as well as previous history. The social worker or case manager will review this when searching for a skilled nursing or long term acute care bed and send it to an appropriate facility. "The form and the progression piece, in my view, are a major variation to my previous duties as a charge nurse and now a care coordinator," Taylor said.

She balances this responsibility with assisting physicians with central line placement, intubations and assisting staff with feeding, turning, or any other care for the patient. Audits on restraint and blood administration documentation are also completed daily. At any point during these duties, she could be called away for the Rapid Response Team.

Wrapping up the day, Taylor makes final rounds with each bedside nurse, assessing what needs they have for their patients or for themselves. Many staff members feel this is what makes an exceptional care coordinator: "Just coming to ask me what she can do help me makes all the difference. Laurie has checked off orders for me, turned and cleaned my patients; she even took an admission for me when I was very overwhelmed," said **Denise Aldrige, RN**, who works in the ICU with Taylor.

Sitting beside the ICU's "Be Among the Stars" board, where Taylor's name has been posted by staff numerous times, Taylor begins report to the night shift care coordinator. Before making the journey home, Taylor makes sure all the daytime staff is heading out with, or shortly behind, her. The responsibilities of a care coordinator are numerous and can be difficult to name. Transitioning from a staff nurse to the Care Coordinator, Laurie states, "This role is challenging, but I couldn't see myself doing anything else every day."

**Transformational
Leadership**



Relationship Based Care

For the presentation of their Vision of how Relationship Based Care clinical group composed a poem to present at the shop they attended in November.

OUR VISION, Post-RBC

We have learned to better take care of patients, colleagues, and most importantly ourselves. So this is our Vision, "post-RBC--"

More time to enable our patients and teach them to be wise
So when they share their wishes and concerns we promise to not roll our eyes

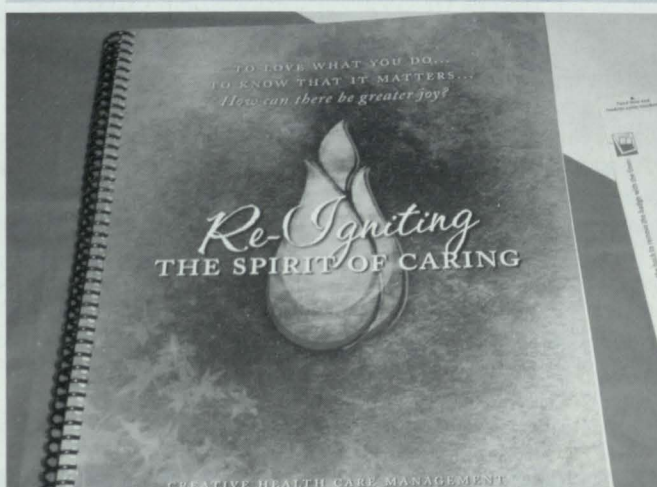
When our patient comes in and needs to cry,
We will give them support and not ask why.

We know you're a patient up here on this floor;
But we will learn that your life is so much more.

When we are in a crunch and not sure what to do,
Our co-workers and leaders will always see us through.

If we watch each other's backs 'til the end of time
We will all get along and be just fine.

Co-workers remember to throw that negativity out the door;
Because positivity will get us so much more.





Based Care would look in their clinical areas, this end of the Relgning the Spirit of Caring work-

As healthcare providers it's easy to forget that we need care, So here's a few ideas that we thought we would share.

Thirty minute lunches is all that we ask, So MDs take note and do not harass.

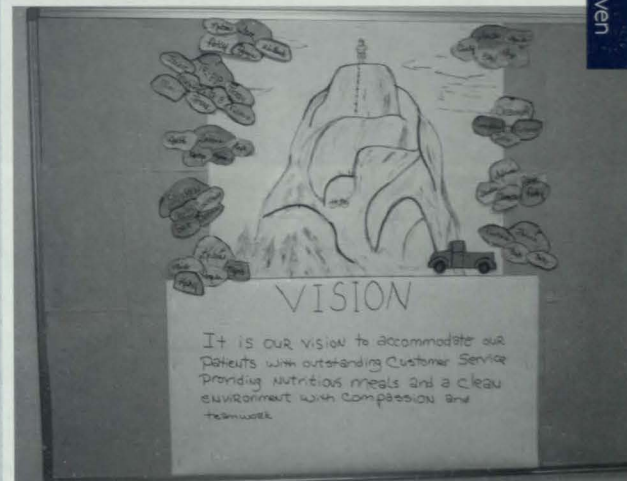
A bathroom break is always nice, So please allow me a break without me asking twice.

And sometimes, when we find the time, I will massage your hands and you can massage mine.

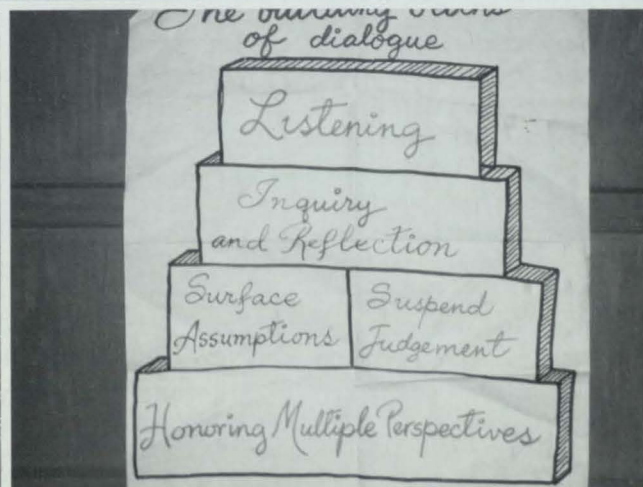
This is our Vision, we hope you can see It was made clear to us in RBC.

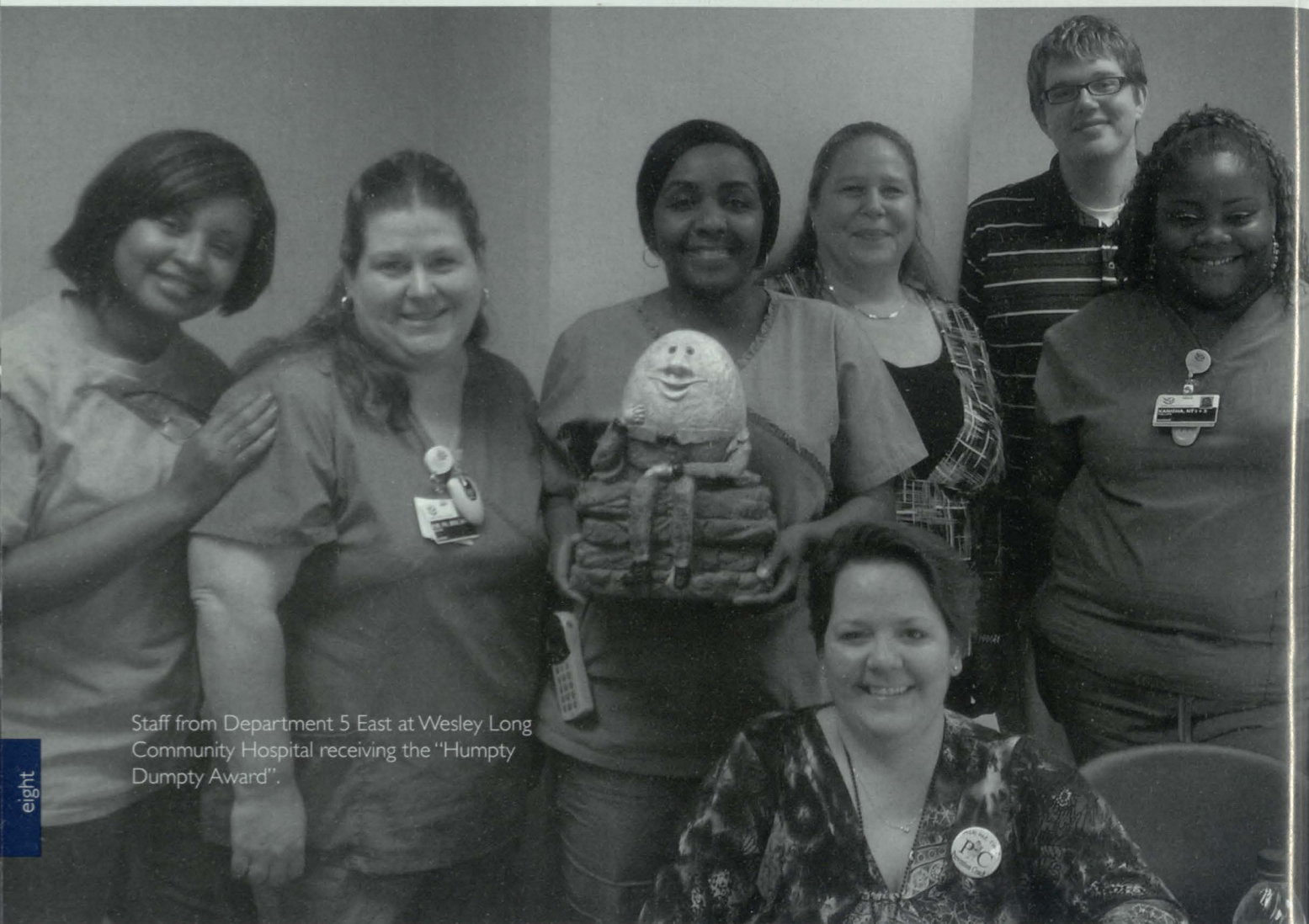
All this can happen, it really is true, All it takes, is just ME and YOU!

Erin Foley, RN, Birthing Suites, Women's Hospital
Kathy Hall, Cook, Annie Penn Hospital
Melanie Robb, RN, Maternity Admissions, Women's Hospital



seven





Staff from Department 5 East at Wesley Long Community Hospital receiving the "Humpty Dumpty Award".

The *Humpty* Award

Even though I'm not really a breakfast person, I do wake up every morning thinking about the safest place for me to lay my head for the next three months. My goal: to find the area or unit that has proven to have the biggest reduction in falls throughout the entire Moses Cone Health System. Departments 4700 and 3000 at the The Moses H. Cone Memorial Hospital had a 38 percent and 39 percent reduction, respectively, this quarter. I was quite impressed, as I thought they would be a nice place to rest. However, this time, my safety-minded ways have led me to 5 East at Wesley Long Community Hospital. They touted a 86 percent reduction in their fall rate from the third quarter to the fourth quarter. Hence, I'm packing up my bags

and heading over there to rest for a few weeks. **Lynda Moss, RN**, she told me a few of their secrets in reducing their fall rate. I want to share these ideas with everyone, so here they are:

- Purchasing of chair alarms for bed side chairs.
- Reserving the rooms closest to the nurses' station for the patients who are most at risk for falling.
- Keeping patients most likely to wander in rooms away from exits and busy areas of the department.
- Placing patients at very high risk for falls, at the nurses' station.
- Regular assigned rounding around the clock.

I look forward to another year of resting in a safe environment, where the entire clinical staff works together to make our patients the safest in the country. Please keep up the good work, and I look forward to a new year and visiting new safe places.

Always keep the Sunny Side Up,

H. Dumpty

WAGNET
New Knowledge, Innovations,
and Improvements



Healing Hands recipients



Healing Hands Honor Cards: *Special Thanks to Special Caregivers*

By Nancy Summerell RN, MSN, CEN

Healing Hands Honor Cards offer special thanks to special caregivers. As **Bill Porter**, Vice President, Office of Fund Development, explains, "The Healing Hands program was created in response to requests from many patients who want a simple way to show appreciation for the care they received." Donations to the Healing Hands program enhance patient care and nursing education while those honored receive a card of appreciation.

Many have been honored with the cards. They don't forget the stories behind them.

Carlette Carlton, RN, Cardiac Rehabilitation, The Moses H. Cone Memorial Hospital, remembers being surprised by her card. "I thought it was very special to receive the honor card. It was a way for this patient to show in a financial way how much we as nurses are valued. The patient and I made a connection from the start. I think I simply offered him a listening ear. When patients begin our program, they are often very afraid and very nervous. I focus on validating those feelings of being afraid and nervous and helping patients work through the emotional as well as physical challenges."

Anne Brown RN, MSN, PCCN, Department Director of the Surgical ICU at Moses Cone Hospital said of receiving a card, "I was very humbled and appreciative. It's not something we get every day, and for someone to take the time to acknowledge what we do is very touching." Anne defines great nursing as "taking the time to get to know the patient as an individual, not just as another patient" and "to convey to the patients that we truly care about their outcome."

"She is wonderful—her visits mean so much to me. She really has helped me a lot this past year." This statement described **Janet Hauser, RN, BS, CCM**, a Care Management Coordinator at Med-Link. "Upon hearing that one of my patients had completed an honor card in my name, I felt both humbled and appreciative," Janet said. In her role Janet often enjoys long-term relationships with clients with a variety of needs. "For example, the mother of one of my patients has Alzheimer's. I could see how much stress my patient was under and how it was affecting her health. I was able to help my patient and her mother by arranging for adult day care services."

At MedCenter High Point **Amy Burns, RN, ADN**, remembers her honor too. "Though the pace is fast and the patients change in the Emergency Department," Amy shared, "I try to make an emotional connection with all of my patients. I think I've practiced Relationship Based Care all of my 20 years of nursing without knowing what it was called. I look past the tasks and see the person—little things mean a lot to patients, especially in the ED." Amy was pleased to hear that the parents of a young patient commented, "Everyone took exceptional care of my 2-year old daughter when she came in with a febrile seizure." Amy remembered that the parents had just gotten off work. "I just offered them the basics—reassurance, something to drink, and getting answers to their questions."

Each memory shares a focus on the patient as an individual, the family as part of the patient's need, making caring connections and touching a life...healing hands extended to help in time of need.

Exemplary Professional Practice



Cindy Smith (right) Department Director for Department 5000 and Angie Turner (left) RN on Department 5000 in a "Stay Interview".

Love 'em or Lose 'em

By Cameron Carlton, RN, MSN

ten

What keeps you here? Have you ever been asked or considered that question? The medical-surgical department directors participated in a book club activity, reading *"Love 'em or Lose 'em: Getting Good People to Stay"* by Beverly Kaye and Sharon Jordan-Evans. Included in the book was a chapter titled "Ask: What keeps you?" Within this chapter a process called "stay interviews" was explained. The leader facilitates these interviews to connect with the employee on a personal level, learning more about what makes him or her satisfied and fulfilled in the job. During those conversations, the leader may be able to discern whether the employee is dissatisfied or may be considering leaving, offering an opportunity to remedy a situation if appropriate.

Cindy Smith, RN, MSN, Director of Department 5000, The Moses H. Cone Memorial Hospital, and **Linda Coon, RN, BSN, MSA**, Director of Department 3000 at Moses Cone Hospital, performed stay interviews with their

staff, taking different approaches. Cindy sent a formal invitation to every employee's home. The invitation included the purpose of the interview and asked interested employees to contact her to schedule the interview. The goal was for 100 percent of the staff to participate. Approximately one-fourth of the employees contacted her.

She said the process was informal. "We had fun with it. The intent was not to have a question-and-answer session. We were laughing and giggling a lot of the time," Cindy stated. They met in her office and each meeting lasted 15 to 20 minutes. Information gained from the process was valuable. She learned about the department's team dynamics and discovered each participants' passions and talents. From this information a talent/resource list was created and posted on the department, including items such as starting IVs or performing tracheostomy care. Staff can use this information when they need help throughout their shift. Cindy shared that she consistently heard

that staff stay with the department and remain satisfied because of each other and the team environment. One of the staff interviewed by Cindy was **Angie Turner, RN III**, who shared that it was nice to be invited. "I was happy that they were taking an interest and it made me feel that I mattered to them," Angie said.

Linda began the process by presenting it to the department Shared Governance Committee. She asked whether they could identify any staff who may have been considering leaving. After several staff members were identified, Linda sent invitations to their homes. She invited them for dessert and they met off campus. Her goal for the interview was to learn what they liked about the department and the Health System, as well as to get to know them personally. Linda shared that she feels the time spent was a success. Both of the employees who participated remain in the department and one was promoted to an RNIII position.

**New Knowledge, Innovations,
and Improvements**

From the Editor

With this first edition of the new year, I felt like I needed to write something poignant and inspiring. I struggled with what to share and settled on this story.

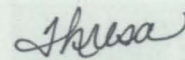
Often while facilitating Reigniting the Spirit of Caring workshops, I hear participants lament not having time to care for patients. I propose that it only takes a moment of caring to change someone's life and perception forever.

I was an Emergency Department nurse when I was pregnant with my third child, and was well versed in finding fetal heart tones. So when it was discovered that the child I was carrying no longer had a heartbeat, I was devastated. My hopes and dreams for that child disappeared in an instant. I had already bonded and my loss was acute. The ED nurse in me knew the reality of what that news meant, and what the options were; after all, I had given many women the same news I was now facing. I needed a Rhogam injection, so it was recommended I have a D&C.

While I was in the waiting area waiting for my procedure, I was stoic and poised. After all, this happens everyday to probably thousands of women. Who was I to breakdown and cry? I am a nurse. I am strong. I know the facts. When I heard the nurse say, "Mrs. Brown," I rose and fell into step beside her. She greeted me pleasantly, then started to flip through my folder. Then, just slowing her pace a little, she looked at me, really looked at me, and said, "I am so sorry." She held my gaze for just a moment. We never stopped walking. I may have thanked her. I am not sure. I do know I began to cry.

It was so sad. And someone was sharing it; my nurse was sorry too, for me and with me. In that moment, she gave me permission to cry, to be sad, to feel my loss fully and to begin the healing process. I do not know her name; I will never forget her face. She was taller than me and had short, spiky hair. It was in 2007. If you are still at The Women's Hospital of Greensboro, thank you from the bottom of my heart.

We do not have the luxury of time in excess to have limitless conversations with our patients. However, we do have those moments, where we can make a difference one caring moment at a time, if we choose to seize them and not be afraid. These moments can be there for our patients, their families and for each other. If we all believe it, it will not be long until it returns to us.



Thresa Brown, RN,
MSN, ACNS-BC, Co-Editor
thresa.brown@mosescsone.com

"Do your little bit of good where you are; it's those little bits of good put together that overwhelm the world."

Desmond Tutu

A Blanket of Caring

By Tiffany Watson, RN

Jessica Poff, RN, put the finishing touches on the king-size quilt she had spent months preparing as a 12th anniversary gift for her husband. As she surveyed her work, she had no idea it would end up having such an impact on the life of one of her co-workers. As an IV team nurse, Jessica visits each floor of the Wesley Long Community Hospital daily. This is how she met Carlton Smith, a nurse tech on 3East Oncology. Poff said that working with Carlton always makes her day. She knows with Carlton working, her patients are well taken care of.

"Although (he is) in a young and female-dominated profession, Carlton works circles around his younger counterparts, always putting patient care at the forefront," Poff said. "When I found out that he was suffering from cancer, the same disease as the patients he so diligently cares for, I had to

do something."

That "something" turned out to be donating the quilt. It was raffled off and the money from the raffle was given to Carlton. "My husband didn't think twice when he unselfishly agreed to let me raffle 'his' quilt for Carlton," Poff said.

After everything was added up, the 200 tickets sold totalled \$1000. Carlton drew the winner of the quilt while lying in his ICU bed at The Moses H. Cone Memorial Hospital.

Jessica showed the true spirit of Relationship Based Care with her generous act. Her closing words at the raffle also demonstrated how much she truly cares. "I thank everyone who participated in the raffle and I know that Carlton is grateful not only for



the monetary support, but for the emotional support of everyone who keeps him in their thoughts and prayers."

MIGNET
Exemplary
Professional Practice

Introducing Kelly Dietzen — Retention Nurse for Moses Cone Health System



By Monica Swanson, RN, BSN

system who are looking for the right fit and help them with any issues that impact their desire to stay in the system," Kelly says.

As the retention nurse, Kelly also collaborates with senior nursing leadership to keep retention issues at the forefront. She uses anonymous new hire surveys to gather data pertaining to job satisfaction of nurses who have been in their position for three months. Exit surveys are another tool she uses to improve opportunities for change and to provide recognition for the things the Health System does well. Kelly participates in GAP Focus Day for new graduates and helps nurses in the Health System find a better fit if they are struggling clinically or are just feeling "burned-out." Finally, Kelly reminds and encourages nurses to nominate fellow nurses for various recognitions, such as Nurse Excellence and Great 100 awards, and coordinates Nurses' Week activities with the help of the retention nurses committee.

Kelly believes that "retention is everyone's responsibility, and as an organization we need to be proactive rather than reactive in retaining a caring and competent nursing workforce." Her phone number is 832-8872 and her office is located in the Northwood Building on the fourth floor in room 413.

Kelly Dietzen, RN, BSN, CPN, has held several positions during her 11 years at Moses Cone Health System. Kelly has worked for the Health System since graduating from Western Carolina University with her bachelor's degree in nursing in 1999. She began her career with the Health System as a staff nurse in pediatrics and seven years later became the assistant director, a position she held for four years.

When the opportunity became available to become the retention nurse for the Health System, Kelly was immediately interested. After learning more she decided it would be a good fit and transitioned to the role in September, 2010. "In this role I have the opportunity to work closely with The Moses H. Cone Memorial Hospital's most valuable asset -- its nursing staff. I provide career counseling for nurses in the

Transformational Leadership

NURSING BEAT MISSION STATEMENT:

*To communicate and celebrate
the dynamic power of
Nursing innovations and
enduring values*



MOSES CONE HEALTH SYSTEM



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