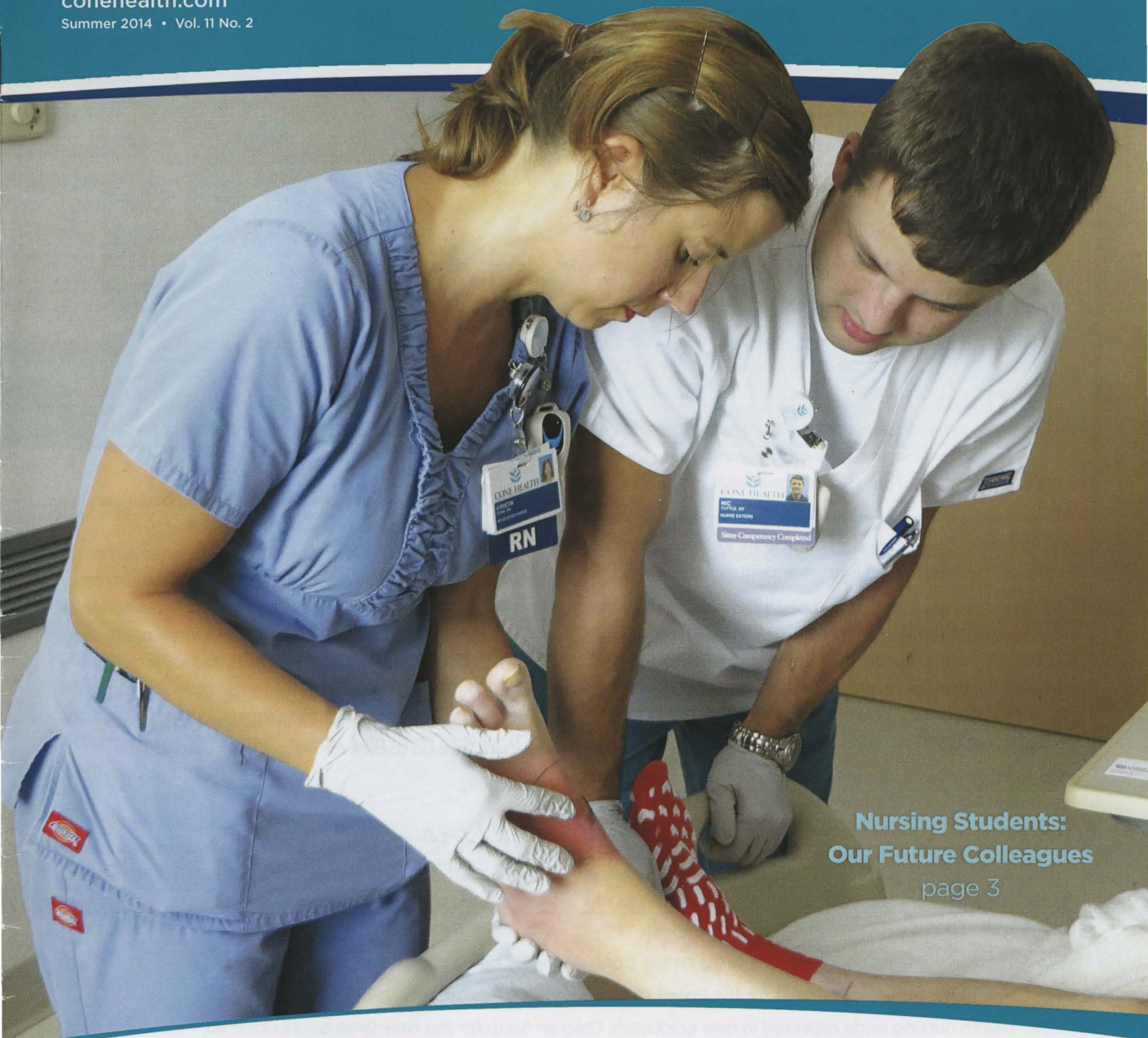


THE PULSE OF NURSING AT CONE HEALTH

nursingbeat

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**Nursing Students:
Our Future Colleagues**
page 3



CONE HEALTH®
The Network for Exceptional Care

Why Magnet? Why Now?

Why do we need Magnet certification?



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



The answer is simple. As we look toward transforming healthcare in the future, Magnet is more important now than ever before.

At Cone Health, we are working to become more efficient, innovative and flexible in how we deliver high-quality care. That means our care models will look much

different tomorrow than they do today. How do we begin to reinvent ourselves? What is the first step? Magnet and its Five Model Components provide a clear path as we begin that journey. For instance:

- As changes in healthcare continue, our leaders must be visible and accessible, and they must communicate these changes effectively. That's **Transformational Leadership**.
- As we work to shape our future, everyone is encouraged to bring ideas forward and to participate in decision-making! That's **Structural Empowerment**.
- As healthcare organizations focus on providing patients with the right care at the right time in the right settings, nurses will take on increasingly important roles. It is vital for all of us to develop professionally and advocate in this increasingly complex environment. That's **Exemplary Professional Practice**.
- We can't be successful without being willing to change and learn. We will use evidence-based practice and research as we create our future. That's **New Knowledge, Innovation, & Improvements**.



Theresa shadowed in Burlington campus ED.

- Finally, as we transition from a volume-based healthcare system to one that recognizes value, we need to look constantly at our outcomes and compare them to national benchmarks. This is the right thing to do for our patients! I'm proud that at Cone Health, we have many projects under way to ensure the very best patient quality and safety. That's **Empirical Quality Results**.

So if you're looking for a GPS to guide us into this future of healthcare, I think you'll find it in Magnet. I appreciate everything you do to care for our patients every day!

Respectfully,

Theresa Brodrick, RN, PhD, CNS, CNA

Weigh in with comments on **Theresa's blog** on the Cone Connects home page. Included in recent posts:

- Cone Health nurses as consultants for the Posey Company
- Cone Health nursing pride reflected in new graduate's Chicken Soup for the New Grad Soul published by the 2013 new grad class
- Stories of experiences during the Magnet Site Visit
- ED throughput solution designed and implemented by direct care nurses

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Nursing Students: Our Future Colleagues

By Connie Lewter, RN, MSN, CNE

When filling out their exit surveys, nursing students at Cone Health overwhelmingly express gratitude for the impact direct care nurse preceptors have on their clinical experience. Nurses contribute to the clinical education of students in two ways: first, by working directly with individual students as preceptors and, second, by working with students in instructor-led clinical groups in the department. Naming specific names, the students describe how Cone Health nurses help them grow and learn.

Direct care nurses' vital role

Direct care nurses are critical to the quality of the clinical and professional experience nursing students gain in clinical group rotations and in preceptorships. They model professional behaviors, collaborate with instructors to identify learning opportunities for students and serve as

resources for information on policies, procedures, unit specifics and patient population.

As the principal care provider, direct care nurses are ultimately responsible for care of their assigned patients and are empowered to address any issue regarding behaviors or skills of nursing students or their instructors. Patients and family members see faculty and students as a part of Cone Health and your unit.

Characteristically, students demonstrate Cone Health values and enhance patient care experiences. If you have a concern about the professional behavior of a student, speak to the student and/or the instructor right away. If the issue is not resolved, or is something that needs to be communicated further, go to your department director.

Continued on page 4

Above R to L: Laurie Freeman, RN, and Ana Maria Magbitang, RN, BSN, CCRN, clinical preceptor, assist GTTC student Tsitsi M. during her clinical experience.

On the cover: Kiristin Ryan, RN2, 5 East Wesley Long and Nic Tuttle, Nurse Extern, UNC-G

MAGNET
STRUCTURAL EMPOWERMENT

Nursing Students: Our Future Colleagues, *Continued*



Students in post clinical conference on a North Tower nursing unit.

Cone Health annually provides around 1,000 instructor-led, undergraduate and graduate preceptor clinical experiences to nursing students. Our six hospital campuses offer 95 clinical sites and our 80 Cone Health out-patient facilities provide clinical experiences for undergraduate and graduate nursing students.

What happens before they get here?

There is quite a bit of pre-requisite work done behind the scenes before clinical placement of students. To satisfy safety, legal and accrediting requirements, all students, including employees, must meet certain on-boarding requirements. Cone Health Link, Security Services and Staff Education are all involved to help get students ready for clinical placement. The prerequisites help to ensure the safety of patients, staff and students.

To make sure the process goes smoothly and safely, the Clinical Education Coordinator in Staff Education facilitates relationships among schools of nursing, Cone Health departments, instructors and students. Her goal is to ensure positive clinical learning experiences for everyone. The goal is to reach a balance: maximize learning opportunities for students, and, at the same time, ensure individual departments are in a position to offer a quality experience.

Clinical/Education partnerships

Working together is good for everyone. Collaboration with schools of nursing supports them, the public and health care in our region. Offering exceptional clinical learning experiences contributes to the development of individual future nurses who model Cone Health's values.

Student nurses enrich patient experiences by providing one-to-one personal care of individual patients with inquisitiveness and enthusiasm. Collaborative learning among students, instructors and nursing staff brings together different perspectives and knowledge to enhance patient care.

This partnership is also present at the graduate level. As a result of partnerships with graduate school distance education programs across the country, graduate nursing students provide resources for Cone Health for quality improvement and research projects. This work directly impacts patient care initiatives throughout the health network. Most of these affiliations are initiated at the request of Cone Health nurses who are advancing their professional career while working.

Continued on page 5

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Nursing students may well be our future colleagues

Positive experiences in their clinical rotations lead many nursing students to seek employment at Cone Health as new graduate nurses or as nurses completing advanced degrees and certifications. Nursing students rotating through Cone Health represent the largest pool of applicants to our new graduate academies.

What is the crucial interface for all these potential co-workers? Direct care nurse preceptors. Thanks to their investment of time, attention and willingness to mentor a nursing student just beginning to grow in their clinical knowledge, exit surveys attest again and again to the importance of this relationship.

Guidelines for preceptors:

Do you have a student assigned to you for the day? Here is what nurses working with nursing students can expect:

- The clinical instructor will orient students to the department and patient population.
- The clinical instructor will provide information about the students prior to beginning clinical work.
- The assignment sheet will be posted indicating students' assigned patients.
- The instructor will touch base with the nurse(s) at the beginning of the shift and when leaving to confirm the status of patient care.
- The instructor will assume total responsibility for the students and seek and accept help from the unit nurses.
- The student will be courteous such as giving up computers to nurses as needed.
- The nurse will have the opportunity to provide feedback about the student's work. ❖

Has someone asked you to be a clinical preceptor? Please refer them to Staff Education. Many factors must be considered by the Clinical Education Coordinator and Department Director in accepting preceptorships.



If you know someone in a program of study who wants to work at Cone Health, contact Staff.Education@conehealth.com for guidance through this process. An affiliation agreement with the school and other important requirements are necessary.

UNIVERSITY APPLICATION

ADVANCING IN EDUCATION

How to Choose

By Thresa Haithcock Isley, DNP, RN, ACNS-BC

I always knew I wanted to further my education, even after I finished my bachelor's program, but I had no idea what direction to pursue. I think time helps people like me, who need clarity about their passion. Others may know right away what their life's work is to be.

When I was looking at Schools of Nursing, it helped me to read program descriptions and to speak with those nurses who had advanced degrees. I asked them, "Why did you pursue the degree you did?" and "Would you go that route again?"

Even then, I enrolled at East Carolina University as a Family Nurse Practitioner student, then changed midstream to the Nurse Education track. After finishing that, I discovered that becoming a Clinical Nurse Specialist may actually be better for me, so I completed a post-master's certificate as a CNS. Then came the decision, PhD or DNP?

There are many avenues to the same destination, and even then, no clear answer for some people. More education brings more opportunity, and many doors are open to nurses with master's and doctoral degrees. Graduate preparation allows a nurse to:

- Provide direct patient care at an advanced level
- Conduct research
- Teach online and in the classroom
- Impact public policy
- Lead health systems
- Consult with corporations
- Implement evidence-based solutions that revolutionize health care

The list above is not exhaustive and I am not an expert by any means. My intention is simply to get you thinking about what you may want to do.

MASTER'S DEGREES IN NURSING

If you want your master's degree, there are plenty of options. For Nursing Beat, we will focus on Nursing master's programs. Master's of Business Administration (MBA) and Master's of Healthcare Administration (MHA) are 'wonderful, and I know many nurses who have one or both and are excellent nurse leaders. That being said, I am a big proponent of advancing our nursing profession through nursing advanced degrees. With that disclaimer, let us look at options. A lot of the information below is obtained from this site, <http://www.aacn.nche.edu/publications/brochures/GradStudentsBrochure.pdf>

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ADVANCING IN EDUCATION

Education

Nurse educators combine clinical expertise with a passion for teaching. Responsible for preparing new nurses and advancing the development of practicing clinicians, nurse educators possess a solid clinical background, strong communication skills and a high level of cultural competence. Nurse educators may be employed in formal classroom teaching, online classrooms, staff education, corporate education, extended bedside roles, informatics, etc.

Clinical Nurse Leaders

Clinical Nurse Leaders are prepared in master's degree programs to oversee the care coordination for patients, assess risks, develop quality improvement strategies, facilitate team communication and implement evidence-based solutions at the unit level. It is an accelerated and advanced version of a charge nurse. These leaders are typically found at the bedside or providing direct patient care in other settings where they collaborate with all members of the healthcare team to provide a safe environment for patients where needs are prioritized and individualized.

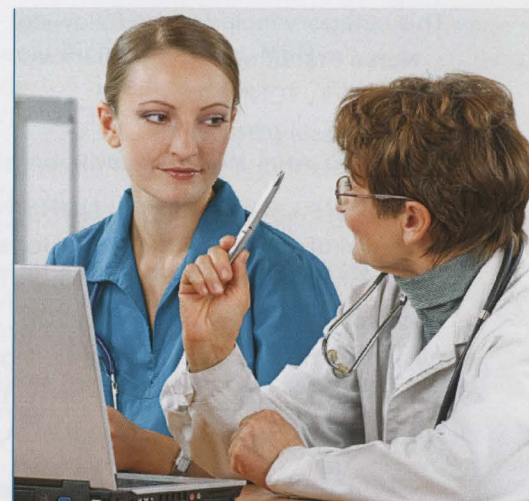
Administration

These nurses facilitate and deliver quality patient care through coordination of workflow and the management of nursing care. A nurse administrator may run a small team of nurses, several nursing units, an entire department or an entire health system.

Clinical Nurse Specialists

Clinical Nurse Specialists (CNS) focus their nursing practice on areas that are often defined by a population, setting, or disease type. The CNS is responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups and communities. With an emphasis on continuous, evidence-based improvement of patient outcomes and nursing care, CNSs clearly demonstrate that their practice reduces healthcare costs among other quality factors. These providers specialize in a number of areas, such as adult health, acute and critical care, and community health among others.

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When I was looking at Schools of Nursing, it helped me to read program descriptions, to speak with those nurses who had advanced degrees. I asked them, "Why did you pursue the degree you did?" and "Would you go that route again?"

How to Choose, *Continued*

APRN category:

This category includes the following:

- Nurse Practitioner (NP)
- Midwifery (CNM)
- Anesthesia (CRNA)

DOCTORAL DEGREES IN NURSING

The level of education necessary for advanced nursing practice will move from the master's degree to the doctorate by the target year of 2015, according to a vote of six American Association of Colleges of Nursing schools affiliated with AACN. Here are some tracks to pursue if you are interested in a doctoral degree in nursing:

Philosophy (PhD)

The Doctor of Philosophy (PhD) represents the highest level of formal education for a career in research and the scholarship of discovery. Program graduates develop new nursing science, serve as leaders of the profession and educate the next generation of nurses. In the academic setting, the PhD is required for success as a researcher in any discipline, not just nursing.

Nursing Practice (DNP) or Nursing Science (DNS)

The DNP or DNS is designed for nurses seeking the highest level of preparation in nursing practice. DNP and DNS graduates are leaders in the health system and work collaboratively with nurse researchers to implement new nursing science and practice innovations.

HOW TO CHOOSE

I highly recommend this site: <http://www.aacn.nche.edu/publications/brochures/GradStudentsBrochure.pdf> to start investigating your interest and options. When researching schools, check if they are accredited and approved by your institution. There are many schools that offer degrees, but all are not equal. Also keep tuition cost in mind. If a school is out of state, it does not necessarily mean you must pay out-of-state tuition. Some schools offer in-state tuition for their doctoral programs, and some programs are even sponsored by grants and can be offered free.

There are many nurses at Cone Health who have advanced degrees and would be available to talk with you about your options. If you are interested in any of these roles, contact me and I can link you with someone who can answer your questions. Most nurses with advanced degrees are very willing and excited to help others who have this interest. ❖

Check out this website to start investigating your interests and options:

<http://www.aacn.nche.edu/publications/brochures/GradStudentsBrochure.pdf>

Make sure your Nursing program is accredited through the Accreditation Commission for Education in Nursing, or the Commission on Collegiate Nursing Education





SETTING THE PACE

Graduations

Marie Byrd, RN, MSN, CCRN, MSN

University of North Dakota
Inpatient Diabetes Program

Shannon Carey, RN, MSN, MSN

UNC Chapel Hill
MCH - Catherization Lab

Stacy Carter, RN, BSN, CERT, BSN

Western Governors University
MCH - Surgical Short Stay Center

Stacy Carter, RN, BSN, CERT

Western Governors University
MCH - Surgical Short Stay Center

Shelli Coggins, RN, BSN, CNRN

American Sentinel University
MCH - Division 3100 - Neurology ICU

Michelle Collins, RN, BSN

Western Governors University
WH - Mother/Baby

July Eastwood, RN, MSN

Grand Canyon University
APH - Emergency Department

Heather Flynt, RN, MSN

Frontier University
MCHP - Emergency Department

Kristin Garrett, RN, MSN, CNOR

East Carolina University
MCMH - Operating Room

Atika Hall, RN, MSN

Walden University
THNM - Medlink GHN

Mary Lynn Hardesty, RN, BSN, CAPA

Winston Salem State University
SW - Clinical Informatics

Lolita Henley, RN, MSN

University of Phoenix
SW - Health Information Management

Wanda Jackson, RN, BSN

Winston Salem State University
MCH - Medical-Surgical/Telemetry 5500

Kristi M Johnson, RN, BSN

University of North Carolina at Greensboro
MCH - Emergency Department

Bernadette Kimrey, RN, BSN

Winston Salem State University
ARMC - The Village at Brookwood

Lynn Lam, RN, MSN

University of North Carolina at Greensboro
GNA - Guilford Neurologic Main

Steve Marshall, RN, MSN, CBIS

Grand Canyon University
MCH - Inpatient Rehabilitation

Melissa McNeal RN, BSN

University of North Carolina at Greensboro
LB - Cardiology Burlington

Justin Mize, RN, ADN

Rockingham Community College
APH - Emergency Department

Susan Moore, RN, MSN, CCRN

East Carolina University
MCH - Division 2900

Susan Mullis, RN, BSN

Winston Salem State University
ARMC - The Village at Brookwood

Katina Nichols, RN, BSN

Winston Salem State University
ARMC - Employee Health

Vickie Nylander, RN, BSN

American Sentinel University
MCH - Division 6700-Med/Renal Dept

Joy Olczak, RN, MSN, CCRN, BSN

Winston Salem State University
MCH - Division 2900

Melissa Orr, RN, BSN

University of North Carolina at Greensboro
MCH - Emergency Department

Kendra Poteat, RN, ADN

Alamance Community College
ARMC - The Village at Brookwood

William Rice, RN, BSN

American Sentinel University
MCH - Division 3300-Intermediate
Care Unit

Neely Richardson, RN, MSN

Winston Salem State University
WLH - ICU/SD

Eleanor Rivers, RN, BSN, MHA, CCM MHA

Pfeiffer University
THNM - Care Management

Leigh Ann Schonewitz, RN, BSN

Winston Salem State University
APH - Nursing Unit 300

Tiyika Scott, RN, MSN

University of Cincinnati College of Nursing
MCH - Medical-Surgical/Telemetry 5500

Katie Silk, RN, BSN

Winston Salem State University
WLH - Orthopedics

Erin E. Smith, RN, BSN

Winston Salem State University
MCH - Division 2900

Eric Spangler, RN, BSN

Winston Salem State University
APH - Nursing Unit 300

Beverly Taavon, RN, BSN

Winston Salem State University
WH - Post Anesthesia Care Unit

Paula Todd, RN, BSN

University of North Carolina at Greensboro
MCH - Pediatrics

Deborah Warren, RN, BSN

Liberty University
WH - Mother/Baby

Kim Woody, RN, ADN

Alamance Community College
ARMC - Wound Healing Center

Chalondra Yelverton, RN, BSN

Winston Salem State University
MCH - Operating Room

Jenn Zinn, DNP, MSN, RN, CNS-BC, CNOR

University of Alabama
SW - Clinical Nursing Support

Send graduations and certifications to
Settingthepace@conehealth.com in order to be recognized.

ADVANCING IN EDUCATION

RN to BSN: Cone Health's solutions to meet the Institute of Medicine's goal

By Sarah Lackey, RN MSN CCNS

In its 2011 report, *The Future of Nursing*, the Institute of Medicine stated that a more educated nursing workforce would be better equipped to meet the demands of increasingly complex healthcare needs. It recommended that 80 percent of the nursing workforce be BSN prepared by the year 2020. Magnet adopted this goal in its requirements, and since then, hospitals and health systems have been developing strategies to reach that goal.

The Dilemma

In 2011, 46 percent of nurses in our healthcare system were BSN nurses. To get to the goal of 80 percent by 2020, we need to increase by about 1.8 percent per year. Cone Health hopes to top that goal and reach 85 percent by 2020, which means an increase of 2.05 percent per year.

One of the challenges for Cone Health is the fact that North Carolina is rich in associate degree programs; many of the new nurses available for hire are nurses with associate degrees. With 55 associate degree nursing (ADN) programs in existence across the state, and 16 BSN programs, competition is high for BSN nurses among the hospital and health systems across the state.

To help us meet the mandate set by the Institute of Medicine and by Magnet, **Theresa Brodrick, PhD, RN, CNS, CNA**, Cone Health's Chief Nursing Officer, focused her attention on what could be done to help existing associate degree nurses advance their education. She started by gathering information from nurses about the barriers for returning to school for a BSN. She identified three dominant themes:

- Cost
- Convenience
- Fear

The Solutions

To address **cost**, first she determined what it costs to return to school, assuming attendance at a North Carolina state school. Using Cone Health's employee tuition reimbursement model, she calculated that about \$6,000 would be needed in additional funds to finish a BSN program. Enlisting **Lisa Boland RN, MSN, NEA-BC**, the Manager of Nursing Outreach and Retention, they established a scholarship/loan program and set the scholarship amounts at \$6,000 -- just enough, when added to tuition reimbursement, to pay for the largest portion of a BSN education.

Continued on page 11

ADVANCING IN
EDUCATION

The REACH program, Registered Nurse Educational Advancement for Cone Health, is in its fourth year. A lot of creative strategies have been employed to raise money for REACH scholarships, and donors have included physicians, board members, executives and nurses. In mid-2014, we opened the online store for Cone Health Nursing branded items such as shirts, mugs, badge reels, etc. There is a modest mark up on merchandise, with the surplus benefiting REACH.

Addressing the barrier of convenience for BSN education was a bit more involved. Theresa negotiated with Deans from the local university schools of nursing to set up BSN cohort groups that have classes right on Cone Health campuses. By holding classes on hospital campuses, students have the convenience of travelling to a known location, with familiar parking, easily accessible and familiar buildings and classrooms, and the familiarity of surrounding amenities. Proximity to work and day care, with no need to spend energy addressing the unknowns of navigating a university campus were also motivators behind this proposal.

Cohort classes provide a consistent schedule. Leadership of Cone Health's nursing department supports students by adjusting unit scheduling needs to accommodate nurses attending classes. Students do not have to juggle unpredictable schedules or fear missing classes because of unit needs.

In addition to convenience, the cohort structure also addresses the **fear** factor. The literature states that cohort groups, compared to noncohort groups, experience more trust, cohesiveness and satisfaction (Duffy, 2014). RN to BSN students who go through the program together, attending all classes, graduating, and being employees of the same organization, find the support needed to take the fear out of facing such a big task.

Continued on page 12



ADVANCING IN EDUCATION

RN to BSN: Cone Health's solutions to meet the Institute of Medicine's goal, *Continued*

Eligibility for REACH scholarship funding includes both full-time and part-time nurses, with the rationale being that nurses who are working part time and raising families can still attend school and boost the BSN employment pool. New hires are eligible to apply as soon as they reach 90 days of employment. Nurses must be in good standing as an employee and have a recommendation of support from an immediate supervisor. Nurses must be accepted into an accredited program before applying. Participation in the program requires pursuit of a nursing degree; probation as a new employee is successful prior to application; and a commitment to give two years of service to Cone Health after completion.

In addition to the cohort group, there are other organization resources - advanced practice nurses - to help students with success. While university faculty has primary responsibility for teaching classes, Cone Health's clinical nurse specialists are available not only in the classroom, but also within the organization for help and consultation. Dual instruction supports university faculty, supports students, and encourages integration between academia and practice.

Theresa is also very active in the North Carolina RIBN project. RIBN stands for "Regionally Increasing Baccalaureate Nurses." This program was developed by the Foundation for Nursing Excellence, a nonprofit organization that supports leadership development, research and demonstration projects to enhance the practice of nursing. The RIBN project creates a dual enrollment for associate degree nursing students that combines a community college and a four-year university. They go through the ADN program, and then transfer to the university to finish their course work for a BSN. RIBN project collaborations are growing in number across the state. Theresa has been involved in these efforts since the beginning of the program.

The Outcomes

The numbers of nurses in the REACH program are growing consistently. There were 44 participants in 2011, 82 in 2012, and 89 in 2013.

Cone Health started three BSN cohort groups from three separate universities on health system campuses in spring 2014, with a total of 35 students. These participants should finish their programs in spring 2016. As we grow in this endeavor, we will learn better what works and what does not work, and improve the structure and processes for future students.

Continued on page 13

ADVANCING IN EDUCATION

The number of BSN nurses has increased in the health system, starting with 46 percent in 2011, rising to 59 percent in 2012, and up to 67 percent in 2013. These gains are encouraging as the year 2020 looms ever closer. We still have 13 percent to go to reach Institute of Medicine and Magnet benchmarks, and 18 percent to meet our own goal. Thanks to the forward thinking and hard work of our Chief Nursing Officer, Cone Health has a good start. Continued focus on the goal, and the use of innovative and creative strategies will help us get there.

Student Feedback

I interviewed two students of the Moses H. Cone Memorial Hospital UNCG (University of North Carolina, Greensboro) cohort. I asked why they were pursuing their BSN, and what they thought of the program. Here are a few of the answers:

“ I’ve been wanting to do this a long time. The cohort is more convenient for me so now is the time. I’ve been very impressed with how organized and supportive Cone Health has been. We didn’t have to go to campus

to register. We did it all here and they helped us with everything. The reputation of UNCG meant a lot to me. I’m going to be proud of my degree.”

- Barbara Allen, RN, Moses Cone Hospital, 2900

“Cone gave me the initiative to do this. I started at UNCG several years ago but I stopped. This cohort has really made things a lot easier. The cohort really does support the process. Tuition reimbursement and a REACH scholarship have made it a whole lot better financially for me and my family.”

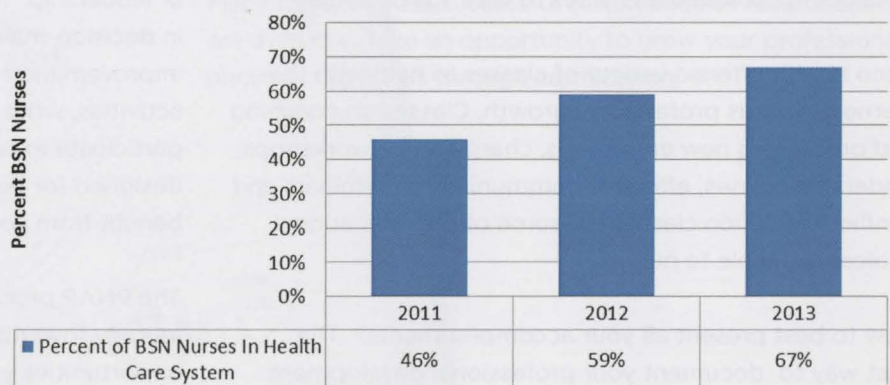
- Rebecca Berman, RN, Moses Cone Hospital, ED

“If I wanted to stay in management, I knew I needed to do this. It’s a real challenge with work, school and family, but with the cohort it is a lot easier. At least if this is a requirement, there is support from the organization to do it. If I were to say anything to someone thinking about this, I’d say: ‘Do it. Don’t put it off.’”

- Maggie Morris, RN, Specialty Manager, Medical Oncology, Cone Health Cancer Center ❖



Percent of BSN Nurses In Health Care System



This chart indicates the growth rate of BSN nurses in the Cone Health network.

Reference: Duffy M.T. et al. (2014). BSN Completion Barriers, Challenges, Incentives and Strategies. Journal of Nursing Administration.44(4) p232-236.



GROWING IN PRACTICE

Professional Development at Cone Health

By Julie O'Neal, RN, MSN, CEN



Professional growth. Clinical ladders. Career development. How do I begin? What resources are available at Cone Health for me to grow professionally as a nurse? Why is education or certification important for my career advancement? So many questions we need to answer.

Marylynn Hardesty, RN, BSN, CAPA, asked these same questions. Her journey as a nurse began when she completed her associate degree in nursing. Marylynn recently shared, "After 30 years in the nursing profession, I stand before you excited and proud that I completed the RN to BSN program. Completing my BSN was only the beginning. I was able to participate in Cone Health's Professional Nurse Advancement Program (PNAP) as an RN 3 and become a Certified Ambulatory Perianesthesia Nurse. It was my interaction with PNAP and realizing the importance of professional growth that gave me the jumpstart I needed to be where I am today. I am thankful to work for Cone Health and for its commitment to developing professional nurses to their full potential."

Cone Health offers a variety of classes to help with the journey towards professional growth. Classes on coaching and precepting new employees, charge nurse workshops, leadership classes, effective communication seminars and conflict resolution classes are some of the educational choices available to nurses.

How to best present all your accomplishments? The best way to document your professional development is by creating and maintaining a nursing professional portfolio. A nursing professional portfolio is a collection

of tangible evidence of your skill set, performance, completed projects, presentations, employment history and education. Portfolios can be used for career ladder advancement and for performance appraisals.

At Cone Health, nurses seek professional growth through our clinical ladder called the Professional Nurse Advancement Program (PNAP). The application process begins with attending a PNAP class, and submission and approval of a professional portfolio. Nurses can seek promotion as an RN 3 or an RN 4. Both of these roles have requirements for minimum education levels for promotion. The RN 3 must have a bachelor's degree in nursing and the RN 4 must have a master's degree in a health-related field. Both levels require a nursing specialty certification and membership in a professional nursing organization.

As an RN 3 or RN 4 you are expected to choose a 'specialty' concentration-- research, clinical, education or leadership. You are also expected to become involved in decision-making committees, be part of quality improvement, evidence-based practice and research activities, write for organization or nursing publications, participate in continuing education, or other activities designed for you to grow, and for the organization to benefit from your knowledge and expertise.

The PNAP process is a good place to begin your own journey towards professional growth and see what opportunities you discover along the way, like Marylynn. ❖

Above left: PNAP Portfolio Preparation with Cone Health nurses
Above right: Dawn Whitmire and Julie O'Neal teach PNAP class

GROWING IN PRACTICE

Professional Certification Support for Nurses

By Sarah Clark, RN, MSN, CCRN and Lynette Thompson, BA

The American Nurses Credentialing Center (ANCC) states its mission is to “promote excellence in nursing and health care globally through credentialing programs. “Nurses who earn a certification are recognized as experts in their chosen specialty practice areas. Cone Health promotes, supports and celebrates nurses earning and maintaining professional certifications.

Funding for initial and recertification

In 2011, Cone Health took action to streamline the process to support nurses who wish to earn or maintain a professional certification. A program administered through Staff Education pays the initial examination and recertification fees. Nurses may pay initially and submit documentation for reimbursement, or they can make an appointment to come to Staff Education to register online and have Cone Health enter information for payment into the website. Since 2011, more than 400 nurses have taken advantage of this benefit. Details of this process are in the Certification Funding Policy and can be found on the intranet using the following path: Tools and Applications/Resources/Policy and Procedure/Nursing Policies/Non-Clinical Policies.

Yet another funding option

Cone Health has recently begun participation in a program through ANCC called “Success Pays.” Once approved by the nurse’s department director, this program allows Cone Health nurses to register and take any certification examination ANCC offers. If the first attempt was not successful, the nurse is allowed a second chance to test at no additional cost to Cone Health. Cone Health is offered a discount for the fee and is not billed until the nurse has successfully passed the examination or has made two attempts.

The ANCC website provides a wealth of information including all ANCC certifications, “Frequently Asked Questions,” professional certifications that are recognized by Magnet® and Test Taking Strategies.

Free review classes for certification preparation

Cone Health offers many free educational programs with Continuing Nursing Education (CNE) credits that can qualify towards requirements for recertification. The listing of these classes can be found in CBL for most Cone Health campuses; interested staff on the Burlington campus should contact the Staff Education department. Review courses for some certifications can also be located using this process.

Many tools for your successful certification or recertification are available. Take an opportunity to grow your professional nursing credentials through certification. ❖



www.nursecredentialing.org

MAGNET
EXEMPLARY PROFESSIONAL PRACTICE

SETTING THE PACE

Certifications

Jamie Armstrong, RN-BC, BSN

Certified Emergency Nurse
APH - Emergency Department

Paula Armstrong, RN-BC

Medical-Surgical Registered Nurse
WLH - 5 West General Surgery

Shannon Bullins, RN, CEN

Certified Emergency Nurse
CareLink

Cameron Carlton, RN-BC, MSN

Nursing Professional Development
Specialist, SW - Staff Education

Jennifer Carmichael, RN, BSN, CCRN

Critical Care Registered Nurse
WLH - ICU/SD

Amber Carter, RN, PCCN, SCRN

Stroke Certified Registered Nurse
MCH - The Stroke Center

Sharain Carter, RN-BC, MHA

Medical-Surgical Registered Nurse
WLH - General Surgery/ Orthopedics

Angelia Cox, RN, BSN, CEN

Certified Emergency Nurse
CareLink

Becky Davis, RN, CCRN

Critical Care Registered Nurse
WLH - ICU/SD

LaVern Delaney, RN, MSN MBA/MHA, NE-BC

Nurse Executive Board Certified
ARMC - Administration

Millie Eubanks, RN, BSN, CCRN

Critical Care Registered Nurse
WLH - ICU/S

Linda Feltis, RNC-NIC

Neonatal Intensive Care Nursing
WH - Neonatal ICU

Gayle Gambaccini, RN-BC, BSN

Gerontological Nurse
MCH - Internal Medicine Clinic

Courtney Greenough, BSN, RNC-NIC

Neonatal Intensive Care Nursing
WH - Neonatal ICU

Marylynn Hardesty, RN, BSN, CAPA

Certified Ambulatory Perianesthesia Nurse
Cone HealthLink

Carol Harris, RN, MSN, NE-BC

Nurse Executive Board Certified
MCH - Division 4700 CHF/Telemetry

Jeanna Hicks, RN, BSN, CBIS

Certified Brain Injury
MCH - Inpatient Rehabilitation

Lobel Lurie, RN-BC, MA

Nursing Professional Development Specialist
SW - Staff Education

Steven Marshall, RN, MSN, CBIS

Certified Brain Injury
MCH - Inpatient Rehabilitation

Tina McKinney, RNC-NIC

Neonatal Intensive Care Nursing
WH - Neonatal ICU

Amy Myer, RNC-NIC, BSN

Neonatal Intensive Care Nursing
WH - Neonatal ICU

Chris Norwood, RN-BC, MSN

Nursing Professional Development Specialist
ARMC - Education Department

Ifeoma Oraegbunam, RN-BC, BSN

Medical-Surgical Registered Nurse
WLH - Intermediate Care/Urology

Susan Owens, RN-BC, BSN

Certified Emergency Nurse
APH - Emergency Department

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Certified Professional in Healthcare
Risk Management
SW - Risk Management

Shae Pendley, RN, BSN, CCRN

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WLH - ICU/SD

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Certified Nurse Operating Room
MCH - Operating Room

Marva Simms, RN, BSN, CEN

Certified Emergency Nurse
MCHP - Emergency Department

Helen Snead, RN, MSN, NE-BC

Nurse Executive Board Certified
WH - Maternity Admissions Unit

Laura Stines, RN, BSN, CIC

Certification in Infection Control
and Epidemiology
SW - Infection Prevention

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MCH - The Stroke Center

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MCH - Inpatient Rehabilitation

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WH - Neonatal ICU

Gracie Vaughn, RN, BSN, CBIS

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MCH - Inpatient Rehabilitation

Emily Watkins, RN, BSN, CEN

Certified Emergency Nurse
CareLink

Lonnie Wilson, RN, CEN

Certified Emergency Nurse
CareLink

Mark Young, RN, BSN, MHA, NE-BC

Nurse Executive Board Certified
CareLink

Send graduations and certifications to
Settingthepace@conehealth.com in order to be recognized.



GROWING IN PRACTICE

Charge Nurses' Role: Challenging and Rewarding

By Cameron Carlton, RN-BC, MSN

You probably never report for your shift and say to yourself, "I need more work to do and more responsibility." Taking on the role of charge nurse can seem like an additional responsibility that you would rather not accept. While it is true that serving as charge nurse does add responsibility, it also offers the opportunity to positively impact patients, families, visitors, nurses and others - and also increase your leadership abilities and prioritization skills.

Serving in the charge nurse role requires a specific set of skills and abilities to be successful. Cone Health Staff Education offers a two-day Charge Nurse Workshop designed to equip nurses with the knowledge and skill to assume this challenging role. To date, more than 800 nurses have attended this workshop.

Day One includes presentations from content experts on safety, infection prevention, core measures and patient placement. Expectations and available resources for the charge nurse are discussed. Information is also shared about how charge nurses' decisions about staffing, scheduling and assignments can impact the unit budget. **Katie Walker**, Director of Nursing Business/ Finance leads a discussion to provide charge nurses with a basic understanding of staffing according to acuity, census and

other variables. Attendees take advantage of this time with the experts to ask questions, learn about support systems available and explore the topics more deeply. The first day wraps up with time in the computer lab gaining hands-on experience with OptiLink, Cone Health's scheduling, acuity and assignment system. **Debbie Malick, BSN, MBA, CNML**, Nursing Department Director and OptiLink Project Manager, provides a demonstration and discussion regarding updates and new tools available to assist the charge nurse with day-to-day, unit-based decisions.

Day Two of the workshop focuses on service recovery, communication and conflict management. **Greg Berney** from the Office of Patient Experience and **Sarah Arnett** from Organizational Development do an exceptional job in educating participants about these skills through discussion, group activities and a capstone simulation experience that allows participants to apply much of what they have learned in a simulated patient encounter.

Being a charge nurse is a challenge. With skills, preparation and knowledge, that challenge turns into reward. You are growing professionally and personally when you take the next step in your career and become a charge nurse. ❖

The Charge Nurse Workshop is offered four times a year. Upcoming dates for 2014 are Aug. 6, Aug. 7, Nov. 5 and Nov. 6. For more information, contact Cameron Carlton, Staff Educator II, at 336-832-7428 or by e-mail at cameron.carlton@conehealth.com.

GROWING IN PRACTICE

Put Me in Coach - Clinical Coaching Program

By Sarah Clark, RN, MSN, CCRN and Kristin McLamb, RN-BC, MSN

The national average cost to orient a new graduate RN is approximately \$80,000. According to the literature, as many as one third of new graduates leave their first job within the first year. The national average cost to orient an experienced RN is more than \$30,000.

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Coach class was developed in 2012 as a proactive measure to ensure that new graduates and experienced nurses are successful and choose to stay at Cone Health.

Last year, Cone Health hired more than 130 new graduate registered nurses into Academy programs that prepared them for their new roles. This year, we anticipate over 125 new graduate RNs to take advantage of this comprehensive program for orientation. Clinical coaches are vital members of the team that help the new and experienced nurses learn the skills and knowledge to thrive at Cone Health.

A coach, not a preceptor

Formerly known as preceptors, coaches attend a coaching class to educate participants about the new role. The class introduces the coaching concept as compared to the traditional preceptor role. Preceptors are unit-based and competency-focused. Coaches approach clinical orientation with a more global view. They foster clinical decision making, help with socialization into the profession of nursing, and ensure the success of the orientee as a registered nurse. The coach class is designed to give coaches an understanding of the role and provide tools to help the coach develop the new nurse.

Coach education

The 3.5 hour coach class is an interactive, evidence-based activity that engages participants in a variety of ways. An audience response system is used to allow participants to weigh in on different issues related to coaching. Discussion topics are also built in so participants can learn from each other and explore best practices. The instructors engage in role playing to illustrate specific strategies to help develop critical thinking and problem solving in the new graduate.

Participants report they are using the techniques they learn in the class, and new graduates are completing orientation as more rounded, well prepared nurses. Retention of new graduates after 18 months has increased by 10 percent, and Cone Health's new nurse retention is now much greater than the national average.

New Grad no more

Coach class is provided on the final Professional Day for new graduates to help them explore the coaching role and possible next steps in their career. It is also offered four times a year for experienced nurses. Nurses who work at most Cone Health campuses can register in CBL. Burlington campus nurses should contact Staff Education to register. Ask for the "Preceptor/Coach" class and say, "Put me in Coach, I'm ready for the next step of my career!" ❖


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**NURSING
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Linking Research to Practice Using the DNP in (a) NICHE

By Theresa Haithcock, RN, DNP, ACNS-BC and Debbie Green, RN, DNP, CNS, ANP/GNP, CENP

Poster Presentation at Carolinas Research Day, April 2, 2014

Abstract summary: NICHE (Nurses Improving Care for Healthsystem Elderly) is a nurse-driven program designed to help hospitals improve care of older adults. The purpose of this research was to determine the impact of DNP (Doctorate of Nursing Practice)-prepared nurses on the planning, development, and implementation of the NICHE program. Two DNP nurses, along with clinical staff leadership, provided education and implemented the NICHE program at a local hospital. The Geriatric Institutional Assessment Profile (GIAP), a valid and reliable

survey tool to assess knowledge and attitudes related to geriatric principles, was completed by nursing staff before and after focused geriatric education. The GIAP results demonstrated statistically significant improvement in all of the knowledge domains. "Professional issues" and "geriatric care environment" as measured by the GIAP showed improvement or no change. Pre-education assessment scores for "attitude" were very high; attitude measurement showed no change in the post-education assessment, a positive finding. Knowledge domains improved and attitudes remained high reflecting a more balanced approach to the geriatric patient following the implementation of the NICHE program. ❖


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Aromatherapy to Reduce Sedative Use in Critically Ill Patients

By Margaret Gilchrist, RN, MSN, CCRN, CCA; Belinda Hammond, RN, MSN, CEN, CCRN

Presented as Poster Presentation, Cone Health Nursing Research and Evidence- Based Practice Symposium, Greensboro, NC; October 2013

Abstract summary: Stress and anxiety, which are common experiences for critically ill patients, stimulate the sympathetic nervous system with subsequent adverse consequences. Nurses often use pharmacologic interventions to manage patient anxiety. Aromatherapy with lavender essential oil, a complementary therapy within the scope of nursing practice, promotes relaxation and comfort.

The purpose of this pilot study was to assess if aromatherapy with lavender essential oil would decrease anxiety, agitation and the use of sedation in critically ill adults. Patients admitted to the medical-surgical intensive care unit were randomly assigned to the control (no aromatherapy) or the experimental (aromatherapy) group. Lavender essential oil was administered twice a day to the experimental group. A total of 252 patients were observed over multiple shifts for a total of 1,207 observations. Analysis revealed a statistically significant lower use of PRN (as needed) sedatives for the aromatherapy group compared to the control group (11.6% vs. 19.9%, $p=0.034$). Aromatherapy with lavender essential oil is a useful nursing intervention to decrease sedative use in managing anxiety and agitation in critically ill adults. ❖


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**NURSING
 SCIENCE**

Focused Education of Geriatric Principles to Affect Clinical Quality at a Long-Term Care Facility

By Theresa Haithcock, DNP, RN, ACNS-BC; Brenda Clark Murphy, RN, MSN, GNP-BC; Lobel Lurie, RN, MA

Presented as Poster Presentation, Carolinas Health System 3rd Annual Research Symposium: Caring in Action: Innovations in Nursing Practice, Concord, NC; April, 2014

Abstract summary: The research question of this evidence-based practice project was, "Can focused education for nursing home clinical staff related to recognition of early deterioration in a patient prevent hospital readmissions and emergency situations?" An educational initiative was

created based on knowledge of adult learning principles, a needs assessment of the staff and reasons for hospital readmissions during the previous six months. A four-hour class presented information on age-related changes, urinary tract infections, heart failure and pneumonia, nutrition and hydration, and falls and delirium. The class was followed by a two-hour patient simulation. Data are currently being collected related to changes in the number of emergency department visits, and hospital readmission, falls and infection rates in the nine months following the educational intervention. ❖


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Reducing Heart Failure Readmission Rates Using Multiple Strategies

By Monette Mabolo, RN, MBA, MSN, CPAN, NEA-BC; Anita Sherer, RN, MSN, CNS, PCCN

Presented as Poster Presentation, American Association of Heart Failure Nurses Conference, Los Angeles, CA; June 2014

Abstract summary: There is the potential for readmission rates to be added to the current Heart Failure (HF) Core Measures. Given the financial penalties for readmissions within 30 days, our health system is under increasing pressure to reduce HF readmission rates. Bedside nurses reported that patients are confused about following the treatment plan. This is coupled with a lack of nursing time to thoroughly educate patients. A review of the evidence identified several key strategies to include: importance of family/caregiver involvement, assessment of learning preferences, a multidisciplinary team approach to patient education, adoption of the Teach Back method and incorporation of the HF Zone Tool, an evidence-based, nationally recognized tool for HF patient education.

The multidisciplinary team developed new patient education materials that used the HF Zone Tool. A new educational booklet that is centered on five key messages for HF self-care, includes an assessment of learning preferences and Teach Back questions. Staff underwent mandatory training on the content and the Teach Back process. Further hardwiring of the practice change included review of patient education as part of daily multidisciplinary rounds and charge nurse documentation review.

Our efforts around patient education have significantly reduced our readmission rate, enabling Cone Health to avoid financial penalties for the second year in a row. ❖


 CONTRIBUTING TO
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Glycemic Control in a Medical Intensive Care Setting: Revision of an Intensive Care Unit Nurse-Driven Hyperglycemia Protocol

By Crissy Dobson, PhD, RN, MSN, BC-ADM; Jenny Simpson, RN, MSN, BC-ADM; Daniel Feinstein, MD

Published in *Critical Care Nurse Quarterly*, 37(2) 170-181; April/June 2014

Abstract summary: The purpose of this study was to determine whether the addition of rapid-acting insulin bolus for enteral feed coverage and a reduction in basal insulin would improve glycemic control and decrease hypoglycemia in a medical intensive care unit. A quasi-experimental post-test design assessed glucose control

following the implementation of a revised nurse-driven hyperglycemia protocol. Findings from the study showed a hypoglycemic rate of only 0.72%, and no glucose value less than 40 mg/dL. In addition, the mean glucose value throughout the study was 160.9 + 35.6 mg/dL. This nurse-driven protocol seems to keep ICU patients within the recommended ranges set by the American Association of Clinical Endocrinologists but also has a low risk of hypoglycemia. ❖


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**NURSING
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Caution! CAUTI-Free Zone: Improving Outcomes in Heart Failure Patients

By Monette Mabolo, MBA, MSN, CPAN, NEA-NC; Danequal Brown, BSN, RN; Juanita Futrell, BSN, RN; Anita Sherer, RN, MSN, CNS, PCCN; Travis Morrison, NS

Presented as Poster Presentation, Cone
 Presented as Poster Presentation, American Heart Association Heart Failure Nurses Conference, Los Angeles, CA. June 2014

Abstract summary: Indwelling urinary catheters are commonly used for heart failure inpatients to support strict intake and output monitoring related to intravenous (IV) diuretic administration. In our 37-bed Heart Failure Department, high urinary catheter utilization rates led to high CAUTI rates, the highest rate in our health network. As our leaders drilled down on the problem, we identified inaccurate intake and output (I & O) documentation, staff knowledge deficits and an inconsistent use of urinary catheter protocol. The purpose of our study was to determine if intentional daily rounding combined with focused staff education would reduce the incidence of CAUTIs in adult inpatients.

Using the Iowa Model, our Shared Governance Council formed a team and reviewed the literature for best practice strategies.

Baseline data on I & O documentation and catheter care practices were collected. Staff were re-educated on the urinary catheter guidelines, proper peri-care, and I & O documentation through daily huddle messages and one-on-one education. Practice was changed to record catheter output every four hours. Post-education documentation was audited by department leaders daily for 60 days with the team continuing monthly audits. The team designated a nurse secretary/monitor tech as our "Foley Champion" to conduct intentional daily rounding using chart reviews, room observations of best practices and daily monitoring logs. The champion prompted nursing and medical staff to remove the catheter or determine a clear indication for continued use. These daily rounds re-educated staff on the practice standard and kept adherence to the catheter guidelines a department priority.

Implementation of daily rounding combined with focused staff education dramatically reduced our rate of CAUTI's, achieving seven months CAUTI-free. ❖

FROM THE TRENCHES

Meeting the needs of a patient and family

By Susan Brady, RN, BSN; Care Management Nurse

Every day nurses at Cone Health go to great lengths to deliver exceptional care. Here's one example of a nurse who truly went the extra mile:

A recent heart transplant recipient suffered a fall while visiting Greensboro. It was vital that the patient return to Pennsylvania to his/her home medical facility for extended treatment. A Medicvac company could provide transport, but not without a \$10,000 up front payment.

Enter **Brenda Graves-Bigelow, RN, BSN**, Nurse Case Manager. Brenda coordinated communications between insurance representatives and the Medicvac company, and she would not take no for an answer. Described as a "Type A" person by her co-workers, Brenda exercised professional diligence that got results. By evening, the transport was finally arranged. The insurance company footed the bill, and Brenda even arranged for the patient's sister to be a companion on the flight.

Observing this whole process from my desk, I was so inspired I just had to write to Nursing Beat. On this day, professional, caring and compassionate nursing was exemplified at its best. Brenda's actions were a true demonstration of our values and iCARE commitments. ❖

Brenda coordinated communications between insurance representatives and the Medicvac company, and she would not take no for an answer.

From the Editor



As we prepared for our June Magnet Site Visit, there were a lot of details to attend to. We all knew that we did the things to make us a Magnet network; we just did not know how to talk about it.

It was an amazing thing to see as we rolled out the plan for changing the nursing culture to speak 'Magnet.' The momentum was slow at first. As the date for the site visit got closer, people started to get it. We started telling the story of our nursing practice in a new way. Nurses would say to me, 'I never realized how much we do,' and 'It's really exciting to see it all come together when we practice (what we will say to the appraisers).' Nurses started to wear the smile of pride. Leaders engaged staff in the process of preparing. Mock surveyors provided a sounding board and a mechanism to practice. It was as if we woke up to all that we do and how we do it.

Isn't it important to do this from time to time? Stop, take stock of where we used to be, and think about what we have accomplished, and how? Isn't it refreshing to take the focus off all we have on our plates right now and look back across time and events with a satisfying sigh? I don't know about you, but this very practice gives me back some energy. It reminds me that one day the effort I am spending now will produce a product of which I am proud.

One of our professional practice model components is Celebration. I think we are pretty good at it. Let's continue to be. Let's stop now and then and tell our stories, shine up our practice and share with each other in a Magnet way. Rather than something we 'do' every four years, why don't we just 'be' Magnet? All the time.

Sarah Lackey, RN, MSN, CCNS, Editor-in-Chief
Magnet Program Coordinator
Rapid Response Team, Relief
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As the date for the site visit got closer, people started to get it. We started telling the story of our nursing practice in a new way.

Send your presentations, promotions, graduations, accolades and honors to Lisa Boland at Lisa.Boland@ConeHealth.com

Check the nursing website at Cone Connects>Departments and Teams>Nursing>Celebrations or <https://sharepoint.conehealth.com/nursing/celebrations.aspx>. ❖

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To communicate and celebrate
the dynamic power of
nursing innovations and
enduring values.

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