



## Women's Hospital on the Move

The countdown has begun for a very important day in the history of health care in Greensboro. On Monday, November 5, Greensboro Hospital will officially become The Women's Hospital of Greensboro. Maternity and Infant services previously housed at Moses H. Cone Memorial Hospital will physically move to The Women's Hospital of Greensboro, and will be complemented by new programs, services and a completely renovated facility designed for the care of woman and infants.

The move will begin Friday, November 2, the day scheduled for the office move. Neonatal Medicine offices, Ob/Gyn offices, nursing offices that will be located on the single-room-maternity-unit and the Neonatal Intensive Care Unit, and the Infant Car Seat Rental Program, among others, will all move to The Women's Hospital. This will have to be a very "neat" move, since The Women's Hospital will be in the middle of grand opening festivities.

On Sunday, November 4, the first patients will be moved from Moses Cone to The Women's Hospital. The smallest patients will be transferred first: the Neonatal Intensive Care (NICU) patients who require the most care. Moving that group of patients first will give the NICU staff the maximum amount of time to stabilize those infants before having to respond to deliveries that occur at The Women's Hospital.

Also on Sunday, beginning at 7 a.m., the Operating Room at Moses Cone will begin performing any C-sections that need to be done at Moses Cone so the O.R. equipment in Labor and Delivery can be moved to The Women's Hospital, cleaned and set up before it is needed on Monday.

The very first Women's Hospital baby will likely be delivered on Monday, November 5. Patients whose due dates fall between October 15 and December 1 will be informed to go to Moses Cone if they go to the hospital in labor before 7 a.m. on Monday, November 5, but to go to The Women's Hospital of Greensboro if they go to the hospital in labor at or after 7 a.m. on November 5. As of 7 a.m. on November 5, Labor and Delivery and Mother/Baby staff will be divided between the two hospital campuses. As each patient in labor at Moses Cone delivers, recovers, and is moved to the Moses Cone Mother/Baby Unit on Monday, the furniture and equipment in that patient's birthing room will be moved to The Women's Hospital, and the Labor and Delivery staff member caring for that patient will transfer to The Women's Hospital to assist in caring for new patients in labor being admitted to The Women's Hospital.

Although one objective of the patient care move is to transfer as few maternity patients as possible from Moses Cone to The Women's Hospital, it may be

necessary to transfer some long-term antenatal patients and any postpartum patients facing an extended stay. No patient will be transferred from Moses Cone to The Women's Hospital in active, uncomfortable labor. Physicians will be encouraged to discharge their postpartum patients as appropriate beginning Sunday evening with the hope that all postpartum patients will be discharged (or transferred, if necessary) by noon Tuesday, November 6. As postpartum patients are discharged, the remaining patients will be consolidated on one end of Division 3000 to allow crews to begin readying the unit for its new occupants. Plans for the move include special gifts for any maternity patient who is transferred to The Women's Hospital. Division 3000 staff are creating a contingency plan to accommodate any patient not wishing to be transferred.

High Point Rescue Squad, Guilford County EMS, and Tri-City Moving & Storage, Inc., will assist the hospital with the move. All NICU infants will be transported in neonatal transport isolettes

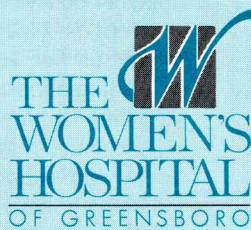
by the High Point Rescue Squad "Wee Care" vehicle, with hospital staff members in attendance. Antenatal and postpartum patients who must be transferred will be transported by Guilford County EMS. Each postpartum mother who is moved will take her baby with her in a car seat in the EMS vehicle.

The move will require a great amount of teamwork between the two campuses. That teamwork is already evident in the work of two committees planning the move: the Patient Care Relocation Planning Group, and the Support and Ancillary Services Relocation Planning Group. Each group includes representatives from both campuses, and both groups are focused solely on planning the patient care move so that it is safe and comfortable for patients and so that it causes a minimal amount of disruption for patients, their families, and both hospital facilities. Kate Ahlport, Assistant to the President, is serving as Relocation Coordinator, and chairs both groups.

More information will be forthcoming on the move, so stay tuned!

### THE TIME HAS COME:

FINALLY A HOSPITAL DEDICATED TO  
THE HEALTH CARE NEEDS OF  
WOMEN AND NEWBORNS.



opens

### Come Help Us Celebrate!

#### Employee and Family Ice Cream Festival

Friday, November 2

5:30 p.m. to 7:30 p.m.

The Women's Hospital Cafeteria

Tours of the hospital will follow.

#### Grand Opening Ceremonies

Saturday, November 3

10 a.m. to 2 p.m.

- Opening ceremonies and ribbon cutting begin at 10 a.m.
- Hospital tours start at 11 a.m.
- Balloon animal shows from 11 to 12:30
- Mini-seminars on Aging and Women, Premenstrual Syndrome and The Superwoman Syndrome will be held from 11 a.m. to 1 p.m.
- A maternity fashion show sponsored by Belk and featuring employee models begins at 1:30 p.m.
- Refreshments will be served and terrific door prizes will be awarded.

Please join us for this very special day.

# EMPLOYEE COUNCIL WELCOMES NEW EMPLOYEES

The Employee Council would like to welcome all new employees to The Women's Hospital of Greensboro. The Council would like to extend an invitation to all employees to come to our Omelette Breakfast, held on November 13, from 6 a.m. to 8:30 a.m.

The Employee Council is here for the employees. I hope that everyone will utilize this mechanism that has been set up for you. Our function is to facilitate open communication between employees and management council. The council is used as a vehicle to receiving/making viable suggestions for change and improvements in our workplace. And it does work, with your help. Our council members can then relay any of your concerns or suggestions at our monthly meetings.

During our monthly meetings we have guest speakers, and **Jim Whiting**, Executive Vice President of our hospital, attends all Employee Council meetings. The topics may vary, but the main theme is the same for right now: the change taking place in

our hospital. Construction continues and changes for both hospitals are now inevitable. All this is part of the council. The members of the Employee Council want you to know that they are here for you, the employees. We understand that change can cause stress, and we are here as sounding boards. We do relay to management that stress is high, anticipation extreme and becoming the only women's hospital in the state of North Carolina an honor within itself.

So you can see we not only plan social and recreational activities, but help in facilitating open communication with management council. Here is a list of your representatives and their alternates. Again, I'd like to express a warm welcome from our employees to The Women's Hospital of Greensboro.

Elaine G. Critticos  
Chairperson  
The Women's Hospital of Greensboro



## Terri Burleson is one of "The Great 100"

"Having a baby is a wonderful time in the life of a family, and I want to help get them off to a good start," said **Terri Burleson**, Perinatal Clinical Nurse Specialist. This philosophy along with Terri's dedication to perinatal nursing are among the many reasons why she was chosen from among 57,000 RN's across the state of North Carolina as one of "The Great 100" nurses. "The Great 100, Inc." is an excellence program organized to recognize nurses with outstanding professional ability who have made significant contributions to improving health care services in their communities.

Terri, who said she was surprised to be chosen, stated, "It's an affirmation that I have done a good job, and that's been exciting. This is especially true, she said, knowing that the Selections Committee consisted of nurses like herself. "It's an honor to be chosen by my peers," she said.

Martha Eakes, part-time staff member in labor and delivery at Moses Cone, nominated Terry for the award. "The central reason I nominated Terri," she said, "is because she has the ability to make a difference anywhere she goes."

Martha, who has worked with Terri for 12 years in labor and delivery, added that Terri has a great deal of diplomacy in her ability to work cooperatively with a lot of different people.

Lavonne Beach, Vice President of Nursing, noted that Terri joined the hospital as a staff nurse and has since then gotten her Masters in nursing from the

University of North Carolina at Greensboro.

The two shared a peer relationship when Lavonne worked as a head nurse for the postpartum unit and have since worked together off and on for ten years.

"Terri is a peer who has dedicated much of her adult life to providing education and care for pregnant women and their families," Lavonne said.

And indeed, Terri is involved in both local and statewide associations for nursing. She is currently serving as chairperson of the Maternal-Child Health Council through the North Carolina Nurses Association and was chosen as Maternal Child Health Council Nurse of the Year in 1988.

"Terri has a great sense of commitment and is very sincere," Lavonne said. "I am very excited to work with her again."

Terri is currently employed at Moses Cone Hospital and will transfer to The Women's Hospital in November where she will perform duties similar to those at Cone including coordination of the hospital's childbirth education program. This involves scheduling classes, training new instructors and meeting with individual families as needed for topics not covered in classes. Terri also coordinates Moses Cone's loss program, "Comfort," for those families who have experienced a miscarriage or death of a child. This program will move to The Women's Hospital in November as will the new Motherwell Health and Fitness Exercise Program, another program Terri

### 1990 EMPLOYEE COUNCIL REPRESENTATIVES

ADMINISTRATION  
Kathy Jarman (rep)

ADMITTING  
Lisa Morgan (rep)  
Sandy Hefner (alt)

ANESTHESIA  
Kathy Stevens (rep)

COMMUNICATIONS  
Wayne Fields (rep)  
Barbara Taylor (alt)

DIETARY  
Letha Hampton

EMERGENCY SERVICES  
Cathy Mathews (rep)  
Doris Balog (alt)

GENERAL ACCOUNTING  
Joanne Davidson (rep)  
Nancy Flinchum (alt)

HOUSEKEEPING  
Della Jones (rep)  
Pearl Barnhardt (alt)

INSERVICE  
INTENSIVE CARE NURSING  
Debbie Stanford (rep)  
Jocelyn Bryant (alt)

LABORATORY  
Elaine Critticos (rep)  
Elizabeth Doggett (alt)

MATERIALS MGMT./PHYS. THERAPY  
Yvonne Jones (rep)

MEDICAL RECORDS  
Lu Ann Chrismon (rep)  
Sybil Cameron (alt)

NURSING ADMINISTRATION  
Terry Osborne

NURSING-3RD FLOOR  
Gail Buttry (rep)  
Bobbye Tate (alt)

PHARMACY  
Linda Sells (rep)  
Robin Golden (alt)

PLANT OPERATIONS  
Robbie Ivey (rep)  
Patty Jones (alt)

RADIOLOGY  
Lora Mae Shaw (rep)  
Susan Kennedy (alt)

RESPIRATORY THERAPY  
Jackie Fulp (rep)  
Terry Martin (alt)

SURGERY/RECOVERY ROOM  
Carolyn Dickson (rep)  
Mary Fowler (alt)

coordinates.

"I'm thrilled about the move to the hospital," Terri said. "For years, I've wanted to see a women's hospital in this area. I'm excited to be involved in it."

# Reach Out and Touch Someone

Employees of Greensboro Hospital and Moses Cone Hospital now find it a little easier to "reach out and touch someone" using the new phone system. Completed on October 12, the new system reduces the amount of time employees spend dialing.

To place an outside call, employees simply dial nine for an outside line and the number, according to **Martha Bagwell**, Vice President of Support Services.

Martha explained that for outside callers the lines were set up with two different prefixes to simplify matters, stating that employees rarely call the patients rooms so it wasn't necessary to maintain the same prefix. The prefix for all departments is now 691 and the prefix for patients' rooms is 370. The main switchboard number is 691-6500.

Although time and convenience were big issues, they were not the only consideration in the hospital's purchase of the new system. The main reason for the new system was to allow for the hospital's growth, Martha said. The system previously used was outdated and had limited functions. It held little to no capacity for growth, she explained, adding that the hospital was also renting the system from AT&T so there was a strong financial incentive to change systems.

During Greensboro Hospital's internal evaluation of its telephone system, Moses Cone determined it also had phone needs. Moses Cone needed additional capacity for its own telephones and also needed to provide for the new nursing home being constructed on North Church Street next to the Day Surgery Center on Moses Cone's campus. Additional phones were also needed for the hospital offices located in the 200 Northwood Street building, located across from Moses Cone's campus.

To find the best solution, the hospitals hired a consultant to evaluate alternatives and recommend options. The

consultant determined the most cost-effective mode was not to replace Greensboro Hospital's equipment with an independent switch, but to attach it to Moses Cone's switch.

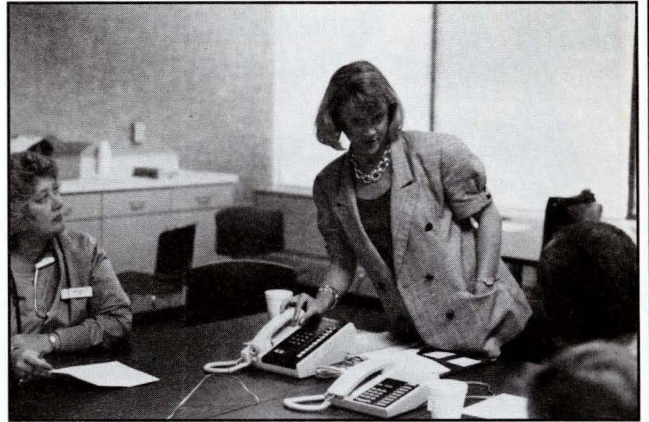
**Donnie Williams**, Director of Plant Operations, explained that a switch unit is a large cabinet that houses all the brains, as he calls them, or the software and computer parts necessary to run the phone system.

"It's like a central air conditioning unit with a duct that goes only into the living room of your house," Donnie said. "If you want to add a room to the system, you simply add a duct. The same air conditioning unit will then cool both rooms."

In a manner similar to Donnie's example, Greensboro Hospital is attached to this central switch unit at Moses Cone with T-1 wiring or hard copper line. Because there is more than one T-1 line, there is some redundancy built into the system, Donnie said. As a result, if there is an interruption to some T-1 lines, some telephone service would be maintained. Battery back-up for the system is also available.

Now that the system is in place, Donnie added, Centel, the company that performed the upgrade, will provide an on-site maintenance technician for both hospitals.

Greensboro Hospital also increased its number of phones from between 250 and 300 to approximately 400, Donnie said. The phones are ivory colored to coordinate with the



hospital's new interior and have a number of functions available, Donnie said.

For example, telephones with a hands-free intercom function were installed in the Maternity Care Unit and the Neonatal Intensive Care Unit. This hands-free phone/intercom system will enhance communication for nursing and other staff, Donnie said.

Other areas of the hospital received standard phones with single or multi-line functions with calling options of call forwarding, call transfer, conference calling, call parking or a ring-back function. The ring-back function alerts a caller that the party he or she has been unable to reach due to a busy signal is now off the phone. To use the ring-back function, the caller presses a key and 11 whenever he or she encounters a busy signal. The caller's phone will then ring repeatedly in short rapid bursts when the party hangs up enabling the call to be placed.

"This may sound silly," Martha said, "but because the features are the same on the phones here and at Moses Cone, you won't have to ask someone, 'How do I dial out?', anymore. You can just pick up the phone, dial nine and your number."

## The Breast and Ultrasound Imaging Center Already Up and Running

Much like a jig-saw puzzle, Greensboro Hospital's transition to The Women's Hospital is beginning to come together. One of the first completed sections of the puzzle, the Breast and Ultrasound Imaging Center began offering its mammography services September 24.

"Several surrounding physician's offices have been inquiring as to the availability of mammography services for their patients," said **Helen Sullivan**, Director of Radiology, adding that she wanted to comply with their

needs and their patient's needs as soon as possible.

Located on the first floor adjacent to the Diagnostic Radiology department, the Breast and Ultrasound Imaging Center consists of a waiting area, two ultrasound rooms, a mammography room, a consultation room for patient/physician conferences, a patient education room for mammography patients to view educational tapes during their visit, and a radiologist's reading room for interpretation of films.

The Breast and Ultrasound Imaging Center is newly renovated and is tastefully decorated with teal and mauve accenting a Queen Anne decor with a very feminine flair. "Having a home-like environment," Helen added, "will help accommodate patient's needs and hopefully decrease their anxiety."

Mammography services shall include breast imaging, screening mammography, fine needle aspirations, ductograms, and localizations prior to biopsies.

"In our efforts to offer comprehensive

mammography services," said Helen, "the hospital has also purchased a new state-of-the-art high frequency (low dose) mammography unit."

The hospital also offers employee screening services on campus, Helen said. She encourages all employees to use these services and stated that for more information employees should contact Becky Tolbert, Employee Health Nurse.

"We hope to educate women on the importance of mammography services," Helen said. "I feel the majority of women do not realize the importance of continual breast care including regular mammograms, routine breast examinations by a health professional, and monthly breast self-examinations. These will increase their chances of detecting cancer in an early stage. The new Breast and Ultrasound Imaging Center will help bring The Women's Hospital of Greensboro one step closer to that goal."

Carousel music, train whistles and children's laughter were all sounds of Greensboro Hospital's and Moses Cone's annual employee family picnic held September 9, at High Point City Lake Park.

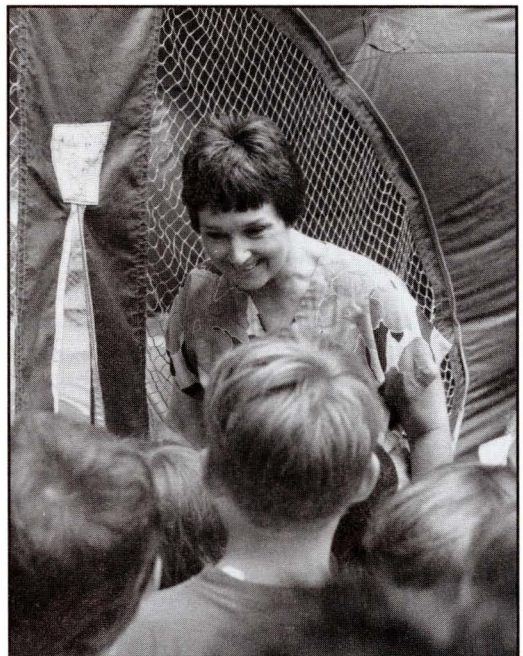
"The turnout was really good," said Becky Hunnicutt, Director of Personnel. Adults and children alike enjoyed a full day of activities. Aside from carousel and train rides, there was water sliding, a favorite among the youngsters according to Becky, and paddle boating. And for those inclined toward a more leisurely trip across the lake, there was a cruise boat.

Barbecue chicken and sandwiches or hamburgers and hot dogs satisfied the appetites of even the most famished. And for dessert, there were funnel cakes made by swirling pastry in confectioners' sugar. "Maybe not the best thing to eat with all that sugar," Becky said, "but they were good!"

Indeed, Greensboro Hospital's employee family picnic was an event filled with fun and laughter. But most importantly, it was an opportunity for employees to share a day with the two families most important in their lives—their immediate family and their family at Greensboro Hospital.



Kay Newman, Head Nurse on the Third Floor, rounds up daughter Ariel for a photo.

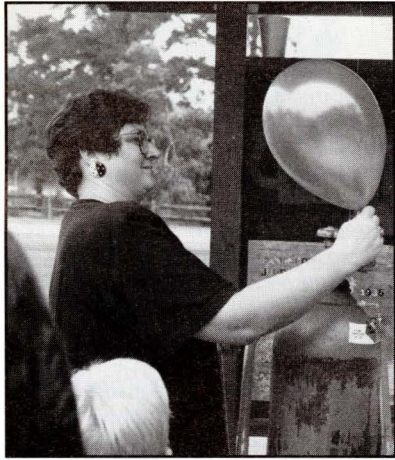


Joanne Davidson, Senior Accounts Payable Clerk, tries to organize the prospective "bouncers."



Cynthia Schaub, Vice President of Human Resources, paints a "rainbow" to go.

# Employee Picnic: A Great Success!



Helen Sullivan, Director of Radiology, masters yet another new piece of equipment.



And then there were three little Indians...



Pearl Barnhardt, (L) Environmental Services Tech, and Rosa Foust, Group Leader, both "Bingoites" need only one more number!



Lavonne Beach, Vice President of Nursing... "Eat your beans. They're good for you!"

(continued from page 6)

Noise isn't the only disruption experienced by preterm infants. Marcy noted that too much handling and improper handling can sometimes cause problems. On average, preterm neonates in special care baby units are handled 130 times every 24 hours, according to an article in the **Journal of Disease in Childhood**. The rest periods between handling are only 4.6 to 19.2 minutes, the article stated. This handling can be disruptive to an infant's sleep patterns and may cause behavioral distress.

Because there is no clear pronounced daily rhythm in noise and light intensity and staff activities, preterm infants can also develop sleeping problems that carry over long after they leave the nursery. Reduced noise, light, and handling at night in neonatal intensive care units seem beneficial, Marcy said.

A two-hour assessment with each infant will help Marcy determine which infants are more sensitive to environmental stimuli than others. In addition, she will be able to determine certain positional difficulties that may result if a baby is born premature.

"When you're in utero," Marcy said, "fluid helps keep you in a cuddle position. After birth, you have gravity working

against you." Therefore, if an infant is born 26 to 28 weeks premature, Marcy explained, it misses three months of development in its fetal position. This could be detrimental later on in terms of an infant's flexibility and range of movement. To counteract this, certain play activities can be established which will utilize those body parts affected. These activities include subtle range of motion exercises while holding the infants in flex positions as if they were still in utero and cuddling and supporting them as they experience what goes on around them. "You allow an experience to happen while making sure the baby is in the right position to receive it," Marcy said.

As the infants grows older, Marcy helps them with exercises like reaching for objects, sitting positions and head control.

In light of each infant's different needs, it is important that Marcy enhance both the parent's and staff's understanding of each infant as an individual. Which is why another part of Marcy's job includes education. Through assessment skills gained during her training, Marcy will participate in staff education pertaining to factors such as the environment along with many others. She will help staff establish the timing and organization of

medical and nursing interventions and will work with special service providers such as early intervention programs, public health nurses, physical therapists as they provide support for infant development after discharge.

"The nurses in the nursery at Moses Cone have been very supportive of the program and of me," Marcy said. They have worked on many environmental aspects of the program, especially considering that the ICU at Moses Cone has no containment with walls," Marcy said. "They will hang signs over the cribs as a reminder not to be noisy and they are good with the cuddling. It's their informal way of trying to do this-of taking it the next step.

"I'm excited that I have had the opportunity to do this," Marcy said. "Through my training, I have been able to expand my education in the area of neonatal development and care and expand upon the program already in place. The hospital already had the technological and medical capabilities such as the instrumentation and medicine. Now NIDCAP and APIB will play a part in the developmental aspect of neonatal care. It's important that we're going to take this next step and offer everything we know."

## The Women's Hospital of Greensboro is dedicated to focusing its resources on women's programs and child development...

To accomplish this, the hospital must be well-equipped to help expectant mothers through pregnancy, labor, delivery and the postpartum period following pregnancy. It must also be prepared to serve the needs of newborn infants from the moment of their first breath onward. Two programs enabling it to do just that are the Motherwell Maternity Health and Fitness exercise classes and the Neonatal Individualized Developmental Care & Assessment Program and Assessment of Preterm Infants' Behavior.

The Motherwell Maternity Health and Fitness exercise classes are a prenatal and postpartum exercise program designed to address the many physical and hormonal changes experienced by women during pregnancy.

"A woman's body undergoes a lot of changes during pregnancy," said **Terri Burleson**, the Perinatal Clinical Specialist in charge of coordinating the exercise program. "This program is designed to help a woman's body adapt to those changes."

In mid-October, groups of ten to 20 women began meeting for morning and evening classes held three times a week in the newly refurbished exercise room (formerly physical therapy) located on the ground floor of The Women's Hospital.

In comparison to the once utilitarian beige tile floors and beige painted walls of the former physical therapy room, the light blue carpet and white textured wall covering invoke a warm, friendly atmosphere to the room. The removal of two whirlpools and a small examination room allows ample space for floor exercises.

In the Motherwell Program, three registered nurses with expertise in childbirth education and physical fitness will instruct the women in a combination of standing and floor exercises that meet the American College of Obstetricians and Gynecologists guidelines for exercise during pregnancy. The instructors will also provide educational and informational tips on pregnancy and early parenting topics.

Terri stressed that Motherwell Maternity Health and Fitness exercise classes are not aerobics classes. "Exercises are done to music in a relaxed, informal atmosphere at a comfortable pace," she said.

"Women are encouraged to listen to their bodies and to never exercise beyond their individual comfort," Terri said. In fact, the classes are structured so that the

*Women are encouraged to listen to their bodies and to never exercise beyond their individual comfort.*

women check their heart rates and pulses at regular intervals.

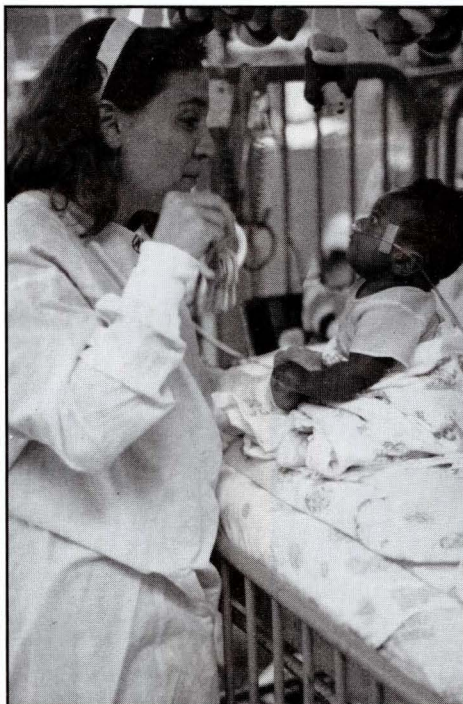
Benefits of the classes include improved muscle tone, especially in the lower back, abdomen, and thighs where additional strength is needed during pregnancy and delivery. The exercises also help to improve circulation, increase flexibility, relieve everyday tension and some of the more common minor discomforts of

pregnancy, like lower back pain, cramps, swelling and sluggishness.

And although there is no guarantee that the exercises will make labor easier and less painful, Terri said, they can help decrease common discomforts during pregnancy.

"It's safe, fun and effective," Terri said, "and I recommend it early in pregnancy, throughout pregnancy and up to six months after birth." Before a woman can sign up however, Terri added, she needs approval from her obstetrician.

There is a \$35 fee for the first four-week session. The charge is \$25 for each four-week session afterwards. For hospital staff members, the charge is a one-time fee of \$18 to cover the cost of the manual used with the program. Terri encourages



*Marcy Stewart, Physical Therapist, works with a baby in the Special Care Nursery*

staff members to visit the program and join in on the exercises.

Based on the performance of the Motherwell program at Moses H. Cone Memorial Hospital, Terri feels that the Motherwell Program at The Women's Hospital will be a success. "We consider that program (at Cone Hospital) to be very successful; women really enjoy being in the class and most re-enroll time after time," Terri said. "A number of physicians refer participants," she continued, "and we feel this is an indication of the excellent quality of the program for pregnant and postpartum women."

Sometimes however, no matter how many precautions women may take during pregnancy, such as exercising or eating well, there are complications that occur at or before childbirth. The goal of The Women's Hospital's Neonatal Intensive Care Unit is to provide the most current, humanistic and family-centered quality patient care available whenever these complications occur.

The 24-bed Neonatal Intensive Care Unit, located on the second floor of the hospital, houses state-of-the-art technology designed to provide superior care for the acutely ill and at-risk newborn immediately after birth and for the recovering and chronically ill newborns with continuing health-care needs.

The Neonatal Individualized Developmental Care & Assessment Program (NIDCAP) and Assessment of Preterm Infants' Behavior (APIB) is a training program designed to help health-care professionals in developmental assessment and care of at-risk newborns and is an important part of the nursery unit's structure.

In fact, NIDCAP and APIB will be a large part of the hospital's physical therapy program, according to Physical Therapist **Marcy Stewart**, who has been in NIDCAP and APIB training at the University of North Carolina at Chapel Hill since May.

The programs, which have only been in existence for four or five years according to Marcy, address environmental issues that could affect an at-risk infant's developmental progress both at home and in the intensive care nursery.

"Research has shown that a baby's behavioral, fine motor skills and coordination are affected when their environment is not conducive to their neurological and physiological needs," Marcy said. "And since these babies are born at-risk to begin with, we must make some effort to control their environment."

"Traditionally and historically, a physical therapist is thought of as a walking therapist," Marcy said, explaining that most people envision someone who gets people suffering from fractured hips or arthritis up and walking. "But actually, there's a wide range of therapy," she said, citing cardiopulmonary therapy as one example in addition to developmental therapy.

In keeping with its philosophy of offering high quality programs and a level of service that is extremely responsive and efficient, the hospital's decision to emphasize developmental therapy versus physical therapy makes it the second in North Carolina to offer what Marcy described as a "very new concept."

"There have been changes in neonatal development across the nation," Marcy said. "These changes address environmental issues such as noise, handling, and daily rhythms among many others, as well as looking at each baby as an individual."

Noise can sometimes lead to adverse physiological effects in the newborn. These include sleep disturbance, motor arousal and crying as well as more serious problems. Marcy pointed out that because the Neonatal Intensive Care Unit at The Women's Hospital is sectioned off instead

*"When you're in utero," Marcy said, "fluid helps keep you in a cuddler position."*

of one large open area, there will be less noise for the infants to contend with.

But aside from the noises that result from simply performing the necessary duties in the NICU, Marcy mentioned that there are noises that we don't even think about as being disruptive such as the placement of a telephone or just talking over a baby's crib.

*(continued on page 5)*



Last year, the United Way of Greater Greensboro raised \$47,810,000, experiencing a 16.6 percent increase over 1988. And the United Way thinks it's important for you to know that ninety-one percent of this amount went to service 38 United Way agencies. Ninety-seven percent of that amount remained in Guilford County.

This amount was possible because the United Way of Greater Greensboro is able to keep fund raising costs low, allowing nearly all of your contributions to go for services. Time and space for radio, television and newspaper are generously donated by the media. And campaign meals are paid for by the individuals attending, their employer or underwritten by corporate sponsors. As a result, year-round administration costs amount to nine cents on each dollar.

The United Way also feels it's important for you to know just how an agency is chosen. 350 volunteers review agencies, programs, finances, and management information. Volunteers also study the community needs and analyze costs and benefits. They make sure that many worthwhile programs get a chance to receive community support.

The Agency Relations and Allocation Division, which consists of 30 men and women representing all facets of community life then studies the member agencies and makes recommendations to a Board of Directors. The Board then makes the final decisions on how much each agency receives.

This year, 20 percent of the funds raised are allocated to elderly and health services such as mobile meals, GATE transportation services, senior aides for home health care and day care needs. Sixteen percent of the monies raised goes to special populations or those needing special therapies, transportation and employment training among other services. A full 24 percent of the monies goes to provide support for families. Six percent goes to child care and another 28 percent goes to youth services.

Ultimately however, you control where your money goes and who it helps. Through signing a donor designation card, you can designate funds to one specific geographic area (other than United Way of Greensboro) or to a particular agency. In addition, you can even give a negative designation of a specific United Way agency which you do not wish to support. This assures that none of your contributions will be used for that particular agency.

How and what you choose to give is personal. The United Way Fair Share Guidelines are available simply to give you an idea of how much your contributions can help. And all of your contributions are tax deductible.

All of this information about the United Way of Greater Greensboro leads to this simple conclusion: The United Way is indeed the best way to give.

## UNITED WAY CAMPAIGN AT OVER 92 PERCENT OF GOAL

The United Way campaign is underway. And while employees of Greensboro Hospital savor their lifesavers candy, **Becky Hunicutt**, Director of Personnel and the Greensboro Hospital campaign coordinator for the 1990 campaign year, hopes they are remembering the candy's significance.

"The lifesavers symbolize the United Way's 'life-saving' impact on all of our lives," Becky said. It was for this reason Becky chose to use them to kick off the 1990 United Way campaign at the hospital.

Once the campaign was officially underway, sixteen solicitors from the various departments, were carefully chosen and trained to answer any questions employees might have about the United Way.

"Each department made wise decisions in their choice of participants," Becky said. She also added that there was an excellent participation rate among the departments.

The solicitors held individual meetings within their departments between September 24 and October 12 to provide information about the United Way and explain how their contributions help. They will also strive to help the hospital meet its goal of \$14,725 for the 1990 campaign year.

This year's goal of \$14,725 represents a 10 percent increase over last year's goal of \$13,385. Just one week into the campaign, according to Becky, the hospital was able to raise 52 percent of this goal or approximately \$7700. Becky encourages those departments who have not yet turned in their cards to do so, noting that on Wednesday, October 10, there was an "Early Bird" drawing for those departments who have turned theirs in. The winning department received a pizza luncheon.

In addition to the overall United Way campaign goal, each department has its own goals. This

figure is based on each department's percentage of the total payroll. This same percentage was used to determine the overall goal for the campaign, Becky said.

As an added incentive to give to the United Way, those who contribute are eligible to win special prizes through various drawings scheduled during the month of October.

If an employee gives "the fair share"--the suggested amount according to his or her income--he or she is eligible to win funds toward a trip for two to Williamsburg, VA., or the Grand Bahama Islands; a television, 35 mm camera, videocassette recorder, compact disk player, bicycle or shopping spree from a local merchant.

Those who choose payroll deduction as their method of contribution may win one of two mini-vacations for two to Hilton Head, S.C., or Grove Park Inn in Asheville; a portable compact disk player, gas grill, cordless phone, automatic focus camera, television or gift certificate from a local merchant.

Anyone who chooses to give to the United Way, regardless of how much, may win a mini-Christmas vacation to the Biltmore House in Asheville or a trip to Shell Island at Wrightsville Beach, a \$500 or \$25 gift certificate from a local merchant, a Sony Walkman, binoculars or a gift certificate from a local restaurant.

"When all prizes are distributed and the 1990 United Way Campaign is completed, a special luncheon is planned for the solicitors to let them know how much we appreciate their efforts," Becky said.

"The United Way Campaign is occurring at a very busy time in our lives," Becky said. "But we hope everyone will participate."

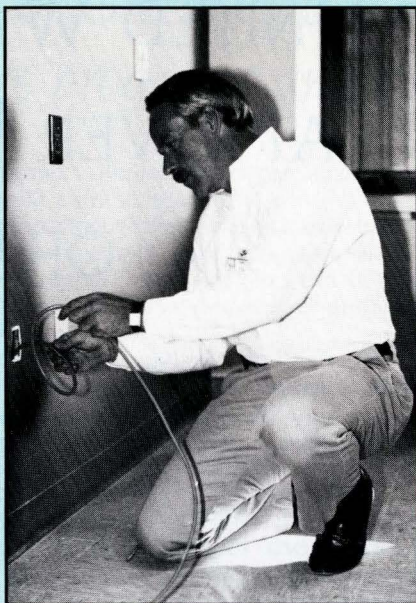
## Greensboro Hospital SALUTE

*"He's the best thing that ever happened to this hospital,"* said

Butch Solomon, Lead Machinist in Plant Operations, regarding his supervisor, **Donnie Williams**. "I've never experienced working for a guy who is so understanding and good to work for." These are words of loyalty that echoed from practically everyone's lips when Donnie's name was mentioned.

Director of Plant Operations Donnie Williams has been with Greensboro Hospital since 1989. Prior to that he was HVAC Section Foreman at Moses Cone Hospital for eight years. Plant Operations is responsible for the physical plant maintenance and upkeep. Donnie said this could mean repairing mechanical or electrical systems to fixing wallpaper and paneling. Donnie currently oversees seven employees, a number that will grow to eleven with the transition to The Women's Hospital.

"I just try to treat people fairly, the way I would like to be treated," Donnie said. "This will earn people's respect and



enthusiasm and they'll give you 110 percent."

"Donnie has a genuine, caring attitude about the staff and the facilities," said Joe Davis, Supervisor, Materials Management. Joe, who works with Donnie on a regular basis, added that he has never heard a negative comment from Donnie regardless of the task or the hours.

"Donnie has brought a lot of positive changes to the hospital," Joe said. "He could be a role model for every department."

**Herman Moore**, Mechanic, Plant Operations  
**Deborah Britt**, Receptionist, Radiology Diagnostic  
**Alberta Jarvis**, Environmental Services Tech., MAC  
**Gregory Johnson**, Porter, Dietary  
**Diane Ball**, Radiologist, Radiology Diagnostic

### TRANSFERS TO CONE

**Cynthia Stringer**, Intensive Care Unit  
**John T. Funk**, Communications  
**Connie Bouchillon**, Surgery  
**Arnold Jones**, Communications  
**Lillie Miller**, Nursing Unit #2

### TRANSFERS FROM CONE

**Sharon Taylor**, Primary Nurse, Nursing Administration  
**Maria Rivera**, Radiology Assistant, Radiology, Radiology Diagnostic  
**Cassandra Thacker**, Secretary I, Nursing Administration

### PROMOTIONS

**Lora Mae Shaw** from Transcriptionist to Ultrasonographer

### MARRIAGES

**Michelle Atkins**, Primary Nurse, Nursing Unit #2, to **Bryan Bruner**, September 1, 1990.  
**Robin Golden**, Pharmacy Technologist I, Pharmacy, to **William Walker**, September 1.

### BIRTHS

**Elizabeth Stanley**, Infertility Services Coordinator, A Boy Oct. 1, 1990

## Welcome

### NEW EMPLOYEES

**Deborah Dlugose**, CRNA, Anesthesia  
**Margaret Thompson**, CRNA, Anesthesia  
**Denise Garner**, Admitting Representative, Admitting Department  
**Carrie Markle**, Transcriptionist, Radiology Diagnostic  
**Tara Walker**, Inventory Clerk, Purchasing  
**Warlyene Thompson**, Inventory Clerk, Purchasing  
**Mike Robinson**, Pharmacist, Pharmacy

**Darlene Bechtel**, Social Worker II, Social Services  
**Deanne Gulban**, Phlebotomist I, Laboratory  
**Marion Mills**, Admitting Representative  
**Kimberly Morrison**, Operating Room Tech., Surgery  
**Lottie Williams**, Environmental Services Tech., MAC  
**Michele Shaw**, Pharmacist, Pharmacy  
**Deborah Haines**, CRNA, Anesthesia  
**Kathryn Connell**, Phlebotomist, Laboratory  
**Zarina Chow**, Pharmacist, Pharmacy  
**Francine Tuohy**, Anesthetist, Anesthesia  
**Janette Williams**, Environmental Services Tech., MAC  
**Georgia Crump**, Environmental Services Tech., MAC  
**Paige Poole**, Phlebotomist, Laboratory

## Greensboro Hospital

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