

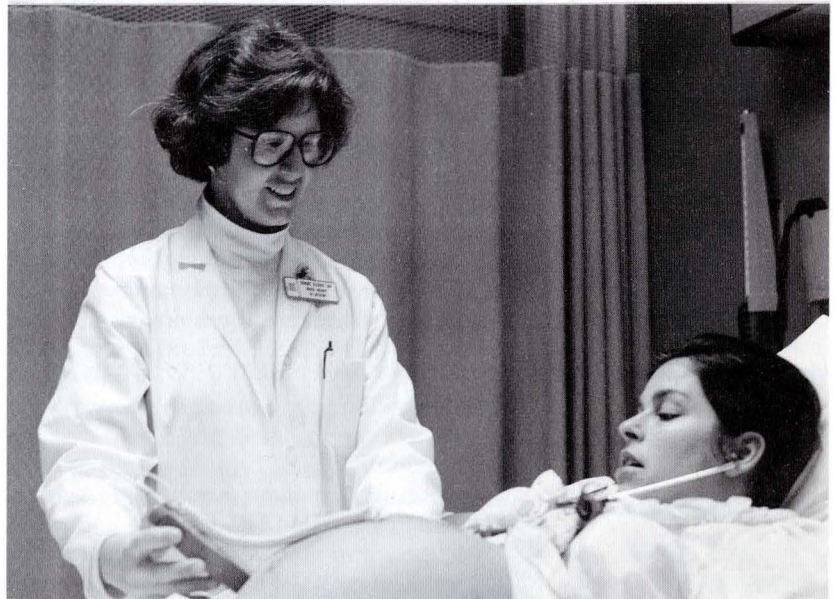
Nurse-midwife part of OB Team

From earliest recorded times, midwives have assisted and supported women in childbirth. Their personalized care and approach to pregnancy and birth as normal processes have been a source of comfort to women in every culture. Today's nurse-midwife is a certified highly-educated health professional who combines the science of modern medicine with aspects of the ancient art of midwifery.

Deirdre Bledsoe is a Certified Nurse-Midwife (CNM) who works at The Women's Hospital in the Department of OB/GYN. She is eager to dispel the myths and misunderstandings concerning midwives that still are prevalent today.

"One of the prevalent myths is that midwives do births in the home setting," said Deirdre. "Actually 85 percent of all certified nurse-midwives attend births in hospitals, 11 percent in birthing centers, and only 4 percent in homes (where certain safety criteria are met)." There is a lack of public understanding of the distinction between CNMs and lay midwives. While there are no standards for certification of lay midwives, nurse-midwives are all experienced RNs who have completed an accredited educational program, passed a national certifying exam and met additional state requirements. "CNMs always work in collaboration with a physician," Deirdre added.

Nurse-midwives typically work in hospitals, private practices, health maintenance organizations, public health departments and clinics. At The Women's Hospital, Deirdre provides prenatal services for women who do not have access to an obstetrician, conducts normal deliveries, and helps teach the family practice residents and physician assistant students. Though many CNMs limit their practice to "low-risk" women, Deirdre enjoys working with lower-income, often high-risk clients. "Our team consisting of perinatologists, obstetricians, residents and myself is a



good mix for our patients and makes for a good learning environment," she said.

Why would a patient choose a nurse-midwife instead of a physician? "I think one reason is the value on continuity of care," she said. "Nurse midwives can usually spend more time at prenatal visits and with laboring women." They tend to get women and their families involved in what's going on, offer alternatives, and perform medical interventions such as anesthesia and episiotomy only when necessary. "People come into the hospital feeling vulnerable," said Deirdre. "They like to have options and clear explanations."

Deirdre also works at the High Risk Preterm Labor Clinic, where she gets to know many of the patients through weekly visits. "I enjoy the preventive care — teaching about risk factors and counseling — the most," she said. "There are lots of opportunities to empower women throughout pregnancy, birthing and the early period of bonding with the newborn. Hopefully a safe, satisfying experience with us will set them up for continued success in parenting," said Deirdre. ■

"One of the biggest myths concerning midwives is that they deliver at home," said Deirdre. "Actually, 96 percent of all certified nurse-midwives work in hospitals." The average nurse-midwife is a registered nurse with at least one year of experience in Labor & Delivery and Women's Health. "And CNMs always work with a physician back-up," added Deirdre.

Executive notes

During the past fiscal year, October 1, 1991, to September 30, 1992, our hospital has been extremely successful. We delivered more babies, performed more women's surgical procedures, did more diagnostic testing and provided more community education programs than in our previous year. This success can be attributed to the commitment of our employees and volunteers and the satisfaction of our physicians.

As a *team*, our hospital employees and physicians planned program improvements, designed new patient care areas and re-designed existing areas to improve patient care. I believe that of all the things we accomplished last year, the most important was the inclusion of physicians and employees in

planning and decision-making — the best decisions are made by a committed team.

Last year also marked the beginning of the "Total Quality Management" (TQM) program. We began by educating all of our management staff in TQM principles of *continuous quality improvement, customer focus and organizational and personal commitment to the corporate vision*. The education of physicians and all employees will take place this year. TQM is a commitment to change the way we plan and problem solve and requires us to *understand and work with our customers to improve our service*. Our customers may be physicians, patients, other departments or anyone to whom we provide service. Our services may be patient outcomes, diagnosis, clean rooms, accurate billing or whatever is your responsibility to produce.

Many healthcare and non-healthcare institutions have made measurable improvements in their efficiency while improving quality and customer satisfaction. I believe that a management system based upon quality improvement, customer focus and efficiency, as is TQM, will be ultimately successful.

I look forward to another successful year. Thank you for supporting The Women's Hospital. ■

Jim Whiting
Executive Vice President

Key Statistics — Actual FY 1991 vs FY 1992

	FY 1991	FY 1992	% Variance
Deliveries	3,522	3,771	7.1
Surgeries	2,944 inpt 1,469	3,223 inpt 1,542	
(without C-sections)	outpt 1,475	outpt 1,681	9.5
Ultrasound	5,613	7,970	42.0
Mammography	718	1,426	98.6
Pharmacy	335,568	376,482	12.2
Laboratory	114,828	115,486	0.6
Respiratory Therapy	107,837	117,154	8.6
Maternity Admissions	8,332	10,277	23.3
Discharges			
(w/out Newborn)	5,428	6,180	13.9
Pt. Days	23,834	25,052	5.1

Christmas Festivities Begin

Christmas festivities officially begin at The Women's Hospital with the arrival of Santa Claus to our famous annual Family Night. All children of employees are invited to come and decorate Christmas cookies and visit with the one and only Santa Claus!

To follow this family event, the annual employee Christmas Party will give us the chance to spread a little joy among our peers. Please plan to participate — it won't be the same without you! Dates and times for these events are as follows:

Family Night
Tuesday, December 15
7:00 – 9:00 p.m.
Green Valley Cafe

Employee Christmas Party
Tuesday, December 22
2:00 – 5:00 p.m. &
12:30 – 2:00 a.m.
Classrooms 3 & 4

Get out the silk holly, ribbons and foil and get ready for this year's Christmas door decorating contest! Judging will be on Monday, December 21 and winners will be announced at the Employee Christmas Party on December 22.

The Women's Hospital and Moses Cone freeze rates

For the second consecutive year, The Women's Hospital and The Moses H. Cone Memorial Hospital announced they will freeze rates for the coming year. This action continues the rate freeze announced in 1991 and covers the period from October 1, 1992, through September 30, 1993. The last rate increase by the hospital was October, 1990.

"We are understandably proud of this announcement," stated Dennis Barry, hospital president.

"This record is unique among hospitals in our state and in our nation," Barry said in announcing the decision.

"During the past nine years, we have been able to go without rate increases in four of those years," Barry said. "This is an average yearly increase of 3.8 percent, less than one-half the average national hospital average increase of 8.4 percent," according to Barry. The hospitals froze their rates in 1985, 1987, 1992 and for 1993.

Barry attributed the success in holding down rates to the dedication and diligence of the hospitals' employees and the cooperation of the community physicians and dentists who practice at The Women's Hospital and Moses Cone Hospital.

Barry cited several programs that are designed specifically to improve quality and

hold down costs. In the area of purchasing and overall operations the hospital has a value analysis program in place. This program is designed to evaluate purchases and processes to reduce costs, eliminate unnecessary purchases and obtain the best value in materials purchased. In the clinical arena, the hospital has a "clinical pathways" program to measure the best patient outcome and efficient resource utilization for a procedure or disease treatment and then shares this information with physicians. In addition, the hospitals are in the process of implementing a Total Quality Management process which will contribute to these efforts.

"We are very aware of the public's serious concern over rising health care costs. We share that concern, and this is our contribution to address this national problem," Barry stated. According to Barry, the hospital will maintain its commitment to providing new and innovative services, the latest technology and continue to treat people regardless of their ability to pay.

"This price restraint is a basic part of our mission which states that one of our goals is to provide the best quality healthcare to the people of our community at the lowest possible cost. We take that mission very seriously." Barry said. ■

"This price restraint is a basic part of our mission which states that one of our goals is to provide the best quality health-care to the people of our community at the lowest possible cost. We take that mission very seriously." Barry said.

A bold new plan to help the poor announced

Citing the deepening healthcare crisis of the poor and uninsured, Moses Cone Hospital and the Greensboro Urban Ministry have launched plans for a new non-profit organization to address the healthcare needs of the medically indigent. As its first undertaking, this new organization, called HealthServe Ministry, will develop and operate a primary care center.

Moses Cone is committing \$1.2 million over a four-year period to help operate the new facility, including the estimated \$200,000 cost of equipping and furnishing it. The Urban Ministry will provide \$715,000 for construction.

As the first corporate partner, Moses Cone is providing the leadership needed to establish a broad-based community involvement. The hospital said the mission of the project is to establish a sustainable source of routine primary care services that will be easily accessible to people who have little or no health insurance.

Unlike other large urban areas in North Carolina, Greensboro has neither a medical school nor a publicly owned hospital, two of the more common sources of care for the indigent. To help bridge this gap, Moses Cone has been the major source of primary care for these citizens through teaching clinics and the emergency department. But an ever-increasing demand has overwhelmed our services.

Building on the success of the Urban Ministry's small health clinic, the new facility will have a full-time medical staff and offer comprehensive care to the medically indigent. Initial estimates are for 13,389 visits by patients in the first year of operation, growing to 24,408 within two years.

The clinic is scheduled to open next summer in a new building adjacent to the Urban Ministry's new building, now under construction on West Lee Street. ■

Educational Loan program offers an opportunity



"When I graduated from college the first time, I didn't participate in the graduation ceremonies. I was anxious to finish, and it didn't seem like a big deal. But this time, I will definitely go. Nursing school, especially at my age, with two kids and a husband who is so supportive . . . I can just imagine that day. I can close my eyes and see myself. I'll really be proud to graduate."

For many, the soaring costs of education make this opportunity seem barely attainable. One course at The University of North Carolina at Greensboro costs approximately \$300, and a four-year degree can cost as much as \$8,000.

For part-time Nursing Technician II Elizabeth Shelton, 39, who is married and has two small children, there were other considerations as well. A former eligibility specialist with the USDA Food Stamp program who decided to pursue a degree in nursing full-time, Elizabeth had the added cost of schooling to contend with in addition to the continued cost of daycare for one of her two children and a total loss of her income.

In her acknowledgment of these concerns, Elizabeth was quick to add, "You must be kind of creative and kind of flexible and learn to think in new ways. Don't box yourself in and limit ideas you have or the ways you can do it."

Determined to find a way to have her financial needs met, Elizabeth began to research her options, both professionally and financially. Her interest in the broad field of maternal child nursing led her to The Women's Hospital where she discovered The Moses H. Cone Group of Health Care Services Educational Loan Program.

The Educational Loan Program is an educational assistance loan program that provides financial support for employees and individuals obtaining educational degrees or certification in certain targeted field of study, one of which is nursing.

Elizabeth filled out an application form and summary checklist itemizing the costs of tuition, books and fees for one year. She then wrote a letter stating her reason for the need of the loan and provided a transcript of her most current grades. This was followed by two letters of recommendation and proof of accepted application for enrollment at UNC-G. A Loan Approval Committee then reviewed her application and determined she was eligible for assistance.

To date, Elizabeth has received two loans totaling \$3,000 from the program. Unlike most college-funded loan programs where Elizabeth would begin to pay the loan back with interest upon graduation, the Educational Loan Program is repaid by full-time

employment at the hospital which would begin within two months of graduation. The full amount of each annual loan is forgiven for each full-time equivalent year of employment at Moses Cone Hospital or The Women's Hospital.

If Elizabeth should choose not to become a full-time employee of either hospital, her loans would be payable in one lump sum upon graduation. If the lump sum cannot be made, each annual loan must be repaid at an interest rate stipulated on the promissory note within 12 months following graduation. Elizabeth's goal, however, is to become a permanent employee of The Women's Hospital, and therefore she said she doesn't mind paying the loan back as a full-time employee.

Despite the assistance from the Educational Loan Program, Elizabeth said things have been real hard financially. Her husband, a professional musician, works full-time in a music store and teaches music lessons.

"My going back to school has changed our lives in that my husband has to work all the time," she said. "He works twelve hours a day to keep us solvent, and I hardly ever see him."

In addition to her part-time employment as a nursing technician at The Women's Hospital, Elizabeth has held several odd jobs to generate income including a paper route.

Her search for forms of financial assistance is never ending. She has also been innovative in her approaches to saving money such as securing daycare scholarships through United Daycare for her youngest child.

This same perseverance shows through in how well she performs in school and here at The Women's Hospital. She was recently chosen the recipient of the Doris Neador award through The Women's Hospital and a recipient of an Auxiliary of The Women's Hospital of Greensboro Scholarship. Each year the Auxiliary sends a portion of the money raised during special projects, gift shop proceeds, and occasional bake sales to financial aid offices within the local nursing schools. The schools then choose the person most qualified based on the Auxiliary's prerequisites of a C-average and junior year equivalency.

"I had no idea I was being considered until I received the financial aid award letter from the school," Elizabeth said. "It made me feel like a million dollars."

The women of the auxiliary, who often do not know the recipients of their scholarship, were happy that Elizabeth was chosen, according to Volunteer Services Director Ann Warmath, particularly one volunteer who lived on the paper route Elizabeth had taken to earn more money when she first started school.

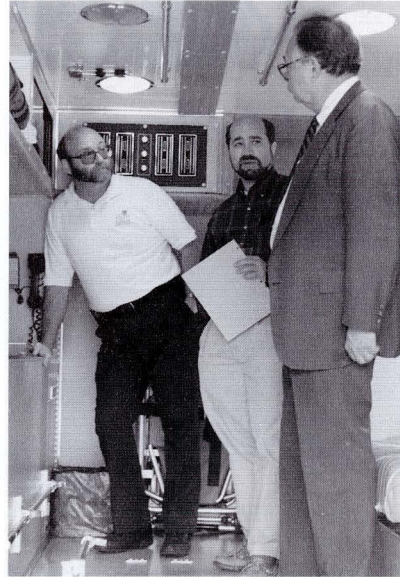
Ann was also impressed with Elizabeth. "She is so highly motivated and goal-oriented. Yet, I don't think she thinks what she's doing is so remarkable.

"There's no 'poor me' in it at all. She expects hard work and dedication from herself," said Ann.

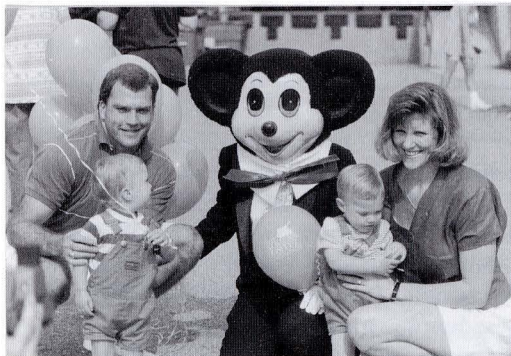
In a little over one semester, Elizabeth graduates from nursing school at The University of North Carolina at Greensboro.

"I'm going to have to be pinched," Elizabeth said in anticipation of graduation day, "When I graduated from college the first time, I didn't participate in the graduation ceremonies. I was anxious to finish, and it didn't seem like a big deal. But this time, I will definitely go. Nursing school, especially at my age, with two kids and a husband who is so supportive . . . I can just imagine that day. I can close my eyes and see myself. I'll really be proud to graduate." ■

Reception honors expansion of neonatal transport



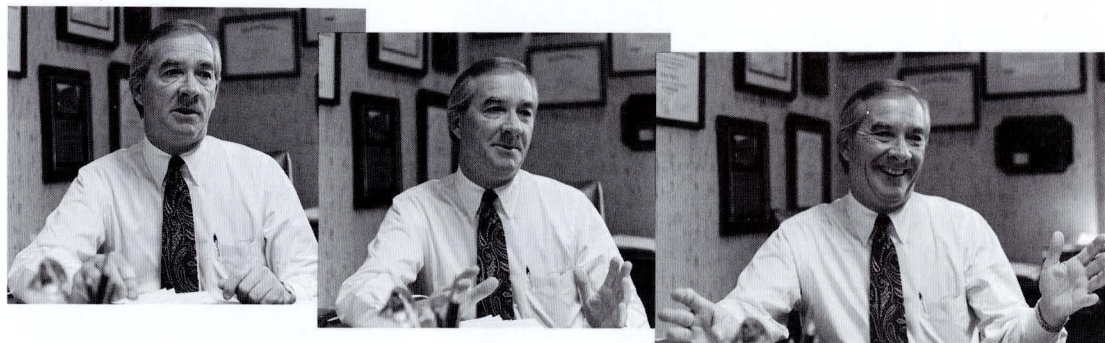
Neonatal Reunion — A chance for good friends to meet again



Growing Together...

TQM helps us focus on those we serve

One of the things that TQM is helping us to do is to broaden our definition and focus of what quality really is. Quality really contains all three of those elements. Effective, efficient service; reasonable and affordable cost structures from a consumer's point of view; and excellent outcomes from a care point of view.



As our corporation learns more about TQM, many of us are interested in exactly how TQM will impact our jobs, our hospitals and our corporate culture. To introduce us to what TQM means for The Moses H. Cone Group of Health Care Services, President Dennis Barry shares his view of TQM and the TQM vision for our corporation.

large. I think that by helping us focus on those things, we can do an even better job in the future of meeting the objective of our mission.

Finally, I have a sense that in our organization, the refocusing on quality and emphasis on TQM are also something that the organization is really ready to do. The refocusing will help us attract and keep top quality staff as we pursue these objectives.

Q Why did we decide as a corporation to adopt Total Quality Management?

A I think the principle reason we adopted TQM is to find better ways to improve our performance with respect to *fulfilling* our mission. In that sense, how our mission fits into TQM is very important because I think that they are very much inter-related. If you look at our mission historically, in terms of serving this community, providing superior patient care, and integrating the delivery of healthcare services in a more efficient and effective way, then finding ways to do that better becomes very important. We believe that by adopting TQM we can enhance our performance as an organization, both in providing quality service as well as serving our community better. Those are the two primary motivations. There are, however, additional positive benefits involved in adopting TQM.

These involve focusing our efforts on those that we serve, be they patients, or families, our medical staff, or indeed the community at

Q "What are the main components of TQM?"

A Our TQM vision focuses on two major goals — that we become the healthcare provider of first choice for our community for patients and the medical staff that we serve, and in a similar vein, become the employer of first choice for our workforce.

I think that there are primarily three or four key elements that make up the TQM principals that will enable us to achieve our TQM vision.

The first, of course, is meeting the needs of those we serve in terms of service, cost and outcome. One of the things that TQM is helping us to do is to broaden our definition and focus of what quality really is. Quality really contains all three of those elements. Effective, efficient service; reasonable and affordable cost structures from a consumer's point of view; and excellent outcomes from a care point of view.

The second element relates to the idea that we must continuously improve. Our focus,

(continued on next page)

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therefore, falls on establishing systems to measure progress over a long period of time so that our efforts will continue to be focused on improving what we do. The TQM movement doesn't suggest achieving only short-term goals. The real notion here is to substantially improve on a continuing basis over a long period of time.

The third element involves how we look at problems of poor performance in terms of the organization. What we find here is that we need to improve the systems of how we deliver our services. We need to create and support systems that facilitate quality performance rather than hinder that kind of performance — systems that facilitate good teamwork, and rely a great deal on open communications and the pursuit of a shared vision through excellent teamwork.

Finally, you can't achieve those three components of the TQM Vision unless you have the right kind of environment which recognizes and values leadership, achievement and trust, and which fosters the respect of each other as well as the respect of our consumers. This concept leads into another important issue — how TQM will change each of our jobs. I think the major change in our daily worklife will be that through TQM we will focus on our customers and define who our customers are. We have to understand that internally we might have numerous customers for whom we provide services. How well we provide those services to our internal customers may very well make the difference in providing excellent quality in terms of service, cost and outcome to our patients.

So a focus on who our external and internal customers are and how we can better meet their needs are concepts that will have significant impact on individual jobs as those jobs become somewhat restructured to refine systems in providing services.

I also hope that it would mean that individuals throughout the organization would feel a better level of ownership and participation in the whole TQM program, because it is clear that it requires everybody's effort to produce the kind of outcomes and quality focus that TQM requires. I think in many ways it will become easier for people to understand how their individual efforts might in fact relate to the outcome of those efforts as we better define the systems through which we provide services.

Q How will the adoption of TQM change our corporate culture?

A I'm not sure that we're all that far away from the kind of culture that TQM will require. TQM requires a level of ownership and participation by the workforce that is unique and new. It requires a very positive attitude about serving the needs of our customers. It also requires a high level of trust in the sense that ideally involvement and participation in terms of problem solving would be pushed much deeper in the organization so that individuals will contribute greater in terms of problem solving.

I'm sure we'd then develop a greater level of ownership and satisfaction out of being successful in that regard. I think those are the basic ingredients of change — focus involved with participation, and then satisfaction of being able to make things happen in a real positive way.

Finally, my job, from that corporate culture point-of-view, is to create an environment in which those elements can occur, and to facilitate the process of implementing TQM. This will involve the training of our employees and providing the structure in which TQM can not only be taught, but can be practiced on a daily basis.

Q Do you think there is general enthusiasm within the corporation about TQM?

A From what I've seen so far in terms of both senior management and department heads who have been the most involved in the training and orientation, I would say that there is a very positive attitude about TQM. I think people are looking forward to implementing more and more of it, as this year rolls out. But we all must understand that TQM requires a multi-year effort to put all the processes in place. In many ways our organization is ready to take on this challenge, and we will have a very successful transition. ■

In our next issue please see our article on a review of the TQM/Quality improvement projects.

Finally, you can't achieve the TQM Vision unless you have the right kind of environment which recognizes and values leadership, achievement and trust, and which fosters the respect of each other as well as the respect of our consumers.

The Women's Hospital Hits a Homer! United Way Campaign a success

Congratulations! Thanks to everyone who generously donated their time and money to the 1992 United Way campaign, it was a huge success!

The Women's Hospital's goal of \$30,390 was reached and passed! More than 103 percent of our goal, or \$33,470.61 was raised, and 20 out of 29 departments exceeded their goals. The combined Women's Hospital and Moses Cone goal was also surpassed! More than 108 percent of our goal was reached by raising \$184,898.

According to Jack Smith, Director of Environmental Services and this year's Campaign Co-chairman, The Women's Hospital's response was completely overwhelming. "This year is the best year we've ever had. It's great to know that people are still looking out for others," said Jack.

This year's successful drive can be attributed to the use of solicitation rallies, a fun baseball theme, and the many volunteers who rolled up their sleeves to make the campaign run so smoothly. This year's solicitation rallies were organized and run by Women's Hospital department heads. Jack proudly reported that, "These rallies are really what made the difference. We wanted to teach people about where the money went." After the first day of rallies, we reached 30 percent of our goal.

A fun baseball theme replaced the too-familiar thermometer theme this year. Solicitors wore baseball caps and were referred to as umpires or coaches. Departments tracked their progress with baseball bats instead of thermometers, and awards were presented to those departments coming up with the best pennant design.

This year's campaign goal never could have been reached without all of the people who volunteered their time and efforts. Thanks especially go out to Becky Hunnicutt, Director of Personnel, who worked overtime to keep track of all the campaign's donations and finances. Willie Johnson, Director of Quality Assurance, really helped out by participating on many planning committees.

Everyone who generously donated to the United Way campaign can be assured that the money is well-utilized and does help our neighbors in need. For example, our Greensboro United Way supports crucial local organizations such as the YMCA, the YWCA, the Boy Scouts of America, and the Tarheel Triad Girl Scouts Council. The United Way also reaches out to those in need through agencies such as the American Red Cross, the Family and Children's Service and Greenpoint Chemical Dependency Centers.

Also, the United Way of Greensboro uses less than 10 percent of funds raised for administrative and fundraising costs.

The United Way would like to thank everyone who worked so hard to make this year's Women's Hospital Campaign such a huge success.

Thanks to everyone who participated in this campaign's solicitation rallies. This year's "umpires" who volunteered their time to lead the rallies were:

Beci Joiner	Jim Whiting
Paula Vosburg	Tab Haigler
Vicki Latham	LaVonne Beach
Ann Warmath	Martha Bagwell
Margie Alley	Kay Newman
Laura Roseman	Kathy McPhail
Eileen Kerr	Sandra Howell
Nancy Foxworth	Maggie Conklin

Congratulations to all of the people who won prizes through drawings held during the United Way Campaign:

- **Kathy Jarman**, Executive Office — parking space
- **Susan Coble**, NICU; **Jean Gordon**, Mother/Baby Unit; and **Deborah Houston**, Pharmacy; — \$50.00 gift certificates to Belk.
- **Mary Burke**, Communications — AM/FM Cassette Recorder
- **Geraldine Campbell**, Dietary; and **Brenda Skinner**, Maternity Admissions; — 8 hours of PAL time.
- **Maggie Conklin**, Employee Health/Infection Control — trip to Pinecrest Lodge in Tryon, NC.
- **Tina Powers**, Central Nursery; and **Stacey Rohrig**, Laboratory; — \$50.00 gift certificates to Harris Teeter.
- **Dee Westmoreland**, NICU — \$50.00 gift certificates to Service Merchandise.
- **Nancy Flinchum**, General Accounting — \$50.00 gift certificate to Hechts. ■

More than 20 Women's Hospital departments reached and surpassed their goals — Thanks for driving in that last run!

Nursing Administration
Neonatal Medicine
Surgery
Pharmacy
Anesthesia
Radiology
Laboratory
Respiratory Therapy
Social Services
Perinatal Education
Maternity Admissions
Dietary Services
Plant Operations
Medical Records
Executive Office/QA/Public Affairs
Volunteer Services/Women's Education Ctr.
Accounting
Admissions Services
Materials Management
Personnel
Environmental Services

Newsnotes

Construction Update

The Maternity Admissions expansion project, which was completed in October, greatly increased our ability to serve our patient demand in that area. In addition to adding a procedure room and an antenatal testing room, the project also involved the following: the construction of four patient exam rooms, a new canopied patient drive and renovations to the Maternity Admissions Nurses' Station, office space and lounge. It provides us with 2,240 square feet of renovated space and 3,760 square feet of new space.

Our next construction project will involve an update to our Intensive Care Unit. The project, now out to bid, requires bids to be in Dec. 17, and construction will immediately follow in January.

This project which will take a year to complete, will create a four-bed ICU unit that will be separate from the recovery area.

"This will greatly enhance our ability," said Vice President of Nursing LaVonne Beach, "to care for our critically ill post-surgical patients, antepartum and postpartum patients."

In preparation for this project, a new employee parking lot is currently under construction behind the hospital. This lot will accommodate approximately 50 cars and will replace parking spaces that will be lost when the staging for the ICU project begins.

Mark Your Calendar!!!

Blood Drives Set for 1993

The American Red Cross will hold blood drives at The Women's Hospital on Friday, January 29, and Wednesday, May 5, from 12:30-4:30 p.m. in the Women's Education Center.

Our goal for each drive is 50 donors, and to date, although there has been enthusiastic participation, we have fallen slightly short of our goal.

Posters and fliers will be distributed closer to the event. Please make plans to attend these drives now!

Women's Hospital staff members awarded for their leadership roles

Two Women's Hospital staff members have received awards that recognize them as leaders in maternity and newborn healthcare. Dr. J. Laurence Ransom, Director of Neonatal Medicine, and Vicki Latham, Clinical Nurse Specialist, have both won healthcare leadership awards.

On September 17, 1992, Dr. Ransom was awarded the Maternal and Child Health Outstanding Achievement Award during the annual meeting of the North Carolina Public Health Association in Greensboro. Dr. Ransom, along with Dr. Docia Hickey, who also received the award, organized the North Carolina Maternal and Child Health Advisory Board after the official dissolution of the N.C. State Perinatal Council. The newly formed group was created to replace the State Perinatal Council, and to ensure that there is better access to healthcare for women and children.

In creating this new group, Dr. Ransom has found that only the community can find the solutions to their own problems. "It's impressive that there are a lot of people who want to give back to their community," he said.

Vicki Latham received the Women of Achievement Award during the Annual Greensboro Commission on the Status of Women's Award Luncheon on October 2, 1992. This award recognizes women who have made outstanding contributions as leaders in their field. Vicki is the first recipient of the award to represent the healthcare field.

Vicki was given the award to recognize her work in organizing and staffing a much-needed obstetrical after-hours clinic for low income patients. She feels that it is crucial to volunteer in our community because "it's important for us to gain a perspective of the care that patients receive before they present to us . . . (in volunteering) then we can personalize the healthcare process."

These awards demonstrate both Dr. Ransom and Vicki's commitment to the women and infants of our community.

Annual Fire and Safety Week

Women's Hospital employees and volunteers became brave firefighters when they successfully "Tamed the Flame" by participating in this year's Annual Fire and Safety education program from October 12-15.

The goal of this year's program was to provide information and education regarding safety in the workplace, as well as to entertain. Employees and volunteers not only received gifts for participating, but they also were eligible to win great prizes in drawings. Some of the prizes awarded were free lunches in the cafeteria, fire extinguishers, Women's Hospital logo watches, smoke detectors and a \$20 gift certificate to Lucky 32. Other incentives were discount coupons to Hair Plus and The Dessertery. Thanks go out to Ollie Hawkins (Maternity Admissions) and Diane Murphy, Chair of the Education and Research Committee, who solicited local businesses to donate some of these prizes.

Valeria Pritchett, Clinical Nurse Educator and Director of Inservice Education, Donnie Williams, Director of Plant Operations and Security, and Maggie Conklin, Director of Infection Control and Employee Health, worked together with Captain D. Staley of the Greensboro Fire Department to organize the program. Valeria reported an 81 percent participation rate for the entire hospital, and there were 15 departments that reached 100 percent attendance.

The standard percentage the hospital must reach is 91 percent; therefore make-up classes are scheduled for December 14 at 7:30 a.m., 3:30 p.m. and 5:45 p.m. Annual reviews of the material presented are required by JCAHO and OSHA.

Valeria and Maggie wish to thank Public Affairs and Volunteer Services for their assistance in attaining and assembling materials used in the Fire and Safety Presentation. ■

Guest Relations Commendation



This month's Guest Relations Commendation goes to Bonnie Harvey from Environmental Services. Congratulations Bonnie for your excellent representation of hospital guest relations!

"Bonnie has a good rapport with her patients," said Jack Smith, Director of Environmental Services. "She is a true team member who really thrives on the challenges of her job," he said.

Bonnie Harvey is an Environmental Services Technician who transferred from Moses Cone when The Women's Hospital opened. Bonnie takes special pride in her work on the Labor and Delivery unit. "In addition to cleaning, I feel that a part of my job is to make the patient's stay as pleasant as possible," she said. "I really try to cheer people up and build their confidence."

In her free time, Bonnie enjoys creating crafts and floral designs. ■



Beginning January 6, we're changing our telephone numbers, and we want you to be the first to know.

574

We've Got Your Number — And It's 574

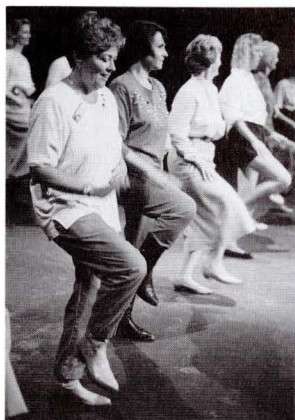
It's never easy to change telephone numbers, but change we must. Because the four telephone exchanges for The Moses H. Cone Group of Health Care Services are overloaded, we will consolidate them into one new exchange in January 1993.

The new exchange will be 574. Most of The Women's Hospital's current four-digit extensions will remain the same. At Moses Cone, however, most of the current four-digit extensions will change. If you are planning to replenish any printed items that include a phone number, first contact Mary Cobb at extension 4162 to confirm your new numbers.

A task force has already been planning the transition to ensure it goes smoothly. Your understanding and cooperation as we move forward with this project is greatly appreciated.



Cone Capers raises money for good cause



The 26th annual Cone Capers was held Friday, September 11. For two and one-half hours, employees from The Women's Hospital and Moses Cone Hospital entertained an audience of 836 people. The event raised \$4,000, which will go into a fund that sends children with life-threatening illnesses to Camp Carefree, a summer camp in Stokesdale.

Here are some of our employees who joined in the act of raising money for a worthy cause:

Maggie Conklin, Employee Health/Infection Control

Karen Foster, Laboratory

Viki Gilley, Laboratory

Nina Haith, Central Nursery

Ollie Hawkins, Maternity Admissions

Rhonda Peeden, Admitting

Valeria Pritchett, Staff Development

Dallita Reid, Admitting

Pat Stramoski, NICU

Cassandra Thacker, Nursing Administration

Fran Tuohy, Anesthesia

Gerri Watkins, Laundry & Linen

Making Rounds

Department: Lactation Consultants

Congratulations to **Janet Cook**, LPN, and **Terri Burselson**, RN, who received their certification as Lactation Consultants from the International Board of Lactation Consultant Examiners on September 30, 1992.

Department: Respiratory Therapy/Physical Therapy Reported by: Jackie Fulp

It's a girl! **Mary Kay Cox**, RRT, Staff Therapist, gave birth to Megan Louise Cox on September 13, 1992, and **Marcy K. Stewart**, P.T., Physical Therapy, gave birth to Kendra Rebecca Stewart on August 22, 1992.

Welcome to new employee **James Bobbitt**, CRII, Staff Therapist, Respiratory Therapy.

Department: Radiology Reported by: Helen Sullivan

Gail Walters, RT, (R), (M), ARRT, and **Sharon Butler**, RT, (R), (M), ARRT, both passed mammography certification. Congratulations!

Carla Brown, Medical Secretary, Ultrasound, graduated from Alamance Community College on August 21, 1992 with an Associate Degree in Applied Science — Medical Secretary Technology.

Department: Anesthesia Reported by: Fran Tuohy

Kudos to **Jeff Lynch**, CRNA, for his charital effort on behalf of the homeless tent family. His reward was a trip to China with his brother (what goes around comes around).

Creative **Nina Phaup** is aiming for first prize in the hospital Christmas decoration contest.

Fran Tuohy gave her all with the gospel choir at Cone

Capers. What a great event all around! She's looking forward to next year.

Ask **Rod Moore** about the Lincoln Car Show in Charlotte. How did his '68 Lincoln (alias the Land Yacht) enjoy the event?

Esther Loflin enjoyed her New Jersey visit, bonding with her sister until her tooth abscessed.

Marilyn Canada facilitated an OR/Anesthesia/PACU-ICU contest where we tried to match people with their special events/secrets. Great fun!

Department: Medical Records Reported by: Paula Vosburg

Welcome to new employees **Pat Jones** and **Patricia Dunford**, both weekend birth registrars!

Department: Mother/Baby Unit Reported by: Kathy McPhail

Congratulations to **Maria Amico**, RN Level II, who gave birth to a baby girl, Caroline, on August 19, 1992.

The following employees have received promotions: **Marilyn Smith**, NT I to NT II; **Carolyn Mooney**, NT I to NT II; **Donna Lutz**, Level II RN to Level II RN; **Cheryl Oldham**, recent LPN to RN; **Peggy Smith**, NT I to LPN App.; and **Judy Webb**, Level III to CNS.

Department: Labor & Delivery Reported by: Karen Coblenz

We welcome new employees **Marcia Cleveland**, RN; **Donna Rash**, RN; **Leslie Smith**, RN; **Alice Oyakawa**, RN; **Lee Trout**, RN; and **Tina Morris**, RN.

Congratulations to the following new moms! **Devona Sands**, RN Level II, a girl, March 11; **Sheila Davis**, RN Level II, a boy, March 27; **Mishawne Carrington**, RN Level II, a

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Making Rounds

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girl, June 2; and **Susie Brande**, Nursing Secretary, a boy, February 2.

Dea Fete, RN Level II, and **Terry Martin**, RT Supervisor, were married on October 15. Also **Amy Little**, RN, and Tony Landon were married on October 3.

The following employees recently passed the RN State Boards and have been promoted from RN App. to RN:

Marcia Cleveland, **Leslie Smith**, **Lee Trout**, and **Tina Morris**.

Denise Shesler was certified in Inpatient Obstetrical Nursing through the NAACOG.

Congratulations to our Nursing Excellence Nominees: **Denise Shesler**, RN and **Karen Coblentz**, RN.

Myrna Pollett, RN, has transferred from Mother/Baby to the Birthing Suites.

Department: Operating Room

Reported by: **Wendy Sanders**

The Operating Room would like to welcome new employees **Sandi Dortch**, RN, and **Catharine Parker**, CST.

Congratulations to **Wendy Sanders**, OR Tech, on her engagement to James Bass, who is an employee at Moses Cone's Extended Care Center. The wedding date is set for May 15, 1993.

We also welcome **Dona Branson** to the Operating Room — Dona transferred from the OR at Moses Cone.

Department: Maternity Admissions

Reported by: **Helen Snead**

We welcome new employees **Lisa Johnson**, NT I, and **Geoffrey Holland**, Physician's Assistant.

Department: Personnel

Reported by: **Marcia Thomas**

Please welcome the following new employees: **Jonathan Barker**, File Clerk, Medical Records; **Waydell Bicking**, Staff Nurse, NICU; **James Bobbitt**, Respiratory Therapist, Respiratory Therapy; **Anne Deutsh**, Medical Technologist, Laboratory; **Sullivan Hamlet**, Environmental Services Technician, Environmental Services; **Geoffrey Holland**, Physician's Assistant, Maternity Admissions; **Lisa Johnson**, Nursing Technician I, Maternity Admissions; **Patricia Jones**, Birth Certificate Registrar, Medical Records; **Deborah Lee**, Staff Nurse, Central Nursery; **Tracy Liu**, Nursing Technician I, Mother/Baby Unit; **Coy Neal**, Electrician, Plant Operations; **Beth New**, Neonatal Nurse Practitioner, Neonatal Medicine; **Belle Raines**, Staff Nurse, Nursing Administration; and **Wendy Williams**, Operating Room Technologist, Surgery.

The following employees have received promotions: **Margie Alley**, Administrative Coordinator, Nursing Administration; **Marcia Cleveland**, Staff Nurse, Birthing Suites; **Donna Lutz**, Staff Nurse Level III, Mother/Baby Unit; **Lydia Monk**, Staff Nurse Level III, Mother/Baby Unit;

Carolyn Mooney, Nursing Technician II, Central Nursery; **Stacey Rohrig**, Phlebotomist III, Laboratory; and **Peggy Smith**, LPN, Mother/Baby Unit.

Department: NICU

Reported by: **Lisa Cooke**

Welcome to new staff **Barbara Wolfe**, RNA; **Janice Hylton**, RNA; **Dee Westmoreland**, RNA; **Waydell Bicking**, RN; **McCrae Smith**, Neonatologist; **Beth New**, NNP; and **Susan Matthews**, RNA.

Congratulations to the following new parents: **Kathy Carstens**, RN, and her husband John — Daniel Carstens, born January 24, 1992; **Amy Spenski**, RN, and husband Ricky — Bailey Spenski, born May 3, 1992; **Carla Saunders**, NNP, and husband Ed — Zach Saunders, born May 2, 1992; **Cindy Hasspacher**, RN, and husband Jim — Lauren Nicole Hasspacher, born June 27, 1992; **Therese Chasse**, RN, and husband Steve — Isabel Chase, born July 7, 1992; **Leigh Ann Darty**, Social Worker — Jordan Darty, born March 23, 1992; and **Susan Matthews**, RN, and husband Randall — Grant Matthews, born July 17, 1992.

Wedding bells for **Marie Widener**, RN, June '92 to Zachary; **Debbie Brown**, RN, July 11 to Terry Schrader; and **Deirdre Thomas**, RN, September 26 to Lee Dixon!

Congratulations to the following employees who have received promotions: **Barbara Wolfe**, **Janice Hylton**, **Dee Westmoreland** and **Susan Matthews**, RNA to RN; and **Pat Stramoski**, RN to Clinical Nurse Specialist.

Kathleen Doss, RN, was certified to be a Breastfeeding Educator on October 27.

Departmental News/Events: The NICU Graduate Party on September 19 was a great success! Congratulations to **Tami Burton**, RN, and **Tina Hunsucker**, NNP, on being nominated for Nurse Excellence from the NICU! **Peggy Cecil** and **Katrice Brown**, Nursing Secretaries in NICU, attended a conference on the Unit Secretary/Coordinator presented by Reality Based Management, Inc. on September 30. They both felt this conference was informative and have many ideas to share with us. They encourage all nursing secretaries to attend this conference when possible. **Theresa York**, RN, **Sharon Cox**, RN, and **Lori Robbins**, RN, attended the NANN (National Association of Neonatal Nurses) Conference in New Orleans on September 24-27. We were glad to have them representing our NICU. ■

James R. Whiting

Executive Vice President
The Women's Hospital of Greensboro

Editor

Eileen Kerr

Assistant Editor

Wendy Newcomer

Contributing Writers

Tracy Holyfield, Kari Lemke

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We receive letters

Dear Mr. Whiting:

During a free seminar last spring, Mrs. Matthews invited the audience to take advantage of a free computer information service. Today was the first opportunity for me to use this fantastic community resource.

Because my sister in Florida could not locate information regarding a medical concern, she asked me to gather any details I might find here locally. Your data base was a gold mine! I was able to fax information to her thanks to your user friendly printer.

The staff in the Education Office was very helpful and friendly in explaining how to access data.

Please accept my appreciation for your continuing promotion of this education office. I'll certainly spread the word about what a vital role The Women's Hospital offers Greensboro in community services.

Sincerely

Sarah J. Burgess



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HOSPITAL
OF GREENSBORO

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Greensboro, NC 27408

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