

Chef Mel Brings Breath from Italy to Green Valley Cuisine

"If you crave authentic chicken parmigiana, scrumptious lasagna, or mouth watering manicotti you would think you would have to fly to Italy to get the real thing. Actually, you need not go farther than the Green Valley Cafeteria here at The Women's Hospital. That is where our chef, Carmelo Cambareri (otherwise known as Mel or "Chef"), an Italian culinary expert, hangs his cap.

Mel, a descendant of Italy, has a lifelong relationship with Italian cuisine. "I love making Italian dishes. I grew up surrounded by Italian food. Since I am Italian, I feel I can prepare the food like it should be prepared," said Mel.

Mel's family is from Calabria, which is on the southern coast of Italy. When his uncle decided to come to the United States, satisfying the American sweet tooth with traditional Italian delights was his goal — he quickly learned he made the right decision. Now Mel's family owns several pastry shops in the New York, New Jersey area.

Our Green Valley Cafe chef began working at his uncle's shop when he was in the sixth grade. He started out decorating wedding cakes, which he still does in his spare time. "I wasn't old enough and did not have enough experience to do the main jobs, so I started out decorating cakes and then moved up to more complicated things," said Mel.

Now, many years later Mel can create recipes fit for a king (or should we say the pope). But he is just as happy serving his pasta creations to the employees, patients and visitors at The Women's Hospital.

"I grew up eating pasta. I ate it every day in different variations," he said. The thing I like about Italian food is that it is filling, flavorful and inexpensive. After eating pasta you never go to bed hungry," said Mel.

Mel knows all the secrets to being a first class chef. He says he likes to cook because he likes to eat. "Remember the old saying, 'If the chef is too thin, his food



◀ Chef Mel Cambareri, creating delicious cuisine at the Green Valley Cafe

is no good," he asked. "Well my family believed in living to eat rather than eating to live. We always talked about the next meal before we finished eating the meal on the table. To be a good chef, I think it is important that you like eating and you understand what makes a good meal. It is challenging to prepare a dish you would not like to eat," he said.

Italian food is very popular in America and Mel likes to hold up that reputation. For a dish to be considered "al dente," or to the tooth, in Italy it must be prepared with fresh ingredients and only moderate spices. "It is not good to overpower the food with a lot of exotic spices," he said. "You have to know the exact blend." Every authentic meal also includes bread. "Italians are famous for their bread. Every Italian has bread with their meal no matter what," said Mel.

Desserts are savory after dinner indulgences in which Mel has years of cooking experience. Mel loves to prepare and eat them. "The Italians like very rich and filling desserts, so people usually save them

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Executive Notes

Benefits Fair Set For May 12th

A benefits fair, complete with vendors, door prizes and food, will be held Thursday, May 12, from 7:30 a.m. to 5:30 p.m. Classrooms 1 & 2. The Benefits Department has arranged for representatives from Acordia National, Jefferson Pilot, CNA and Prudential to be on hand to discuss and answer questions about employee medical/dental, life/disability, accidental death/disemberment and tax deferred annuity plans. Informational booths will also be set up on the hospital's spending accounts and retirement plan. In addition, representatives from The Children's Corner, Employee Assistance Program, Employee Health/Worker's Compensation, Nutritional Management, and Safety and Security Services will be available to discuss additional employee benefits.

Each year the Moses H. Cone Hospital Corporation develops annual goals to be achieved over the course of the coming fiscal year. These goals are developed through each of the operating divisions of the Corporation from input provided by our employees, our physicians, and our patients. At its Annual Meeting, our Board of Trustees approves our Corporate Goals thereby establishing our organization's commitments for the immediate future.

In the last column, I described the categories of our annual Goals-- Service, Outcome, and Cost-- and explained how our Service Goals were formulated. In this article, I will discuss Outcome Goals and in the next issue Cost Goals. It is my hope that these articles will improve the understanding of how establishing goals in these categories helps us to achieve quality and efficiency.

Outcome

Outcome Goals are focused primarily upon the achievement of measurable improvements in clinical results and on the implementation of program improvements. Measuring improvements in clinical results can be accomplished by a variety of methods. Within a department, baseline measures can be established and future performance can be graded by the percentage of improvement. An example of a departmental measure is one of the Laboratory's goals: To reach a 95 percent level of correlation between pre-delivery Fetal Lung Maturity testing and the actual clinical results after delivery.

The hospital can also measure clinical

improvements by comparing specific statistical measures to those of other institutions. The Women's Hospital compares statistics with three different groups of institutions: the MHA Quality Indicator Project (over 500 reporting hospitals), the National Perinatal Information Center (32 hospitals with major obstetrical and neonatal programs) and the Council of Women and Infants Specialty Hospitals (six free-standing obstetrical and neonatal hospitals). Examples of goals that can be measured through comparative data are percentage of Cesarean Sections (primary and repeat) from total deliveries and neonatal deaths per 1,000 births by birth-weight categories.

Program changes, which can be either the expansion of current clinical services or offering new services, also can result in improved clinical outcomes. A fine example of expansion is the construction of our new Adult Intensive Care Unit, which will improve the care we give extremely ill patients thereby improving patient outcomes. Another is our plan to expand our surgical capabilities by providing a gynecological oncologist; this will offer women the opportunity of receiving care in our community in this specialty area. Each of these new services can then develop specific measures to assess outcome improvements.

In the near future, we will expand our measurement of outcomes for the Moses H. Cone Memorial Hospital Corporation to include community health measures. Developing goals to provide internal and external measures of outcomes helps us consistently improve the quality of our care, and therefore the health of our community. ■

Strategic Information Plan

Technology is changing the way health care can be delivered. Consider this scenario:

A patient telephones or arrives in person at a clinic, doctor's office, ambulatory diagnostic center (for an X-Ray, perhaps), or the hospital, and can be quickly identified as someone we have served before or as a brand new customer. If the patient has been seen previously, anyone who works with the patient (admissions' clerks, schedulers, and clinicians) will be able to review and use the appropriate information from previous visits. This patient's lab tests and imaging results can be transported via computer to various departments and facilities as the patient is referred through the system, thus eliminating costly, unnecessary, and inconvenient repetition of diagnostic tests. This information can be viewed simultaneously by caregivers located in separate locations who want to consult about diagnosing and treating complex cases. In this setting, patients perceive they are

affiliated with an organization that cares about providing personal, customer-focused service.

This scenario illustrates in part the vision that The Moses H. Cone Group of Health Care Services has in its Strategic Information Plan. The Strategic Information Plan has the patient as its focus.

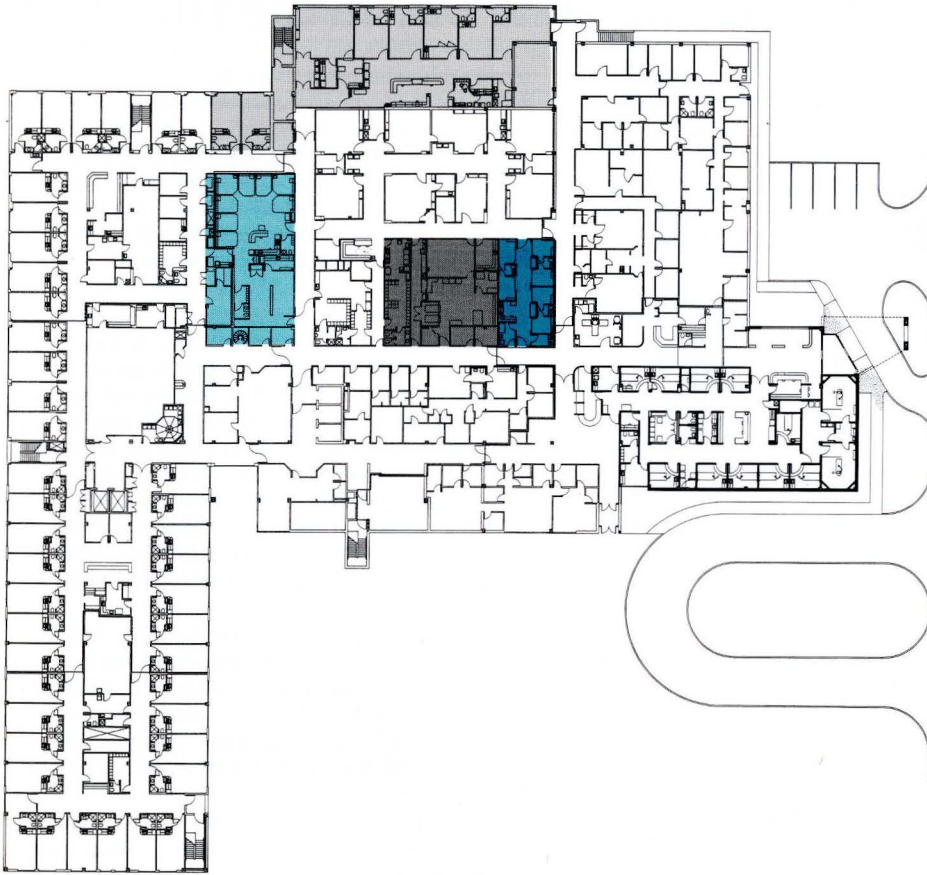
It can be thought of in three parts: the patient's entry into the system, care delivered to the patient during the healthcare episode, and the patient's exit, or discharge, from the system at the end of the health care episode. Currently, two strategic initiatives are underway which will improve our ability to deliver effective patient-focused care.

Patient Management

A concept known as Patient Management will strengthen our ability to facilitate the patient's entry and exit from the system. The goal of the Patient Management computer system project is to

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Construction Update



■ Phase I New Intensive Care Unit	Complete
■ Phase II Recovery and Post Recovery	Complete
■ Phase III OR Nurses' Lounge Central Supply and decontamination area	Complete 4-29-94 *
■ Phase IV Renovate existing Day Surgery into the Pre-Op area	6-1-94 *

* Projected completion dates

(Continued from page 1)

for weekends and special occasions.” According to Mel, if you ate Italian desserts all the time you would be very wide! To his dismay, Mel has a difficult time making traditional pastries here in North Carolina because the ingredients are hard to come by. “Because we are out of the Italian line we don’t have the basic ingredients. I am out of my element; therefore it is hard to prepare some of the Italian favorites,” he explained. “Sometimes I use French pastry shells to create Italian style desserts,” he said. Occasionally, Mel can find some canoli shells and he will prepare these for his friends and colleagues.

Using his creativity and imagination, Mel often adds his own special flare to recipes. “The Women’s Hospital has its own set of recipes it must use, so many times I will put my traditional recipes on the back burner,” he said. However, sometimes Mel

is allowed to add his own zip to a dish. If you happen to venture into the Cafeteria on one of these days, your tastebuds are in for a real treat.

After years of concocting culinary masterpieces around the country, Mel has found his niche at The Women’s Hospital. “I am very happy working here — I have found the place where I would like to work until I retire,” he said. He arrived at this decision after having a taste of the restaurant business, which could be very stressful at times. You may know Mel as the owner of a chain of Italian restaurants around Greensboro and the surrounding areas called none other than “Mel’s.”

So next time you go to the Green Valley Cafeteria don’t forget to say “Grazie” to Mel and all the others who work hard to fulfill our every craving. Maybe you can get an extra piece of Italian creme pie to take home! ■

Me and My Shadow: Employees Participate in “A Day in the Life of...”



Every employee who at one time or another has secretly wished, “If management could just spend one day in my shoes...” can now have that wish come true. The Management Visibility Task Force has developed a program called “A Day in the Life of...” in response to issues

identified in the recent employee opinion survey. The program is designed to promote greater awareness and understanding among management and staff.

To implement the program, the task force used a random-sort computer matching program which paired Management Council members with employees. Selected positions represented a range of work positions and departments such as staff nurses, mechanics, environmental services, plant operations and radiology. Management Council members were provided with job descriptions and uniforms and then contacted their computer-matched partners to arrange a day to walk a mile in someone else’s shoes.

Jim Whiting, Executive Vice President, shadowed Jonathan Milgrim,

Mechanic, Plant Operations, and thoroughly enjoyed the experience. “It was an excellent way to learn more about the important roles employees fill in the hospital and a chance for them to know me,” said Jim. “I wanted to learn from this experience and heighten my appreciation of our workforce,” he said.

For Jonathan, the program was also a positive experience. “I strongly recommend this program for the benefit of both employees and management,” he said. “I was impressed with Jim’s efforts

to stay in the observer role. He allowed me to point out and explain things that I felt were important and then asked questions of further definition.” Of the benefits of the program, Jonathan felt that the awareness of both parties increased at the end of the day. “I think that the overall security situation on second shift and the difficulties of functioning as both a guard and a mechanic were well noted,” he said.

Tonya Cleary, RN, Mother/Baby Unit, was also shadowed for a day by Martha Bagwell, Vice President, Support Services. After being in the Central Nursery on third shift, Martha witnessed that work does not stop when the sun goes down. “I thought that there would not be a lot of activity on third shift — I was wrong! We admitted, bathed and assessed four infants while I was there,” she said. In addition to patient care, this shadow realized the “massive amount of paperwork involved with admitting an infant to the Central Nursery.”

LaVonne Beach, Vice President, Patient Care, followed Lynn Fowler, CT Tech in Radiology. “I was a little nervous at first, but I’m glad the computer match-up included me,” said Lynn. “I enjoyed working with LaVonne. It made me feel good knowing that she was interested in our role in the hospital.”

According to Lynn, her “shadow” did not stay in the shadows. “LaVonne was very helpful and fit in with the operations of our department,” she said. The patients didn’t realize that she wasn’t a member of the radiology team.”

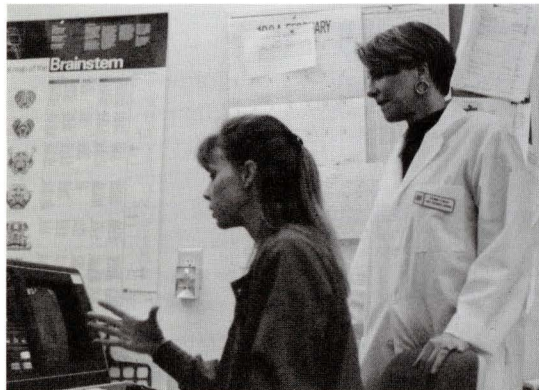
What was most surprising and impressive about being shadows for a day? “I was impressed with Tonya’s memory in being able to do her work and then accurately chart the information later,” said Martha.

“By the end of the shift, I had the feeling that people on second shift knew and cared about each other,” said Jim.

“I had no surprises,” said LaVonne. “The entire staff was very professional and polished. They guided patients through procedures, anticipating questions and concerns before our clients had time to think of them. They were a very impressive team,” she said.

All involved in this first group agree that they would definitely participate in the shadowing program again. “It gives greater insight on how a department functions and a better understanding of interdepartmental problems,” said Lynn.

If you would like to participate in “A day in the Life Of...” you may soon have an opportunity. Because this initial program was so successful it is being repeated and now includes not only Vice Presidents but Department Managers.



▲
LaVonne Beach, Vice President, Patient Care, shadows Lynn Fowler, CT Tech in Radiology.

A Penny Saved Is A Penny Earned: Value Analysis Committee Saves Hospital Money

Patient care has always been the number one focus for hospitals. With the development of health care reform, hospitals are now faced with the challenge of keeping patient costs down while still providing the best care possible. Such a feat has been accomplished many times over because of the work of Value Analysis Committee. In the last complete fiscal year, The Women's Hospital of Greensboro negotiated savings of \$123,768 in clinical areas. Savings thus far in fiscal year 1993-94 amount to \$69,532.

The Moses H. Cone Group of Health Care Services Value Analysis committee was formed at the suggestion of McFaul and Lyons, Inc., a company that provides nonsalary expense reduction consultation to hospitals throughout the United States. Each clinical department in the hospital has a representative on the value analysis committee. Several subcommittees were also formed to look at specific areas for savings. These subcommittees, on which The Women's Hospital has representation, are: Forms Management, Operating Room, Recycling Task Force, Purchased Services and Medical Products.

"McFaul and Lyons, Inc. came in and talked with each department manager and asked them what they would like to change in their department," said Grace Wallace, Nurse Manager for the Operating Room and a member of the Operating Room subcommittee. "Their primary role was to pinpoint areas of opportunity for savings," she said.

Shortly after forming, the value analysis committee and its subcommittees began to see results. One change that occurred because of the efforts of the Operating Room subcommittee was the revision of OR Custom Packs and Vaginal Delivery Packs. Custom Packs contain all of the supplies needed for a particular patient case, including scrub gowns and surgical tools. The value analysis committee decided to look at the possibility of revising the packs when it became apparent that all the materials were not always used for every case. After examining the packs and revising the contents, the committee reported a hospital savings of \$76,782 in fiscal year 1992-93.

Another area of savings in the Operating Room was reusable scrub gowns. Previously, the hospital used disposable paper gowns which were convenient, but created medical waste. Now, after using the value analysis approach, OR staff wear reusable gowns from the AMSCO company, saving \$2,800. The company developed a material called ROTECNO, an improvement on the cotton gowns of the past. "This material resists water, yet is cool and comfortable to wear, with a feel similar to cotton," said Grace. "Now everyone loves the new gowns." AMSCO performs a complete service for the department, including laundering and sterilizing and the delivery and pick-up of the "environmentally correct" gowns, at a lower price than the old method.

As a member of the Medical Products subcommittee, Helen Snead, Specialty Manager, Maternity Admissions, realized there was a need for a Medical



Product committee on the Women's Hospital campus. The focus of this committee is to evaluate products unique to The Women's Hospital campus and its patient populations.

In the 1992-93 fiscal year, significant savings were accomplished in the vaginal delivery pack, ultrasound gel, fetal monitor belts, heel warmers, newborn and adult admission kits. The work of this committee is ongoing - in the current fiscal year, savings are being realized on local anesthesia sets, perineal cold packs, and fetal monitor supplies to name only a few. "The members of this committee have seen direct evidence that product change as well as practice change can net great savings," said Helen.

"The success to value analysis is getting ideas from the clinical staff who are actually using the products, and receiving the cooperation of all the departments involved," said Vic Fischer, Director, Materials Management. "We look at the areas of the hospital where we spend the most money and get ideas for saving money directly from the people working in the clinical areas," he said.

The Purchasing Department plays a key role in value analysis. "We make a concerted effort to do price negotiations," said Vic. "I believe that in the current health care environment we have reached the point where we accept no additional price increase unless suppliers provide proof that their costs have increased. The current cost of products must be maintained or reduced during the coming year," he said. "All support nursing units play a vital role in Value Analysis by scrutinizing items which provide potential savings through standardization and utilization."

"It is our responsibility to maintain quality in our patient care," added Grace. "Through value analysis, we try to do this at a lesser cost."

▲ From left: Grace Wallace, Vic Fischer, Helen Snead.

Women's Hospital Product Committee Members:

Jan Clance
Joe Davis
Dierdre Dixon
Lydia Duncan
Victor Fischer
Debbie Houston
Yvonne Jones
Susan Mazzella
Rod Moore
Valeria Pritchett
Jim Shaw
Helen Snead
Grace Wallace
Melissa Wilkins
Mary Wilkinson

Materials Management: The People Behind The Motto



“Helping you help others,” reads the motto posted on the wall. But who are the people behind the motto?

“If I make major mistakes in what I do, it has the possibility to cripple a department,” said Willie McDowell, Supply Tech, Receiving. That is quite a lot of influence for one person, not to mention one department. But if you were responsible for the supplies of The Women’s Hospital’s 56 departments, you may feel the same weight of responsibility.

The Materials Management Department, composed of Central Supply and Purchasing, is just like the doting parents of this three-year-old hospital. They know of all our desires and demands and do their best to appease our boisterous cries for more. On any given day Materials Management will have up to 15 different vendors sending an average of \$7,000 worth of inventory to be stocked. Michael Holden, a second shift Supply Tech, recently developed a system by which the department could label and identify all of these supplies that were perishable or had shelf lives. His system ensures that there is little waste of hospital supplies. When asked what he liked about being at Women’s Hospital, Michael said, “Being given more responsibility than at a larger hospital and being given the freedom to carry it out using my own talents and intelligence.”

“Well, our department really does not require that many supplies,” you may be thinking. Materials Management will tell you otherwise. They are working from 6 a.m. to 11 p.m. to supply us with every pen, paper clip, piece of paper and other basic office supplies in addition to all of the medical supplies in order to meet the everyday needs of our hospital. The department sends out approximately 866 orders per month for the hospital and has over 1,590 different line items within the storeroom.

Yvonne Jones (Purchasing), who is the buyer for all of the hospital supplies except for the food and pharmaceutical drugs, has an aggressive approach to her job. “I enjoy helping people get the supplies they need, but I also like to track down the best price possible,” she said. This is good news for

the finance and accounting departments.

Not only does Materials Management keep all of the shelves stocked, but they also deliver all of the supplies. Michael Parks, Central Supply Tech, feels that his greatest success in his job is “helping the nursing units get the proper supplies so they can take the best possible care of their patients.” Helen Snead, Specialty Manager for Maternity Admissions, considers the department to be “the vital link to the running of the nursing unit. Materials Management really embodies the open door policy,” said Helen. “Even though a request may disrupt what they’re doing at that moment, they are always willing to help with a problem,” she said.

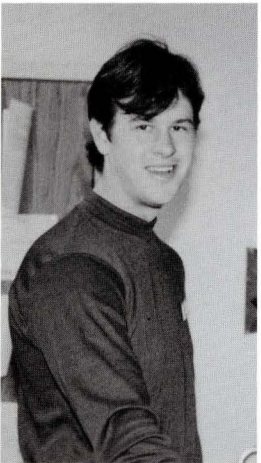
Lesia Ireland, Inventory Control Clerk, often handles many of these problems. She is responsible for pulling requisitions, chargeable and nonchargeable data entry of patient charges and entering the receipts into the computer. She also implements the Materials Management motto in her approach to the job. “Usually, I’m able to help people, and if I don’t know a specific answer to a question, I will find it out,” said Lesia.

Toni Staten, Supply Tech, also adds to the environment by “putting on a nice smile first, which helps when people approach you with a problem.”

The spirit in this department, according to Joe Davis, Materials Management Supervisor, is created by empowerment. “In our department and the departments that we service, employees are encouraged to offer suggestions and recommendations. All of the Central Supply Techs have specific areas of the hospital for which they are responsible,” said Joe. “However, they are also cross-trained to work every area, and are prepared to make the switch in an instant.”

“Each employee thinks of a section as his or her own business,” said Joe. “The department tries to focus mainly on the service aspect of our job, the ‘helping you help others’ part of the motto.” Jessie McLemore, Supply Tech, likes working here because of the people. “Knowing that I am helping others give me the most satisfaction,” she said.

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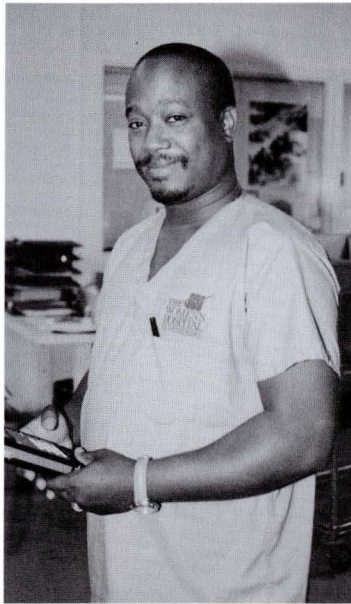


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Vic Fischer, Director of Materials Management, reinforces the environment. "I really believe in our mission statement — to assist the clinical staff to provide the highest level of healthcare at optimal cost. It allows me to work in a great environment," he said. "To accomplish our mission, the department must coordinate overall material requirements of clinical units and hospital support units. This requires daily interfacing with the people of the hospital, which is the exciting part of our activities," said Vic.

What would we do without these supplies? Doctors and nurses would not be able to provide such an excellent level of care to the patients. Administrative offices would not have diskettes to use in their computers. Medical records would not have all of the copying material needed to maintain their files. And these are only a few of the hospital's departments and jobs that are greatly affected by the service of Materials Management.

With an average of four to five years of experience in working with hospitals, each employee demonstrates the comprehensive services that Materials Management gives the hospital. It is this experience and their fantastic attitudes toward their jobs that make our jobs and lives slightly easier and a little less stressful.



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Materials Management Staff:

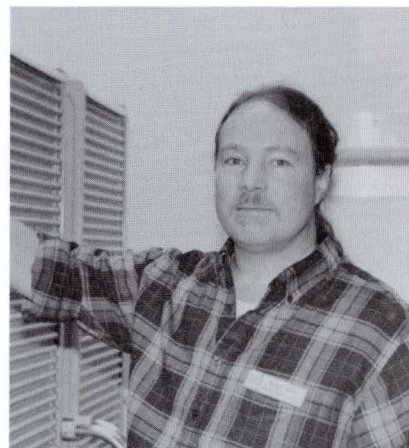
1. Willie McDowell, Supply Tech
2. Michael Parks, Central Supply Tech
3. Jessie McLemore, Supply Tech
4. Ron Rice, Supply Tech
5. Vic Fischer, Director, Materials Management and Yvonne Jones, Buyer, Purchasing
6. Toni Staten, Supply Tech and Joe Davis, Materials Management Supervisor
7. Michael Holden, Supply Tech



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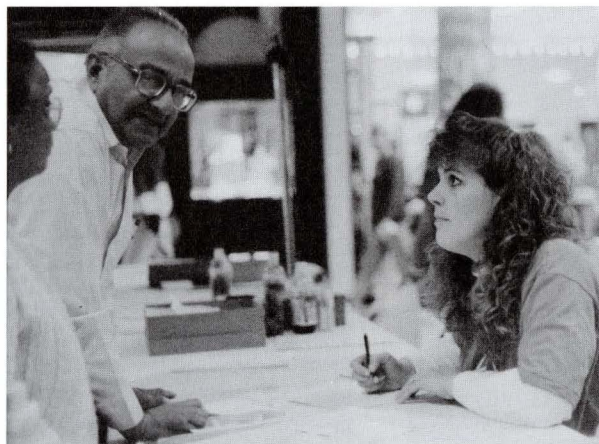


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Family Health Forum:



A Lifetime of Wellness



The 1994 Family Health Forum was held on Saturday, March 5, at the Four Seasons Town Centre. Over 1,000 people participated in a day of lectures and health screenings. Highlights of the day were the baby crawl contest, maternity fashion show and free consultations with an Obstetrician/Gynecologist.



TQM: Designing a New Process

In our previous *Viewpoint* articles, we discussed how a Quality Improvement (QI) team goes about improving an existing process. In some cases, however, a better approach may be to start from scratch to design a new process. Certainly for new tasks this is necessary, but sometimes even for the existing processes that are confusing, this may be better. The Quality Planning (QP) system for new process design follows a few simple steps:

- (1) Define your goal or purpose for designing a process,
- (2) Define the customers who are affected by this process,
- (3) Have customers list their needs and expectations,
- (4) Define the scope of the planned product or service,
- (5) Define the processes which will need to be in place to achieve this product or service offering,
- (6) Define the monitors for assuring the process is working as planned, and
- (7) Plan for implementation in conjunction with the departments or units involved.

Applying this system to the design of the pre-admission process, we might:

- (1) Set our goal as assuring we have sufficient patient information to accurately identify them and be able to reasonably settle their bill,
- (2) Identify patients as the customer, but also clinicians and patient accounting as users of the information,
- (3) Identify needs of the different customer groups:

- (a) Patients' need for a brief, accurate and non-duplicative admitting process, which can be done on a pre-admit basis or at the time of service;
- (b) Clinicians' need for accuracy in the patient record;
- (c) Patient accountings' need for accurate information: completion of certain datafields, and adequate data to allow them to collect the account or contact the patient;
- (4) Identify the scope of our service to be information gathering during pre-admission or a time service is offered;
- (5) Define the goals of the service to be gathering accurate information within a specific amount of time;
- (6) Identify supporting processes as possibly:
 - (a) A pre-defined set of required questions to be asked during admitting with additional questions in certain situations,
 - (b) Identification at time of scheduling whether patient wishes to be pre-admitted or registered at service time,
 - (c) Adequate staff training, adequate number of employees and adequate computer support to meet the time duration standard, etc.; and
- (7) Identify:
 - (a) how to monitor time duration,
 - (b) success in getting info by method patient chose,
 - (c) accuracy of data, and
 - (d) implementation plan for processes within admitting services. ■

Strategic Information Plan

(continued from page 2)

organize and schedule healthcare services in a way that is personalized, timely, and convenient for the patient. It includes patient identification, enrollment eligibility, registration, scheduling, admission, and discharge activities. This new system will replace the portion of the computer system currently used in Registration and Admitting. By the Fall of this year, the new computer system will be installed as a pilot at The Women's Hospital. Moses Cone Hospital will be using it soon afterwards.

"This new patient management approach will help move the focus away from the enormous paperwork requirements and duplication of efforts we currently face back to our patients, where it belongs," said Rhonda Peeden, Director, Admissions Services. "By sharing information, I believe we can have an impact on costs, but more importantly, make access to health care providers easier for our patients," she said.

Basic Patient Care/Clinical Repository Computer System

The second strategic initiative in progress is the Basic Patient Care/Clinical Repository computer system project. This system is designed to aide physicians, nurses, and other clinicians deliver care to our patients and will replace the StatLAN computer system currently used. The new system will handle placement of orders, retrieval of results, and much, much more. It will allow physicians and clinicians to view historical information from the current and previous encounters without obtaining the paper medical record. Information will be contained in a single large repository, or storehouse, and will be simultaneously available from multiple locations via computer. The Clinical Repository will be the basis for the computer-based patient record of the future. This new computer system will be installed in selected patient care areas of The Women's Hospital and Moses Cone Hospital in September of this year.

Newsnotes

Raising the Roof with Habitat for Humanity

A house, a home, a hearth - for many this is just a dream. But our organization is gathering together to make it a reality for a family in need. Through a special project sponsored by the Employee Councils at Moses Cone Hospital and The Women's Hospital in cooperation with Habitat for Humanity of Greater Greensboro, employees of The Moses H. Cone Group of Health Care Services will give a family the opportunity to own a home. The organization's Board of Trustees strongly supports our participation in Habitat's Adopt-A-Home program. To sponsor a home, our organization must raise \$40,000 to build the house and supply work crews and skilled supervision. Habitat will provide the land, materials, tools, permits and overall supervision.

The hospital is very enthusiastic about this project, according to Micky Henderson, Medical Technologist, Laboratory, and Chairperson of the Employee Council. The board of directors has already donated half the money and employees will raise the other half. The Women's Hospital is responsible for raising \$3,000. Fundraising efforts are underway and include not only soliciting employee contributions, but sponsoring sales and events directed at building team spirit - such as a T-Shirt sale and hospital barbecues. Construction will follow in early summer.

Building a Habitat home takes approximately 20 Saturdays with work crews of a least 15 people. Employees and their family members who participate can assist in tasks from framing to landscaping and need not have any prior experience in those areas. The organization will also recruit project leaders to oversee each phase. A construction schedule will be circulated at a later date. With so many different tasks involved in constructing the house, all Women's Hospital employees are encouraged to participate in this project. "We would like as many volunteers as possible," said Micky. To date, approximately 145 employees have signed up to volunteer for Habitat.

The construction of the house will most likely begin in June, and the house will be completed in November allowing a family to move in before Christmas.

It is now possible to make direct donations to the Habitat fund or to donate through payroll deductions. If you are interested in volunteering for this project or have additional fundraising suggestions, please contact Micky Henderson, Employee Council Chairperson, at extension 6530.

Making Rounds

Department: Plant Operations/Safety & Security
Reported by: Patty Jones

Welcome **Bob Corum!** Bob transferred from Moses Cone Hospital Security Department to join our security staff.

Recent newcomer, **Chris Rogers**, has accepted a third shift security/shift mechanic position.

Department: Environmental Services

Reported by: Dorothy Campbell

Welcome new employees: **Mary Dennis**, Env. Services Tech. first shift; **Roger Baker**, Env. Services Tech. first shift; **Faye Hester**, Env. Services Tech. first shift (part-time); **Michael McNairy**, Env. Services Tech. second shift; and **Daren Dorsett**, Env. Services Tech.

Congratulations to recipients of the Service Plus Award: Jan. - **Gerri Watkins**; Feb. - **Susie Johnson**; March - **Viola Bryant**; and April - **Gloria Henryhand**.

Department: Radiology Services

Reported by: Carrie Richards

Please welcome new employee **Michelle Bullins**, RT-R-M, Full-time X-Ray/Mammogram Tech. and **Dave Carey**, RT-R-Part-time X-Ray Tech.

Congratulations to **Elizabeth Eagle**, M.D. (Radiologist), and husband **David Crews**, M.D., who had a baby boy, **Dixon Chandler Crews**, on March 19, 1994.

Department: Med/Surg - Women's Unit

Reported by: Cynthia Marshall

Congratulations to **Kim Berry**, RN, and her husband **Mark Berry**, on the birth of a baby boy, **Dalton Tyler**, on February 12, 1994.

Congratulations to **Kay Newman**, Nurse Manager, 15 years; **Lenora Greer**, Monitor Clerk/Sec., 5 years and **Becky Grammar**, RN, 15 years of service.

Our sympathies to **Paulette David** on the loss of her

mother **Annie R. Ingram**, March 17, 1994.

Department: Medical Records

Reported by: Paula Vosburg

Please welcome new employee **Christy Roberts**, Medical Records Coder.

Department: Resp. Therapy

Reported by: Jackie Fulp

Congratulations to **Bill Ricketts**, RRT on his marriage to **Sharon Byrd**, RN, NICU on January 1, 1994!

M. G. Roberson, RRT received a 10 year service award.

Franda G. Daye and **Sherry T. Dasnoit** both passed the National Boards for Respiratory Care in February 1994 and received RRT Credentials. Congratulations!

Department: Admission Services

Reported by: Rhonda Peeden

Welcome **Diana Boone** who has transferred from the Cone campus to be our new Cashier.

Tracy Liu has joined our staff as a Registration Rep. weekends in Maternity Admissions. Welcome!

We are proud to announce our Departmental Employee of the month: For February, **Eleanor "Bebe" Hamilton**, RN; for March, **Lita Reid**. Both are well deserved.

Department: Laboratory

Reported by: Micky Henderson

Welcome to **Kelli Bartley**, Phlebotomist 3rd Shift; **Chris Hall**, Medical Tech 3rd Shift; **Linda Manuel** and **Lauren Newton**, Relief Phlebotomists.

Moral Booster Pizza Party given by **Lab Management**.

National Medical Laboratory Week April 10-16.

(Continued on page 12)

Making Rounds

Health is a prize when you immunize

National Immunization Week is April 23-29. Less than six out of 10 North Carolina two year olds are up-to-date with their required immunizations. There is no charge for these shots at local health departments, community health centers, and private doctors' offices. There may be an administrative charge at some private doctors' offices. Call your doctor, local clinic, health department, or 1-800 FOR BABY to find out more information.

(Continued from page 11)

Department: Lactation Consultation

Reported by: Terri Burleson

Welcome to **Melanie Jones**, RN Breastfeeding Consultant.
Congratulations to **Donna Weeks**, Breastfeeding Consultant, on the birth of a baby girl January 25, 1994.

Department: NICU

Reported by: Deirdre Dixon

Welcome to **Penny Blake** our new nurse manager; we're so glad you've joined our team!
Congratulations to **Sherri Elliott**, **Debbie Muskovin**, **Dee Westmoreland**, and **Barbara Wolfe** for promotion to primary nurse.

Department: Nutritional Services

Reported by: Julia Stanford

Welcome to **Nicole Keith**, Supervisor; **Cynthia King**, Diet Aide; **Kenneth Sharpe**, Pantry; **Amy Sprinkle**, Cafe and **Lavern Smith**, Dietary.
Congratulations to **Reginald Washington**, Pantry on his promotion to Food Service Tech II.
Elaine Deloatch is the Employee of the Month.
Congratulations, Elaine!

Department: Operating Room

Reported by: Wendy Bass

Welcome to **Ginger Fountain**, RN, who recently joined our staff. Also a big welcome to **Patricia Shaffmaster**, RN, who is new to us. Pat is the wife of **Eric Shaffmaster**, CRNA. They will be celebrating their 25th wedding anniversary on June 14th.
Congratulations to **Mary Goodman**, RN who has also been married to the same man for 25 years and will also be celebrating on the 14th of June. We wish many more happy years to Pat and Eric and Mary and Jack.
Congratulations to **Tammy Dyson** who gave birth to a 9 lb. 13 oz. baby girl, Haili Augusta, on Dec. 10, 1993.
Also, congratulations to **Laura Roseman**, RN, who gave birth to an 8 lb. baby boy, Wilson Zachary, on Dec. 18, 1993.
Congratulations to **Diane King Bertrand**, RN, who married **Scott Bertrand**, M.D., on Feb. 3, 1994 at Purgatory Ski Resort in Durango, Colorado.

Department: Anesthesia

Reported by: Fran Tuohy

Eric and Pat Shoffmaster will travel north to Philadelphia to celebrate Eric's father's 80th birthday on May 17.

Beach Time. **Fran** went to Long Beach for Easter Vacation. **Miss Cindy Lou** and family enjoyed the dunes and salt air at Ocean Isle Beach.
Rod Moore was elected President-Elect of the North Carolina Association of Nurse Anesthetists — Congratulations!! We are represented well.

Department: Mother/Baby Unit

Reported by: Kathy Lawson

Betty Smith, RN, promoted from Level II to Level III; **Connie Nolet**, RN, promoted from Level II to Level III; and **Sandra Clingman**, NT, transferred to NS position. Congratulations!

Department: Central Nursery

Reported by: Susan Mazzella

Welcome to **Vicki Nichelson**, RN.

Department: Pharmacy

Reported by: Linda Sells

Please welcome **Maria Costello**, Staff Pharmacist to The Women's Hospital.

Department: Maternity Admissions

Reported by: Helen Snead

The following employees were EKG certified: **Lisa Strandberg**, **Gail Lott**, **Susie Horvath**, **Hope Neese**, **Teresa Slade**, **Shirley King**, **Lynette Weston**, **Connie Pugh**, **Betty Bristol**, **Katherine Schorr** and **Debra Calloway**.

Shelley Foster, RN II, received her certification for nurse midwifery — congratulations Shelly Foster, CNM!

Department: Personnel

Reported by: Marcia Thomas

Please welcome the following new employees: **Karen Fowler**, PACU; **Donna Jenkins**, Birthing Suites; **Rosita Cary**, AICU; **Drexon Smith**, Birthing Suites; **Ruth Fialkiewicz**, Birthing Suites.

The following employees have received promotions: **Tracy Liu**, Registration Rep, Admission Services; and **Emmaline Stier**, Purchasing Assistant, Materials Management.

The following employee has transferred from Moses Cone Hospital: **Kelli Tillman**, AICU. ■

James R. Whiting

Executive Vice President

The Women's Hospital of Greensboro

Director of Public Affairs

Eileen Kerr

Editor

Wendy Newcomer

Contributing Writers:

Jennifer Gochenour

Leigh Kale

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THE
WOMEN'S
HOSPITAL
OF GREENSBORO

801 Green Valley Road
Greensboro, NC 27408

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