

Specialty Manager Becomes A Lady

"I dub thee Sir Robert." A quote from a King Arthur legend? Perhaps a fairy tale where the handsome knight rescues the fair maiden from the awful green-skinned dragon? And if the maiden married the knight, what would her title be?

One of the employees here at The Women's Hospital found out. She was not saved from an evil dragon, but she did marry the knight. Susan Bell, RN, Specialty Manager of the Operating Room, is now a "Lady" by royal decree. She received this title after her husband Robert was knighted last November. According to Sue, John Napier, a Scottish Lord living here in America, called and told her that she and her husband needed to meet him in Tennessee for the weekend.

"Usually that's all they tell you," Sue said, "but Robert refused to go anywhere unless Lord Napier gave him a reason. Even then we were only told that Robert had been nominated. It wasn't until we arrived that we knew he was going to be knighted."

Sir Robert and Lady Susan Bell are both New Zealanders who became American Citizens in 1986. Dr. Robert Gladstone Bell received his recognition due to personal and military achievement and continuous involvement in Scottish affairs. If the couple lived in England they would be serenaded and bowed to, but living in America, they do not receive such treatment. This is just fine with Sue, though.

"I don't feel any different, and I don't expect to be treated differently," she said. "I will jokingly tell people they have to bow to me, but that is it," said Sue.

The knighting service itself was held at St. George's Episcopal Church and lasted two and a half hours. According to Sue, about 200 people attended the service, and a larger ceremony was held in August. The Bell family, which is mostly from Scotland, could not make it to the United States to see the ceremony, so Sue and her husband returned to Scotland in August to be recognized again in the presence of family. While there, they stayed in a castle with her husband's family.

While in Scotland, Clan Chief George McMullian "knighted" Robert in Rostin Chapel. The Bells are members of the McMullian clan, but during a census in the



▲ Lady Susan Bell at work in the OR

1600s, the English changed the family name to Bell.

"It was so exciting to go over and stay in the castle. I really got to see ancestry," said Sue. Sue was kept busy the whole time she was in Scotland because the family planned all her activities, which included parties and other social functions.

As for now, Sue will continue her life as normal. "It is strange being acknowledged as a lady. You say, 'Oh yeah, I am that' when people use your title. I am very nonchalant about the whole thing, but I do consider it an honor," she said.

While it seems a bit unreal to Sue here in the States, she had her share of special treatment when she went to Scotland. Although the pomp and circumstance was fun, she was happy to return to America. "This is the best place to live," said Sue. "People don't realize how forward and lucky we are here."

So will Sir Robert take a seat at the royal round table, and will Lady Sue be pampered by her royal servants? Probably not. But some parts of a fairy tale still come true. At least they do for Sue Bell.

Sue Bell was also a recipient of The Great 100 award for 1994. She was chosen from nominations received across the state and is being recognized for her excellence in nursing practice and commitment to the profession. Congratulations, Sue! ■

▼ Sir Robert Bell at his knighting ceremony



Executive Notes

Commit To Quit

Would a chance to win \$500 help motivate you to quit smoking? The "Commit to Quit" contest offers smokers a chance to win prizes if they stop smoking for at least one month. Participants must enter by January 10, 1995 and quit smoking by midnight, January 15. For details, pick up an entry form from the Women's Education Center (x.6697) or from the American Cancer Society at 333-6000.

Record Births In October

During the month of October, The Maternity Care Unit of The Women's Hospital reported a record number of births - 375!

We have recently completed the end of fiscal year 1994, a successful year in a number of ways. We met or exceeded nearly all of our goals in the areas of Service, Outcome and Cost/Volume.

Service

In the category of Service, our goals focused upon our Breast Care Program, Same Day Surgery Program, Gynecologic Oncology Program, Patient Satisfaction, Employee Satisfaction and Physician Satisfaction.

- Our targets in the Breast Care Program were: to improve surgical volume by 10 percent and our actual improvement was 12 percent, to increase mammography volume 10 percent and our actual increase was 42 percent, and to offer more public education courses on breast care specifically, which we did.

- In our Surgery Program, our targets were: to reduce OR turnover from 23 minutes to 15 minutes (our actual improvement was to 11 minutes); to develop same-day testing and anesthesia evaluation (which was completed); and to improve scheduling by tracking physician procedure times (which we did complete).

- We were not successful in recruiting a gynecologic oncologist, but we are working on a solution that will enable us to offer gynecologic oncology through The Women's Hospital.

- In the area of Employee Satisfaction, we identified four areas in which we could improve: Employee Security, Internal Communication, Budget Process and Supervisory Level Management. We formed employee task forces, each of which was chaired by a Vice President or our Controller. Each of these task forces has made specific recommendations to improve employee satisfaction. The following have been implemented. They include holding regular manager/supervisor meetings to address their need for information, implementation of 24-hour, 7-day week security, establishing a site on each floor to display employee information, including managers in final budget review and recommending capital and new program budgets through a task force process.

Outcome

Our goals in the area of Outcome addressed the establishment of clinical pathways, Joint Commission Survey results, the Women's Health Initiative and Neonatal Intensive Care Program improvements.

- We successfully established clinical pathways for vaginal deliveries, cesarean sections, a portion of NICU patients and for hysterectomies.

- Our Joint Commission Survey resulted in a rating of 93 out of a possible 100 percent, an excellent score. We did receive a few minor Type I recommendations while our goal was to receive no Type I recommendations.

- The Women's Health Initiative has been successfully implemented on our campus and recruitment of participants will continue over the next two years.

- The NICU has successfully established a Multi-disciplinary Review Committee and a follow-up clinic for infants discharged with respiratory distress syndrome.

In each of the items under the category of Outcome our goal was to establish or implement a program, which we have done successfully.

Cost and Volume

The category of Cost/Volume included goals addressing staffing, net margin, volume and expenses.

- Concerning staffing, our goal was to implement strategies to keep our FTEs within budget and to develop staffing standards in each department. We have developed staffing standards in most of our departments and successfully kept our FTEs under budget.

- Our volumes exceeded targets in births, day surgery, mammography, radiology, maternity admissions, NICU patient days, and were slightly under budget in inpatient surgical volume. We were able to keep our expenses under budget considering the increases in volume that we have experienced, and therefore were able to exceed our target for net margin.

The "bottom line" is that we have had a successful year and should be very proud of our hospital organization. Thank you for helping to make this hospital a high-quality and cost-conscious institution.

James R. Whiting
Executive Vice President

Employee Council Update

If you have a question, suggestion or concern about the hospital, tell your Employee Council representative. The Women's Hospital's Employee Council meets monthly to address employee concerns and organize social events for all employees.

As the year winds down, The Women Hospital Employee Council is preparing to elect new representatives and officers for 1995. The December meeting will be a joint meeting for council alternates and representatives. A nominating committee is being formed, and elections will occur at the January 1995 meeting.

The Employee Council is sponsoring our annual Door Decorating Contest. All decorations should

meet hospital fire code standards as outlined in the guidelines provided by Plant Operations. Judging for the most attractive door will be held on Monday, December 19.

Dedication for the Habitat Home is tentatively set for Saturday, December 17. Work on the house has gone very well. Fortunately thus far, we have not been postponed by weather or inspections. Barring any problems, the house should be completed just in time for our family to move in for the holidays.

Mickey Henderson, President
Employee Council
The Women's Hospital

Attendance Easier To Track With New Policy

If you get caught in traffic and arrive five minutes late to work, your supervisor will write you up — true or false? **FALSE.**

If you stay home from work with a 101-degree fever, sore throat and chills, it will be counted as an unscheduled absence — true or false? **TRUE.**

According to The Moses Cone Health System's revised Attendance Policy, effective since September 1, employees who arrive to work six or more minutes late are considered tardy, and any absence not scheduled and approved 24 hours in advance is considered an unscheduled absence. But unless you have a history of unscheduled absences or tardies, don't worry. Because you can't plan an illness, child-care problem or person-

administered inconsistently and was hard to understand. The revised policy better defines tardiness, scheduled vs. unscheduled absences, partial absences and when managers may use discretion as listed below:

- **Tardy** — Reporting to your work station six or more minutes after your scheduled start-time but within 30 minutes of your start time is considered a tardy.

- **Leaving early** — Leaving your work station less than 30 minutes before the end of your scheduled work day is considered leaving early.

- **Partial absence** — Any time you work more than half your scheduled shift and arrive more than 30 minutes after your scheduled start time or leave more than 30 minutes prior to your scheduled stop time is considered a partial absence.

- **Unscheduled absence** — Any day you take off with less than a 24-hour notice or an absence requested more than 24 hours in advance but not authorized by your supervisor is considered an unscheduled absence. If you miss consecutive work days as a result of the same illness or absence, it counts as one absence.

- **Scheduled absence** — An absence which has been authorized by your supervisor at least 24 hours in advance.

- **Managerial discretion** — Some employees within the organization have flexible schedules due to the nature of their work and responsibilities. Managers of these employees should identify flexible positions, apply reasonable standards to monitor tardiness and set clear performance expectations.

Management Council is responsible for assuring that the Attendance Policy is administered by all departments. It is up to managers to keep accurate attendance records for all employees, monitor attendance, counsel employees as needed and initiate the disciplinary process when necessary.

If you have any questions about the revised Attendance Policy, please contact Becky Hunnicutt, Director of Personnel, at extension 6523. ■

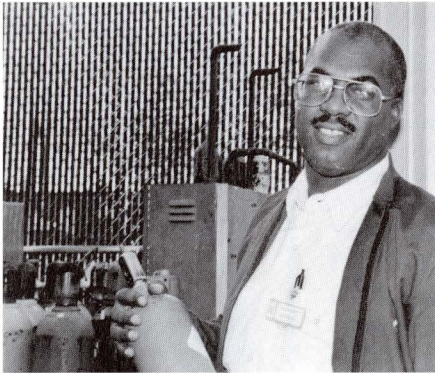
In the Employee Attitude Survey feedback sessions, employees asked for a better method to track attendance, citing that the old policy was administered inconsistently and was hard to understand.

al emergency, the policy allows a certain number of tardies and unexpected absences. For full-time employees and part-time employees with an FTE of .45 or higher, three unscheduled absences or less is acceptable within a three-month rolling period. Three tardies equals one unscheduled absence.

Called a "no-fault" policy, the revised Attendance Policy does not allow managers to excuse absences or tardies since they cannot always accurately determine if the absence or tardy is legitimate or excusable. Also, these decisions are often inconsistent among departments and individuals. To treat all employees fairly, the organization's Attendance Task Force of more than 20 employees selected a "no-fault" policy.

In the Employee Attitude Survey feedback sessions, employees asked for a better method to track attendance, citing that the old policy was

New Security Team Enhances Hospital Safety

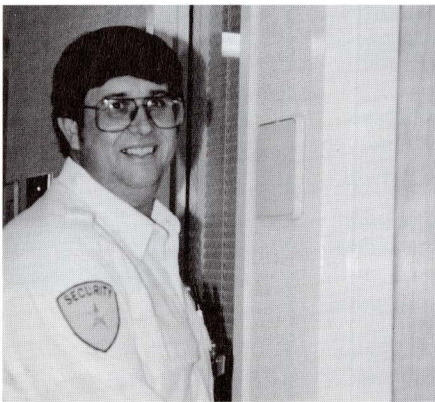


▲ Malcolm Cheeley

When employees of The Women's Hospital talk, people listen. The Employee Opinion Survey, designed to convey the concerns and suggestions of employees to hospital management, has been the perfect vehicle to implement changes in the hospital. One area that recently experienced a positive change was the Plant Operations/Security Department. Based on employee comments from the Employee Opinion Survey, a task force was developed to examine security issues.

"Employees from other departments commented that they wanted increased security and/or increased visibility of our security guards," said Donnie Williams, Director of Plant Operations and Security. "While we wanted to accommodate their needs, my department was feeling the strain of having to 'play dual roles' of both mechanic and security guard," said Donnie. "We did not want to place the responsibility of being in two places at one time on any employee," he said.

As a result, additional full-time employees were approved strictly for hospital security purposes, so that the hospital has 24-hour per day, seven-day per week dedicated security coverage. After training has



▲ Bob Corum

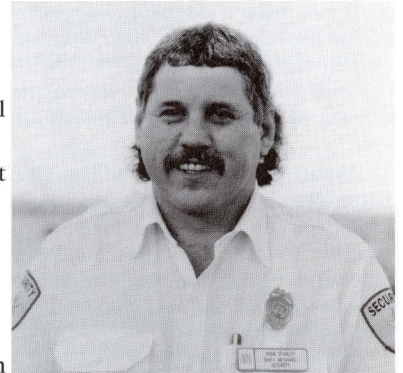


▲ Vance Harris



▲ Fred Suddreth

been completed, The Women's Hospital will have a security staff that is five employees strong. These guards will be trained in crisis inter-



▲ Doug Stanley

vention and in the use of restraining procedures. Security staff will be more visible with new uniforms that are different from Plant Operations staff, and they will be easier to reach with the upgrade of the new voice beeper system. "Our staff's response time will be greatly improved with this new system," said Donnie.

Perhaps the best example of employee suggestions developing into teamwork is the creation of the Mr. Strong Team. Mr. Strong is a team of 46 hospital employees who have volunteered to assist with emergency security incidents. In the event of a security incident, the hospital operator will be notified to page Mr. Strong to a specified location. This page will signal the team to respond to that location as backup for security personnel.

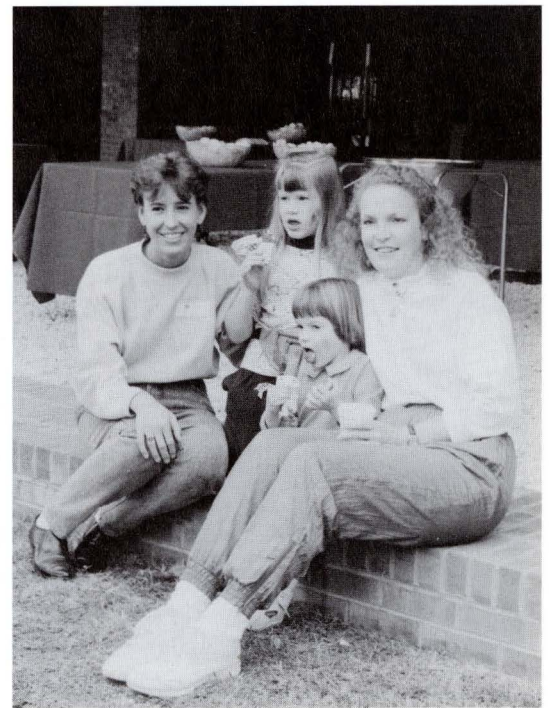
Mr. Strong will be an extension of the hospital's existing Security Department. "With teamwork and valuable input from our employees," said Donnie, "we are now able to offer the added security that employees have requested." ■

Here's what your suggestions have accomplished:

- Additional security employees
- Upgraded voice beeper system
- Additional lighting approved for employee lots, walkway to Medical Arts Center and Laboratory walkway
- Improved night visitation policy
- Accurate list of employee vehicles to track parking violations

NICU Reunion Brings Families and Staff Together

The 18th annual NICU Reunion was held Saturday, October 8. More than 400 people came to The Women's Hospital for this celebration. Children enjoyed food and games while parents were able to visit with the NICU staff who provide life-saving care to sick or premature infants.



New Faces Abound At The Women's Hospital

You may have noticed several new faces around The Women's Hospital. There's a new face in the executive office - Lisa Cox, Controller. The Admitting Department also welcomed two new employees: Susan Thompson, Director of Admitting, and Don Conrad, Admitting Supervisor. Nutritional Services also welcomed a new Director, Deborah Joye. And two services previously housed at the Northwood Building, InforMED and Lifeline, have moved to our campus. They bring with them Susie Davidson, Coordinator for the Physician Referral Service (InforMED), and Angie Nichols, Coordinator for Lifeline.

Lisa Cox is the new Controller for The Women's Hospital. Since joining our hospital on November 14, Lisa has enjoyed working with many areas throughout the hospital. She is primarily responsible for the Admitting and Accounting departments. "As controller, I am looking forward to representing the hospital on financial issues, such as the installation of new financial systems like IDX and Power Pay," she said. Lisa comes to The Women's Hospital from Fair Oaks Hospital in Fairfax, Virginia.

Susan Thompson came from the Admitting Department at Moses Cone Hospital, where she was Bed Placement Manager. As Director of Admitting, her duties include overseeing all three registration sites, making sure that all registrations are complete in order to facilitate Patient

Accounting; and ensuring that all employees in the department understand Insurance companies' rules, specifically managed care.

"I like the close-knit environment of The Women's Hospital," said Susan. "The staff have been very helpful in keeping the lines of communication open," she said.

Don Conrad came to this campus from the Financial Counseling Department at Moses Cone Hospital. He coordinates registration for both maternity patients and outpatients and supervises the admitting areas of inpatient, preadmit and cashier.

"I wear many different hats. Right now the challenge is learning all the different jobs in the department and finding out who does what and when," said Don. "The entire staff is very pleasant to work with," he said. "They are always willing to provide me with information when I need it."

On October 10, Deborah Joye joined The Women's Hospital staff as Director of Nutritional Services. Debbie has worked with Morrison's Health Care Group for over 12 years as a director in a variety of hospitals. She relocated to Greensboro from Manning, South Carolina.

In her role as Director, Debbie will direct all activities of the department, including dietary considerations in patient care, cafeteria services, catering, hiring and training of staff. "I have really enjoyed being at The Women's Hospital and getting to know everyone," and Debbie.

Susie Davidson has been with The Moses Cone Health System for eight years. As InforMED Physician Referral Service Coordinator, she assists callers with locating a physician to meet their specific needs. Since moving to The Women's Hospital two months ago, Susie has enjoyed being in her new "home." "Everyone is so friendly," she said. In addition to InforMED, Susie also handles scheduling for all child-birth classes and perinatal education programs.

Angie Nichols has been the Program Coordinator for the Lifeline service for three and a half years. Lifeline is an emergency response system primarily for the elderly. Angie often coordinates with social workers and other home care agencies to answer inquiries about the service and interviews prospective candidates for Lifeline. She also handles other aspects of the program, including accounting, equipment installation and maintenance. "Keeping in touch with the community and making people aware of this service is a high priority," said Angie. "It is very rewarding knowing that you are helping others and giving those who live alone a sense of security," she said. ■



▲ 1



▲ 2



▲ 3



▲ 4



▲ 5



▲ 6

1. Lisa Cox, Controller
2. Susan Thompson, Director, Admitting
3. Don Conrad, Supervisor, Admitting
4. Debbie Joye, Director, Nutritional Services
5. Susie Davidson, Coordinator, InforMED
6. Angie Nichols, Coordinator, Lifeline

New Program Addresses Community Health Needs

The Moses Cone Health System has taken the first step on a new road to improving the health status of our community. The Community Health Program, created this summer, aims to improve the overall status of the greater Greensboro community by addressing important health issues and responding to health care needs which are currently not being met.

"The hospital has long had an interest in serving the community — it's obviously an important part of our mission," said Dennis Barry, President, The Moses H. Cone Group of Health Care Services. "As that interest has evolved over time, we have begun to focus on the status of our community in a manner which goes beyond what has been the traditional role of our organization of providing services to an individual or patients and families in the community," he said.

In its initial stages, the Community Health Program has two primary goals — conducting a formal, in-depth community health needs assessment and organizing a committee of key community leaders to help prioritize the needs that are identified. A consulting firm will help assess community needs, with results expected in summer 1995. Although initiated by The Moses Cone Health System, the program will rely heavily on the leadership of the community advisory committee and other community organizations in order to initiate new ways to address health needs and improve programs which already exist.

"We are not going to generate new programs if programs already exist somewhere in the community," Barry said. "Our interest then would be to

help those programs grow in the right direction or address those kinds of issues that need to be addressed by providing them with additional resources," he said.

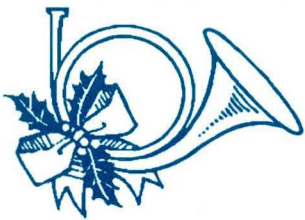
As proposed by the Board of Trustees, The Moses Cone Health System will use a portion of the investment income from its endowment to fund the Community Health Program.

"I think that hospital boards across the country are realizing that in this era of health care reform, hospitals can serve as catalysts in their communities for improving overall health status," said Kate Ahlport, who will provide leadership for the Community Health Program as the new Vice President of Community Health.

The health needs assessment will begin with a written survey sent to households throughout Guilford County. Assisting the consultants will be a community advisory committee of representatives from area businesses, churches, special interest groups and health care organizations. The committee will help compile survey topics and questions.

Following the written survey, the assessment will continue with an inventory of existing health care services and programs in the community. Eight focus groups will provide feedback on the community's health care needs and priorities. Based on these outcomes, the committee will prepare a comprehensive community health care plan.

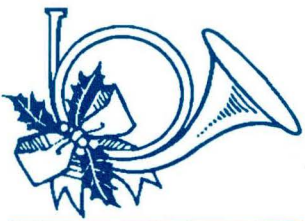
"We as a hospital, I think, are more accustomed to short-term results," Ahlport said. "But this is a long-term process. We are in this for long-term outcomes." ■



'Tis the season

Mark your calendar for our holiday party at The Women's Hospital:

Christmas Party
December 20
Classrooms 1 and 2



Newsnotes

Lab Renames Its Outreach Programs

The Department of Laboratories at The Women's Hospital and Moses Cone Hospital announce a new name for its combined Laboratory Outreach programs — *MedQuest*. MedQuest currently offers three distinct services:

- *Labworks* is a full-service, state-of-the-art reference laboratory which provides personalized laboratory services for physicians, home-care agencies, nursing homes and businesses.

- *Lab Liaisons* is a comprehensive consulting service providing customized technical procedures, on-site continuing education, advice on safety procedures for blood-borne pathogens and many more services to physician offices.

- *ProHealth* is a customized health screening service for businesses promoting early detection of potentially serious medical problems and nutrition health management programs. It brings on-site comprehensive wellness programs to any corporate location.

The Laboratory at Moses Cone Hospital was established in 1953 by Chief of Pathology H.Z. Lund, M.D., with a staff of seven employees. Today, Robert M. Gay, M.D., directs a staff of 200 at both The Women's Hospital and Moses Cone Hospital in the performance of more than one million patient and quality control tests annually.

Auxiliary Update

The Auxiliary is sponsoring a poinsettia sale in the ground floor lobby on Friday, December 2, from 10 a.m. to 4 p.m. Three sizes of plants will be available ranging in price from \$6.95 to \$14.95. Plan to decorate your home and buy gift plants from your Auxiliary. We will hold "paid-for" plants until your shift is over.

Because of a new hospital policy, latex balloons will no longer be available from the Gift Shop. We will continue to stock a full range of mylar balloons.

The cookbook has gone to press but will not be available until January 9, 1995. The Gift Shop does have gift certificates for the cookbook (for gift giving purposes). The certificates will be redeemed for the book, which will cost \$8.95 plus tax.

Christmas-themed counted cross stitch kits have arrived starting at \$1.59.

The Auxiliary has just purchased a stroller for use in Maternity Admissions and donated \$500 for poster framing in the same department. Also approved was a \$2,500 donation to the Women's Education Center Library.

Upcoming Auxiliary Events:

December 1 Uniform Fair 7 a.m. to 4 p.m.
December 2 Poinsettia Sale 10 a.m. to 4 p.m.

Thanks For Lending A Hand – United Way Goal Exceeded

The United Way County Fair was a great success! The Women's Hospital exceeded its goal by raising \$33,627.92, or 102.81 percent. A fun time was had by all who attended the fair. Employees were treated to cotton candy and popcorn and offered a chance to win many great prizes from the raffles and cakewalks. A special highlight of

the fair was the pie eating contest, in which lucky participants tested their stomachs of steel by eating moon pies and washing them down with RC colas.

"On behalf of the committee, I want to thank all the employees who chose to give this year," said Sue Bell, Coordinator, United Way Committee. "Our contributions will help hundreds of families in need right here in Greensboro," she said.

Medical Stats

Survey Reveals Improved Survival Rate

Significant improvements in the survival rates of extremely low birth weight babies (weighing 501 to 1,000 grams) have been reported in a recent summary of Neonatal Intensive Care Unit (NICU) outcomes for 1991-92 by Laurence Ransom, MD, Medical Director for Neonatal Medicine at The Women's Hospital.

The use of surfactant is one reason for the improved rates, according to Ransom. When surfactant is used, the survival rate is 74 percent for this group as a whole, and the survival rate increased significantly for infants in the lowest weight category. Morbidity of this group still remains a factor with 49 percent having chronic lung disease and 89 percent having some form of retinopathy of prematurity.

While the use of surfactant has made a considerable impact on survival rates, Ransom indicated that the criteria for delivering prematurely has not changed. "We can't fall back on surfactant as a 'save all,'" he said. "The vestiges of prematurity still exist and are exhibited in the morbidity rates."

In other birth weight groupings, survival rate increases are based upon weight increases, with a one-year survival rate for very low birth weight babies (less than 1,500 grams) at 84 percent; and the rate for babies weighing above 1,500 grams is 97 percent.

Note: In comparing data on the NICU with that of other freestanding women's hospitals nationally, The Women's Hospital was significantly lower than other centers in the level of morbidity of infants, the length of stay and the cost of treatment, Ransom said.

Area OB/GYN's Complete Exam

John S. McComb, M.D., and Richard M. Holland, M.D., recently successfully completed the written recertification exam held by the American Board of Obstetrics and Gynecology in Dallas in August of this year. The original certification by the American Board was in 1986, consisting of case review and oral examinations, held annually in Chicago. Theirs was the first class of examinees to be required to take recertification every 10 years. The American Board of OB/GYN offered the recertification exam in 1994, which will recertify both physicians until 2006. Drs. McComb and Holland are in private practice with Dr. Eric Guice at Greensboro Physicians for Women.

JCAHO gives Moses Cone Health System high score

During the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) survey, hospital staff went the extra mile and it showed. In the final report, JCAHO granted the Moses Cone Health System full, three-year accreditation, giving the organization a score of 93.

"I couldn't be more proud of this high score," said Dennis Barry, President. "The overall score is indicative of the quality of the organization and the commitment and leadership of our hospital family."

JCAHO surveyors visited our hospital in June to conduct an on-site survey. This five-day survey, which is conducted every three years, critically evaluates the entire hospital staff's performance in delivering safe and effective health care to our patients.

Accreditation shows the organization's:

- commitment to quality and quality improvement;
- dedication to providing services of the highest quality; and
- compliance with national standards for quality.

A special thank you goes to the entire hospital family who worked so hard over the past year to prepare for and conduct this successful survey.

TQM Team Exams Issue Of Unattended Children In The Hospital

What can a three-year-old set free in the hospital accomplish in an hour? Plenty – cluttered hallways, noisy waiting rooms and distracted visitors are just a few of the possibilities.

A child's noisy behavior can make a visit to the hospital an unpleasant experience, and make it difficult for staff to give their complete attention to patient care. The TQM team addressing the issue of unattended children recently completed their quality improvement project to improve the issue throughout the hospital.

The team's first step was to define their mission. After much analysis and discussion, they decided that the mission would be to reduce the occurrence of unattended children by 95 percent. "We wanted our mission focus to have a direct effect on the customer, which in our case, is the patient," said Donnie Williams, Director of Plant Operations and team leader. In order to accomplish that mission, the group looked at the needs of everyone associated with the hospital, from staff, patients and visitors, to doctors, volunteers and vendors.

The next step in the process involved formulating possible theories of causes. To do this, team members involved specific areas from the hospital to find out when and where this problem occurs. Some departments reported the following:

- Volunteers noted that this problem was primarily an issue during times of the year when schools were out and when out-of-town family members gather at the hospital;
- Admitting staff noted that the worst area seems to be Maternity Admissions, with children being "unsupervised" rather than "unattended." The worst time of the day is 10 a.m. to 4 p.m.;
- NICU reported that primarily siblings of NICU patients are left unattended in the hallway. Incidents occur frequently in the evenings; and
- Radiology noted that patients are not

allowed to take children in areas of possible radiation.

After developing a survey to collect data on the problem, the committee identified several root causes. "We found that there was no support person for the patient, as well as little or no instructions from the doctor's office to patients on child visitation in the hospital," said Jim Shaw, Assistant Director, Pharmacy, and team facilitator. The community also perceived the hospital as a "safe" place to leave children unattended.

Since the survey results reported a very low occurrence rate, the team agreed that educating visitors that the hospital does not provide child care and that children are not to be left unattended was the best possible solution. "We felt that efforts to establish a childcare program would only invite more parents to leave their children in our care," said Donnie, "plus it would be quite expensive to do that for a problem with a low rate of occurrence."

The Unattended Children team completed their work by making these final recommendations:

- First and foremost, staff should inform visitors and patients that children are not to be left unattended. They can accomplish this through patient information and personal contact.
- If there is an occurrence and the affected department does not have adequate staffing to handle the problem, the House Supervisor should be notified to contact other departments to request help. In addition, occurrences are to be documented on a C.A.R.E. form.
- In the departments that are currently identified as problem areas, a television should be provided (with children's programming). This may also help with unsupervised children who are sometimes perceived as unattended.
- The hospital should continue to work with the Maternal and Child Health Division to discourage child visitation. ■

The following employees participated on the TQM team examining unattended children:

Linda Donovan, RN,
Mother/Baby Unit

Beci Joiner, Director,
Respiratory Therapy

Kay Newman, Nurse
Manager, Medical/
Surgical Care Unit

Deepi Sethi, Perinatal
Coordinator

Jim Shaw, Assistant
Director, Pharmacy,
Facilitator

Lora Mae Shaw,
Supervisor, Ultrasound

Donnie Williams,
Director, Plant
Operations,
Team Leader

TQM Team Update

Discharge Satisfaction

This team is finalizing recommendations (some already put in place) to improve patient satisfaction with the discharge process, including some elements of courtesy, waiting, and adequate patient education.

Outpatient Registration Timeliness

This team convened but did not continue to meet due to staffing changes in the registration area resulting in registration and waiting times less than the planned standard.

Same Day Surgery

A final pilot study with all planned changes in place (including the correct space) is in progress. This will streamline preadmission processing, same day surgery times, OR turnover, and recovery and discharge processes.

Noise Control

This team has implemented changes to reduce patients' perception of noise, including staff attention to keeping doors closed and keeping personal conversations quiet, better vacuuming timing, and changes in overhead paging of staff on the units (use of a light signal system). The team is awaiting patient satisfaction scores to determine if these steps have raised satisfaction three points.

Lost Infant Linen

This team has implemented several steps to reduce lost linen, including changing the practice of inappropriate use of linen, and using clear belonging bags (See August/September *Viewpoint* for details).

Making Rounds

Department: Plant Operations/Safety & Security

Reported by: Patty Jones

Please welcome **Kirby Profitt**, Electrician to our department; and **Malcolm Cheely**, Security Officer, who has transferred from Moses Cone.

Department: Respiratory Therapy

Reported by: Jackie Fulp

A big welcome to **Jerry Tripp**, RRT. We are glad you have joined our team.

Congratulations to **Sherry Dasnoit**, RRT, on her promotion to Clinical Specialist.

Congratulations to **Terry Martin**, RRT, on the birth of daughter Logan Michele, 8lbs. 3 oz., on August 22, 1994.

A celebration of Respiratory Therapy Week was held October 2 -8.

Department: Mother/Baby Unit

Reported by: Kathy Lawson

We are so pleased to welcome **Marie Sinkiewicz**, RN, to our unit.

Congratulations are in order for **Linda Donovan**, RN, who was promoted from Level II to Level III.

A big welcome to **Bonnie Harvey**, NT, who has joined us from the Extended Care Center.

Congratulations! **Linda Donovan**, RN, and **Jeanne Dixon**, RN, passed the Lactation Consultation Exam.

Department: Anesthesiology

Reported by: Fran Touhy

Please welcome **Judy Young**, CRNA.

The following employees attended the State Association Meeting of Nurse Anesthetists: **Myra Kelly; Fran Tuohy; Rod Moore; Kathy Stephens** and **Cindy Walker**.

Department: Environmental Services

Reported by: Dorothy Campbell

We would like to welcome the following new Techs: **Virginia Deal**, first shift; **Della Jones**, first shift; **Katherine Berkes**, second shift; and **Sherman Hill**, first shift.

Mary Dennis, former Tech, has transferred to the Nursing Tech training program.

Congratulations to **James Shamberger**, second shift, who received the Service Plus award for September and to **Dorothy Frost**, first shift, for the month of October.

Department: Women's Education Center

We have two Interns working with us for the school year from the Department of Social Work Joint Program between UNC-Greensboro and N.C. A&T. **Kim Scott** is from A&T and **Lynn Finley** is from UNC-Greensboro.

Peggy Matthews, Director, Women's Education Center, attended the North American Menopause

(Continued on page 12)

Employee Suggestion Brings Results

Thanks to **Jim Shaw**, Assistant Director, Pharmacy, for an excellent suggestion on improving *Viewpoint*. Beginning with this issue, our employee publication is now printed on recycled paper!



Making Rounds

(Continued from page 11)

Society Conference in Washington, DC September 21-24. Department: Neonatal Medicine

Congratulations to **Dr. Judith Klarr** and her husband David Terrill on the birth of their son Jared William Terrill, born September 2 and weighing 9 lbs. 6 oz.

Department: Public Affairs

Reported by: Eileen Kerr

Please welcome **Susan Gerson**, Secretary II, to The Women's Hospital. She recently transferred from the Extended Care Center.

Department: Personnel

Reported by: Marcia Thomas

Please welcome the following new employees: **Catherine Huesgen**, Pharmacist, Pharmacy; **Dawn Wright**, RN Level II, Operating Room; **Stephanie Hudnell**, Nursing Technician II, Maternity Admissions; **Linda Stoutz**, Registration Representative, Admission Services; **Sharon Olliges**, RN II, NICU; **Marcia Badon**, RN II, NICU; **Cheryl Hulen**, RN II, NICU; **Deborah Stowe**, RN II, NICU; **Kathleen Lawrence**, Nursing Technician I, Birthing Suites; **Julia Johnson**, Radiology Technologist, Radiology; **Almuriel Ramirez**, Nursing Secretary, Birthing Suites; **Patricia Kennedy**, Clerical Assistant II, Medical Records; **Lauren Newton**, Phlebotomist II, Laboratory; **Margaret Mooney**, Registration Representative, Admission Services; **Bonnie Miller**, Social Worker II, Social Services; **Trina Wilkerson**, Birth Certificate Registrar, Medical Records; **Wesley Solomon**, Food Service Technician I, Dietary Services; **Sandra Drainville**, RN Level II, Medical/Surgical Care Unit; **Virginia Deal**, Environmental Services Technician, Environmental Services.

Please congratulate the following employees on their promotions: **Susan Thompson**, Admissions Director, Admissions Services; **Nancy Wilkinson**, Clinical Nurse Specialist, Medical/Surgical

Care Unit; **Gladys Forster**, RN Level II, Medical/Surgical Care Unit; **Patricia Poole**, Accounting Assistant, Accounting Services; **Donald Conrad**, Financial Counseling, Admission Service; **Kathy Morrison**, RN Level III, Mother/Baby Unit; **Janie Price**, Supply Tech II, Materials Management; **Anna Raschi**, Ultrasonographer, Ultrasound; **Amy Wang**, Physical Therapist III, Physical Therapy; **Tamela Eldridge**, Nursing Sec./Monitor Tech, Medical/Surgical Care Unit; **Jan Stephens**, Clinical Nurse Coordinator, Operating Room;

The following employees have recently transferred from Moses Cone Hospital to The Women's Hospital: **Susan Thompson**, Admission Services; **Nancy Wilkinson**, Medical/Surgical Care Unit; **Patricia Poole**, Accounting Services; **Donald Conrad**, Admission Services; **Emelia Amoako**, Staff Development; **Diane Raynor**, Staff Development; **Anna Raschi**, Ultrasound; **Toni Lewallen**, Birthing Suites; **Minnie Vanstory**, Medical Records; **Dona Branson**, Operating Room; **Jan Stephens**, Operating Room; **Patricia McCormick**, Medical/Surgical Care Unit; **Susan Gerson**, Public Affairs; **Patricia Raines**, Operating Room; **Harold Carter**, Dietary Services; **Annette Andrews**, NICU; **Sandra Villwock**, NICU. ■

James R. Whiting

Executive Vice President

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