

## Employees Share Their Favorite Holiday Memories

*Each and every Christmas my family, including aunts, uncles and cousins, gather together for a meal and gift giving.*

*Unfortunately, my aunt and uncle lost both of their children when they were both very young, so to show their love for one another and to make Christmas special, they always exchange gifts at our annual gathering.*

*In past years, they have given each other very extravagant gifts such as a diamond necklace and earrings, leather jackets, a camper, and gold chains. One year, my aunt shocked her husband by wrapping a set of keys to a new truck. They always try to surprise each other, sometimes successfully and other times not. Christmas 1994 was no different. I wondered - what could they possibly give each other that they don't already have?*

*Everyone waited excitedly as my uncle presented his gift to my aunt. She opened it and found a diamond tennis bracelet that she herself had picked out months before. What she didn't know was that he had a second gift for her. When she opened the second box, she was surprised to find another diamond tennis bracelet, one that she had chosen after the first one and had like better! She was definitely surprised that year — I can't wait to see what they think of this year!*

**Angie Nichols**

**Lifeline Coordinator**

*I was on house coverage at Moses Cone Hospital on Christmas Eve 1993. No one likes to work on Christmas, but my family had adjusted our plans at home since I was on duty.*

*As I made my rounds, I ran into a minister who was visiting patients. I stopped to talk with him and discovered his wife was a patient in the Surgical Intensive Care Unit (SICU) after undergoing heart surgery the previous day. While his wife lay in SICU, the minister visited other seriously ill patients who also could not be home for Christmas.*

*Later that night, I was called to SICU for an emergency - there was a code blue in process. As I raced to SICU, I found that it was the wife of the minister who was coding. Despite all our efforts and technology, she did not make it. The minister was now no longer the strong one spreading cheer on Christmas Eve. It was then up to me to be the strong one, supporting this man. It suddenly became very clear to me why I was on duty that night, why we all pull our duty on holidays, why we are needed and why we chose this profession.*

**Lynn Tatro, RN**

**Nursing Administration**

*It was only two days until Christmas and my wife and I had not yet bought a Christmas tree and we really didn't even have any intention of buying one that year. We were living in Mt. Vernon, New York and I took the train into New Rochelle to visit my sister-in-law who was working at Woolworth's for the holidays. While I was in the store, I saw the most beautiful Christmas tree. I knew immediately this was the tree I wanted to surprise my family. I talked to the store manager and since it was almost Christmas Day, he agreed to let me have the tree and all the lights and decorations for only \$30. The only problem was I somehow had to get this tree back home to Mt. Vernon on the train. I hiked five blocks to the train station carrying this huge tree, all the while getting very strange looks from people on the streets. Passengers on the train were also not too pleased to have to share their seats with this enormous tree! But all this effort was well worth it when I saw my family's faces light up when they saw this beautiful tree!*

**Willie McDowell**

**Materials Management**

*(continued on page 2)*

## ... More Holiday Memories

*As is my family's tradition, we all go out every Christmas Eve and drive around looking at all of the holiday lights and decorations. But on Christmas Eve 1976, I had the chicken pox and everyone seemed down and disappointed because we thought we wouldn't be able to go. But, around seven o'clock that night, my stepfather bundled me in a quilt, picked me up and put me in the car with the rest of the family. That Christmas, the lights were even brighter than usual.*

**Pamela Chandler**  
Admission Services



*As our children have grown up and established their own families, a time for us all to get together and celebrate Christmas has proven to be quite a challenge. As a result, our family now celebrates Christmas and Thanksgiving at the same time.*

*On the Friday after Thanksgiving the grandchildren finish decorating the tree and then we have a time of devotions marking the start of the Advent season. After our devotions, we have a "birthday" party for Baby Jesus where everyone receives a "birthday" present. After each family returns to their homes, they continue the Advent devotions, usually on the same evening. On Christmas Eve, everyone is able to have St. Nicholas visit their individual homes and leave presents for the children. This is our attempt to combine the joy of gift giving and receiving, and the joy of the birth of our Christchild.*

**Gloria Martin**  
Neonatal Medicine

*One of my family's favorite Christmas traditions is to have my Dad read the Christmas story from the Bible and "A Visit from Saint Nicholas." One Christmas Eve, I had to work second-shift at Moses Cone Hospital and I knew I would miss this annual event. But to my surprise my Dad called me at work that night and read "Twas the Night Before Christmas" over the telephone to me so I could still be a part of our family tradition. This was one of my most memorable holidays.*

**Karen Talbert**  
Outpatient Admitting



## Employee Council Year-End Update

As 1995 comes to a close, I would like to report to you some of the activities of the Employee Council this year.

First and foremost, Judy McConley, Employee Council Chairperson for Moses Cone Hospital, and I reached our goal of working more closely together and getting the two councils more connected. We have regularly attended each other's meetings and our committees have worked together on many projects throughout the year.

This year, the Employee Picnic site was changed to Emerald Pointe, which proved to be a great success. Everyone who attended the event commented on what a great time they had. The committee has looked into the possibility of having next year's picnic earlier in the summer on a Saturday. I am pleased to report that a contract has been signed with Emerald Pointe for September 8, 1996. The waterpark is adding new attractions next year, so there will be even more activities for families to enjoy.

Another project we successfully completed was securing an employee dis-

count on Honey Baked Ham and Turkey products and gift certificates for the holidays, including Thanksgiving, Christmas, Hanukkah, and Easter/Passover. Over 300 purchases were made for Thanksgiving at a 15% discount and we are still investigating a possible 20% discount for the Easter/Passover holidays. The company will decide according to employee response in December.

A steering committee has been formed to begin the process of a 1996 Habitat for Humanity house. Employee Council is also working with United Way of Greensboro, who approached Moses Cone Health System to submit names of "community heroes" to be selected to carry the Olympic torch in the 1996 games.

I would like to extend my gratitude to all of those who helped me this year, and I wish Tony Shelton as great a time as I have serving "you all" in 1996.

Sincerely,

Fran Tuohy

1995 Employee Council Chairperson

## Community Health Assessment Completed

The Greater Greensboro Community Health Partnership, a 21-member community advisory committee appointed by the Moses Cone Board of Trustees, has just completed a comprehensive assessment of health needs in the greater Greensboro community. The assessment included six components:

- a review of morbidity, mortality and demographic statistics for Greensboro and Guilford County;
- a survey of the health risk behavior and medical care access that was mailed to randomly-selected households in Guilford County;
- eight focus group interviews with area residents;
- a review of other needs assessments recently completed in Guilford County;

- an inventory of health and human services in the area; and

- a review of strategies that have been used to address key health needs in other parts of the country.

"The Partnership identified and prioritized the four most important health-related needs in the greater Greensboro community, and presented their recommendations to the Moses Cone Board of Trustees in November," said Kate Ahlport, Vice President of Community Health for Moses Cone Health System.

In the January issue of *Viewpoint*, we will feature an article on the community health improvement recommendations to the Board of Trustees from the Greater Greensboro Community Health Partnership.

## Understanding Managed Care - A Glossary of Terms (Part II)

Understanding managed care can be confusing. To help you make sense of some of the basic concepts and terminology, following is the second part of the glossary of terms from the November issue of *Viewpoint*.

**INDIVIDUAL PRACTICE ASSOCIATION (IPA)** - Under this structure, physicians practicing in their own offices participate in a prepaid healthcare plan.

**INTEGRATED HEALTH CARE SYSTEM** - A single organization or affiliated organization that provides ambulatory and tertiary care to its enrollees.

**NETWORK MODEL** - An organizational form in which the HMO contracts for medical services within a "network" of medical groups. Usually designated as IPA's.

**OPEN ENROLLMENT PERIOD** - The period of time stipulated in a group contract in which participants of the group can choose a health plan alternative for the upcoming benefit year.

**OPEN-ENDED HMO** - Enrollees are allowed to receive services outside the HMO provider network without referral authorization, but are usually required to pay an additional copay and/or deductible.

**OUT-OF-AREA BENEFITS** - The scope of emergency benefits (and related limitations) available to insured persons while temporarily outside their defined service area. Terms differ with different plans.

**PHYSICIAN HOSPITAL ORGANIZATION (PHO)** - Development of cooperative relationships between hospitals and physicians to form an integrated organization that can contract jointly with an employer, managed-care plan, insurer or governmental entity.

**POINT-OF-SERVICE** - This product may also be called an open-ended HMO and offers a transition product incorporating features of both HMO's and PPO's. Beneficiaries are enrolled in an HMO but have the option to go outside the network for an additional cost.

**PRACTICE GUIDELINES** - Information systems which provide practitioners with up-to-date evaluations of every diagnostic or treatment method. Such guidelines are used to avoid unnecessary services, thereby, it is hoped, decreasing the uncertainty and cost of patient care.

**PREFERRED PROVIDER ORGANIZATION (PPO)** - A group of physicians and/or hospitals who contract with an employer to provide services to their employees. In a PPO, a patient may go to the physician or hospital of his or her choice, even if the physician does not participate in the PPO, but the patient receives care at a lower benefit level.

**PRIMARY CARE** - An initial contract made with the healthcare system that results in routine medical or preventive care being provided in a physician's office or other ambulatory setting.

**PROVIDERS** - Those institutions and individuals who are licensed to provide healthcare services. Providers in a defined service area are principally owned by, affiliated with, employed by, or under contract to an HMO.

**RISK** - The chance or possibility of loss. For example, physicians may be held at risk if hospitalization rates exceed agreed-upon thresholds.

**SELF-INSURANCE** - An entity itself assumes the risk of coverage and makes appropriate financial arrangements rather than purchasing insurance from a third party and paying a premium for this coverage.

**SERVICE AREA** - The territory within certain boundaries that an HMO designates for providing service to members. Since easy access into the health delivery system is a primary HMO principle, it is generally believed that a member should not have to drive longer than 30 minutes in order to gain access to the system.

**STAFF MODEL HMO** - A group of physicians who are either: salaried employees of a specially formed professional group practice which is an integral part of the HMO plan or salaried employees of the HMO. Medical services are delivered at HMO-owned health centers and generally, only to HMO members. Physicians in either form of staff models are usually limited in their fee-for-service activities.

**VERTICAL INTEGRATION** - Development of an organization that encompasses all services needed by a specific population through a cooperative approach to provide the full continuum of care.

*This is the second article in an ongoing series on managed care. Look for more information on managed care in upcoming issues of [Viewpoint](#).*

## Newsnotes

### Rates at Moses Cone Health System To Remain the Same

In October, Moses Cone Health System's Board of Trustees approved a budget which included no rate increase for its three divisions - Moses H. Cone Memorial Hospital, The Women's Hospital and Health Services Division - for the sixth consecutive year.

In 1992, the organization implemented a Total Quality Management program as a means of improving patient satisfaction and lowering costs while maintaining excellent standards.

"Productivity has been improved at every level," said Robert L. Newton, Vice President, Finance. "We are finding less expensive ways of delivering high quality health-care services to the public."

### Policy Changes Made for Exempt Employees

In the summer of 1995, Moses Cone Health System conducted an extensive review of many wage and salary practices, which included exempt work and pay practices. A survey of pay practices was also conducted with other hospitals in North Carolina. After analysis of the survey data and the evaluation of our own practices, the Human Resources department decided to make changes to four existing policies and to add one new policy as well as moving some positions from exempt to non-exempt status. These changes are being made to align ourselves with our competitors, to ensure compliance with labor guidelines and to benefit the employees, the organization

and the future of Moses Cone Health System.

Following is a summary of these changes effective November 12, 1995:

- **Positions that are currently exempt have been approved to be non-exempt:** Thirty-five positions were moved from exempt to non-exempt status.

- **On-call Policy:** The policy was revised to state that on-call pay applies to non-exempt positions, and that exempt positions receive on-call by exception, with an approved exception list to be kept by Human Resources. CRNA's will continue current on-call practices.

- **Special Pay Policy:** The policy was revised to state that special pay plans apply to non-exempt positions with the exception of CRNA's.

- **Shift Differential Policy:** The policy is being revised to address non-exempt employees only.

- **Shift Allowance Policy:** This is a new policy that addresses shift allowance for exempt employees regularly scheduled to work second or third shift. An annual shift allowance will be added to their base rate and interfaced to Payroll.

- **Pay for exempt employees:** This policy is being revised to exclude the concept of "comp time" and to eliminate the statement that exempt employees may be eligible for straight time or time-and-a-half for hours over 40.

Human Resources will be making the necessary changes to employee records and the policies will be distributed with the next printing in the Operating Policy Manual. If you have any questions or concerns before that time, please call Sheryl Jackson in Human Resources at ext. 8102 or voice mail 3113. ■

## Auxiliary Update

The Auxiliary volunteers have hand-sewn more than 100 Holiday Stockings for some very special people. These stockings, however, won't be hung on a mantle and filled with sweets, but filled instead with something very precious — newborn babies. From December 18 through December 31, every baby born at The Women's Hospital will make his or her first trip home in a holiday stocking.

We would like to thank all of the employees of The Women's Hospital for their support throughout the year. You have helped make this a banner year for us and we wish you and all of our Auxiliary members a **very Happy Holidays and Happy New Year!**

Watch for a calendar of events in the January issue.

## TQM Team Helps to Alleviate Unnecessary Phone Calls

After many staff complaints of too many unnecessary phone calls coming into nursing units and other departments, a TQM team was developed to help reduce the number of these calls.

To determine the extensiveness of this problem, a survey was distributed asking managers in various nursing units if they were experiencing "excessive" phone calls which appeared unnecessary. Eleven departments surveyed responded "yes" and team members were selected from each of these departments.

"Initially, there was a lot of discussion among our team to verify what the problems with phone calls were and where they were the most prevalent," said Becky Campbell, Director, Pharmacy, and team leader. In order to verify problems, data collection was initiated with log sheets of all incoming phone calls in eight departments: Maternity Admissions, Birthing Suites, Pharmacy, Switchboard, Admissions, Radiology, NICU and Laboratory. The team compiled Pareto charts to track the types of calls they were getting and to determine which ones to target for improvements.

Unnecessary phone calls were identified as being both *internal*, such as transfers to patient rooms or excessive personal phone calls, and *external*, such as calls for directions or for patient room numbers.

"It was difficult to determine if a call was truly necessary or not because each seemed to have an individual circumstance," Becky said. She explained that the team also discussed the importance of calls coming from external patients asking medical questions. For example, a mother may call Central Nursery two months after she has been discharged to ask a nurse a question concerning her baby — Becky said that this is where they had the most difficulty in determining where to draw the line in our role as a resource to patients after discharge. "Although these patient calls seemed unnecessary at first, they really were not because our hospital's service extends to our patients even after they are discharged," she said.

In continuing to isolate only unnecessary phone calls, the team attempted to repeat data collection with the use of phone logs in the areas with the highest volume of calls - Switchboard, NICU, Birthing Suites, Radiology and Maternity Admissions. "The accuracy and completeness of these phone logs continued to be a problem for us due to time restraints of staff collecting data as well as shift charges," Becky added "Therefore, several of the problems we identified were

through discussion and interdepartmental concerns."

Several areas where suggestions for improvement in reducing phone calls have already been implemented include:

- Waiting room phone numbers are now placed on phones in patients rooms to help reduce the number of calls to the secretary in Birthing Suites.
- Employees may now call a separate phone line for the daily cafeteria menu which will alleviate calls to Nutritional Services for this information.
- Nursing and NNP infant assignment lists for infants in NICU are now sent to lab and pharmacy on all shifts so in-house staff may call the appropriate nurse directly or contact by beeper.
- Reminders were sent to Nurse Managers for the RN staff to refer to their lab manual and accessibility of test codes rather than calling lab for test codes.

In addition, the team felt many areas throughout the hospital with unnecessary phone calls could be improved most efficiently through staff education. One such issue was that of excessive personal phone calls, especially for staff with beepers, during work time. The team agreed staff should remember to limit their personal calls at work as well as educate their family members of external access to their beeper thereby reducing unnecessary work for the secretary. **All in-house beeper carriers may be accessed from outside the hospital by calling 574-7060.**

A second significant problem uncovered was that hospital employees generally have poor knowledge of phone capabilities - such as how to transfer a call properly. **The Telecommunications Department will gladly provide an inservice education to any department. New Employee Orientation also has an inservice regarding phone capabilities at the monthly orientation meetings for employees desiring a refresher on phone usage.** The last common issue addressed was that "Observation" patient locations were often unknown to most staff. Although calls were often directed to switchboard, calls should instead go to the Registration Representative in Maternity Admissions to verify locations of patients unable to be located via StatLan.

"Our team feels that with everyone's assistance, we can effectively reduce the number of unnecessary phone calls and successfully complete our team's mission," Becky said. ■

### TEAM MEMBERS:

Becky Campbell,  
Team Leader

Paula Vosburg,  
Facilitator

Kay Boswell

Peggy Cecil

Helen Mabe

Susan Thompson

Ollie Hawkins

Viki Gilley

Letitia Shinault

Barbara Davis

Carla Waldron

Jim Whiting,  
Coach

## We Receive Letters

To: The Women's Hospital Staff

On November 5, I was admitted to The Women's Hospital to give birth to my new daughter. In light of all the recent publicity on the five-year anniversary of The Women's Hospital, I would like to share with your readers my personal experience with this excellent hospital.

My husband and I had already taken advantage of all of the free childbirth preparation classes during the past several months. These classes served to prepare us extremely well as first-time parents. We also had an opportunity to meet some of the nursing staff and tour the hospital. This made the actual day much less scary.

During my two-day stay at The Women's Hospital, I was treated royally by every staff person I came into contact with. This ranged from my labor and delivery nurses, to the mother/baby nurses, along with the breastfeeding consultant, chaplain, anesthesiologist, the nursery staff, the baby picture volunteers, the birth certificate and social security application clerks, the cleaning service and of course my personal doctor. Every single staff person was courteous, helpful, concerned, and even checked back with me either by a second visit or a telephone call. Of course, my new baby girl was treated with complete gentleness, warmth and genuine love.

I would also like to add that the security mea-

sures taken at The Women's Hospital are state of the art. Mine, my husband's and my baby's ID bracelet was checked every single time there was a transfer from my room to the nursery. Furthermore, each staff person wears a unique sort of ID that allows the mother to be sure the staff person is indeed legitimate.

In closing, I would like to add a personal thank you to my labor and delivery nurse, Amy Langdon. Without her expert care, concern and loving support during my labor, I am sure my experience would have been much less wonderful and happily memorable.

Sincerely,  
Amy L. Clapp  
Greensboro

*This letter appeared in the November 22nd edition of the News & Record*

To all of the Breastfeeding Consultants:

Thank you for your help, service and support. Breastfeeding has not been easy, but I have stayed with it through your services. The homecare and office visits were a blessing. Many, many thanks!

Kelly Swendell & Zoe

## Clinical Pathways: An Update

### What are clinical pathways?

A clinical pathway is a multi-disciplinary plan of care for a patient. These pathways provide a "road map" to care — when a patient is hospitalized, the team of caregivers uses a clinical pathway to help them track what types of procedures, treatments or education should be part of a patient's care and on what day or phase during the patient's stay these should occur.

### How do clinical pathways affect the patient and the hospital?

Clinical pathways provide a basic guideline to deliver quality patient care allowing the patient to meet identified goals or outcomes. Each clinical path may be individualized, so patients' needs are met in a timely manner. For the hospital, clinical paths allow caregivers to focus on a set of outcomes and time-frames in which to achieve these outcomes.

### How is The Women's Hospital using clinical pathways?

In the last year, The Women's Hospital has implemented 10 clinical pathways that are currently being used for the following types of patients: hysterectomy; mastectomy; NICU rule-out sepsis; premature infants (30-34 weeks); Labor; antenatal;

vaginal newborns; Cesarean section newborns; vaginal delivery mothers; and Cesarean section mothers. Currently, clinical pathways cover 90 percent of adult patients and 50 percent of NICU infants. These paths use a multi-disciplinary approach, with services provided for patients from different areas including physicians, physical therapy, respiratory therapy, pharmacy, laboratory, radiology, social work, nursing and dietitians.

Results of the clinical pathways program are favorable from a length of stay and cost perspective. In the past year, there has been an eight percent decrease in length of stay and a two percent decrease in cost for patients on clinical paths. Quality scores have been maintained and/or improved as well as patient satisfaction scores with the implementation of this program.

### Are other clinical pathways being developed?

Additional clinical pathways are in the process of being developed, including an extremely low-birth weight infants pathway, an operative recovery pathway (which would include OR, Day Surgery and Recovery) and a generic pathway for patients not on a specific path.

## Making Rounds

### Department: Laboratory

#### Reported by: Micky Henderson

Congratulations to **Traci** and **Randy Swink**, Phlebotomists, on the birth of a daughter, Emily, on October 28.

**Kelly Bartley**, Phlebotomist, received her Phlebotomy Technologist (PBT) certification from the American Association of Clinical Pathology.

**Marci Miles** attended the national meeting of the American Association of Blood Banks held in New Orleans.

**Amy Foster**, **Leta Loman**, **Cindy Nemargut** and **Rebecca Swain** attended a Phlebotomy Seminar at High Point Regional Hospital.

### Department: Mother/Baby Unit

#### Reported by: Kathy Lawson

Please welcome **Shelly Peace**, Relief RN, and **Lynn Tetro**, CNC/AC.

### Department: NICU

#### Reported by: Joyce Mabe

We would like to welcome **Cheryl Madyda**, RN, to our unit.

**Mashal Sparks**, RN, BSN, has been promoted from primary staff nurse to Clinical Nurse Coordinator.

### Department: Operating Room

#### Reported by: Wendy Bass

A big welcome to **Joan Sparks**, **Karen Adkins** and **Lori Fargis**, all surgical technologists.

**Dona Branson**, RN, has transferred to the surgical desk.

### Department: Medical/Surgical Care Unit

#### Reported by: Cynthia Marshall

Please welcome **Tracey Smith**, NSMT, and **Annette Briggs**, NSMT.

**Cindy Casten**, RN, and **Wanda Cobb**, RN have transferred from supplement staff to relief staff.

### Department: Neonatal Medicine

#### Reported by: Allison DuBuisson

Congratulations to **Aimee McPeak**, NNP, on her new job as case manager for NICU.

### Department: Maternity Admissions

#### Reported by: Helen Snead

Congratulations to **Lynnette Weston**, RN, who was nominated for a Nursing Excellence award.

Goodbye and good luck to **Betty Bristol**, who is leaving to work in 5500 at Moses Cone.

**Katherine Schorr**, RN III, has completed her OB cross training.

**Diane Murphy**, RN III, has completed an OB Ultrasound course through Bowman Gray School of Medicine.

### Department: Patient & Family Services

#### Reported by: Myra Jackson

Congratulations to **Maura Nsonwu**, CCSW, upon receiving certification as a clinical social worker by the N.C. Certification Board for Social Work. ■

#### James R. Whiting

*Executive Vice President*

The Women's Hospital of Greensboro

#### Eileen Kerr

*Director of Public Affairs*

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Enjoy a  
Happy  
and  
Healthy  
New Year



MOSES CONE HEALTH SYSTEM

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