Dear Nursing Colleagues and Friends,

I am so pleased to present the inaugural CarolinaEast Annual Nursing Report as a testament to our journey on the Pathway to Excellence. The impressive achievements of 2015 are detailed in the pages ahead. Let me give you a glimpse of a few highlights.

- Embarked upon the Pathway to Excellence & strengthened our Professional Governance structure.
- Chest Pain Center with PCI Accreditation.
- Clinical Advancement Program (CAP) with largest participation to date.
- Grants offered for nursing certification exams.
- Mosby’s ClinicalKey implementation initiated.
- Successful implementation of activities to support VTE prophylaxis for all patients.
- Creation of a Physician Office Practice Unit Based Council.
- Creation of the Nursing Peer Review Committee.
- 2IMC Nurses create ‘Quiet Time’ for their patients.
- Perinatal Nurses hosted the first Bereavement Day of Recognition.

I hope that you enjoy reading about the successes of the past year and I hope that you’ll join me and all of the CarolinaEast Nursing Leadership Team in thanking each and every nurse who participated in Professional Governance. Through your work ethic, your intellect and your heart, you have demonstrated the value of nurses governing their practice. You have positively impacted patient care, quality and safety. You have supported professional growth of yourselves and your peers and have contributed countless hours to benefit our organization and our entire community.

Now my charge to every CarolinaEast nurse is this: if you are not yet involved, talk to your UBC Chair and find a way that is meaningful to you. Join your peers in this important journey. As we continue on the Pathway to Excellence in 2016, our goal is to move the organization from good to great! Let’s make 2016 our best year yet!

Rosanne Leahy
Rosanne Leahy, RN, MSN, FACHE
Vice President, Chief Nursing Officer
CarolinaEast Nurses at Work and Play
Pathway to Excellence Journey

Every journey begins with a vision. For CarolinaEast that vision began with Rosanne Leahy, Chief Nursing Officer. Mrs. Leahy learned of a coveted designation by American Nurses Credentialing Center (ANCC) called Pathway to Excellence and after assessing interest among staff nurses, determined in January of 2015 that CarolinaEast would begin the journey toward Pathway to Excellence designation. Pathway to Excellence is awarded to “organizations that demonstrate a commitment to creating a work environment where nurses flourish because they experience, among other things, job satisfaction, professional growth and development, respect, and appreciation (ANCC Pathway to Excellence Application)”. ANCC identified 12 Practice Standards that contribute to the creation and sustainment of this type of work environment. The standards address areas of nursing such as professional governance, patient safety, orientation, professional development, compensation and a balanced lifestyle. A diverse task force of motivated nurses came together to ensure the broadest perspective. This task force consists of nurses from inpatient units, outpatient units, day and night shifts, nurses with specialized experience and nurses who have had multiple roles within our organization.

The task force divided the standards among the members. In September the task force presented the 12 standards to a second group of nurses who volunteered to be in an educational video titled “I Will Gain”. More than 30 nurses enjoyed dinner together while being presented the highlights of the Pathway standards. These video ambassadors star in the short film that highlights the gains that CarolinaEast nurses are making through the Pathway journey.

In October all nurses were invited to participate in a self-assessment of the nursing environment. It was a tremendous turnout with 393 responses. The results showed significant strength in patient and staff safety. 86% agreed that protective measures are in place for patients and staff, and 89% affirmed that structures are in place for reporting and addressing safety-related events at work. Related to nursing practice, 83% of nurses affirmed that they use new knowledge and evidence-based finding to develop and implement initiatives that improve nursing. The self-assessment also identified areas needing improvement. For example, the Pathway designation requires a formal mentoring program for nurses. Efforts are underway to meet that expectation.

As nurses become more aware of the details to the Pathway to Excellence designation through discussions with their peers and watching the “I Will Gain” video, they are more and more excited. The designation requires collaboration and innovation in creating an environment that reflects the excellent standards of patient care by CarolinaEast nurses. We are proud to be nurses on this journey to a Pathway to Excellence.
Quiet Time Initiative
HCAHPS Focus Area of “Quietness of Hospital Environment”

What is “Quiet Time”? This initiative was developed by members of the 2IMC Unit Based Council and began in July of 2015. It is recommended that all nursing staff implement or offer the following to help our patients heal peacefully:

• Signage on doors
• Dim lights, pull shades
• Provide patient with quiet kit, ear plugs and activity book

It is also recommended by the HCAHPS Handbook (Ketelsen, Cook, & Kennedy, 2014) that in order to help improve patients’ responses to the question regarding quietness of hospital environment, units can assign a time to limit interruptions. “During the day designate a specific time frame to maintaining quiet. At this time to the extent that it’s reasonable and doesn’t compromise care, refrain from interrupting or disturbing patients. Cease as much hospital commotion as possible” (Ketelsen, Cook, & Kennedy, 2014). 2IMC has implemented this recommendation with great results and encouraging comments from patients and family members. However, keep in mind that not every patient is appropriate for “Quiet Time” based on acuity and ordered diagnostic tests, procedures, etc.

During this hospital stay, how often was the area around your room quiet at night?

PATIENT AND FAMILY COMMENTS

“Quiet time is a great thing for everyone. It allows for patients and staff to have a downtime. I look forward to the afternoon when I know it is coming.”

“Afternoon quiet time is fantastic, I think it is a wonderful thing you provide your patients.”

“Quiet time really gives me a peace of mind and allows time for me to go get things done, while I know my loved one is supposed to be resting and healing.”
The Perinatal Loss and Bereavement Committee was formed in February of 2015 with a mission “to establish and promote standards of care following perinatal death. We provide compassionate and quality care through teamwork and collaboration with our facility and community. And, it is our commitment to use every opportunity in providing families of perinatal loss trusted care and support during their lifelong bereavement experience”.

Our interdisciplinary team members have worked collaboratively to attain multiple successes, starting with the writing, presentation and approval of a $5,500 grant from the CarolinaEast Foundation. Through that grant we were able to buy enough supplies to provide care, materials and support to bereaved families for one year. These supplies include things such as memory boxes, clothing, footprints, impressions, photos, blankets, keepsakes and presentation/transport coffins. Support materials include books, brochures, education and journals.

The committee successfully raised awareness among our facility and within the community by coordinating and planning a Remembrance Ceremony on October 15th 2015, which is the National Day of Remembrance for Pregnancy and Infant Loss. In addition, the committee ran a small fundraiser selling bracelets that signified and honored the lost infants.

Bereavement Day of Recognition
CCRN/PCCN Certification Review Class

CCRN certification and PCCN certification are credentials granted by AACN Certification Corporation. Having either one of these certifications validates a nurse’s knowledge of nursing care of acutely/critically ill patients to hospital administrators, peers and patients. CCRN/PCCN certification promotes continuing excellence in the Critical Care nursing field. After much discussion with the Critical Care nurses in our facility it was found that there was a need for a certification review class at CarolinaEast. 35 staff nurses from our organization attended the two day exam prep course. To date, three nurses have received their PCCN certification and many others are scheduled to take their certification test soon. The nurses from CarolinaEast expressed appreciation for the opportunity to attend the prep course on site.

Essential Quality Improvement Tactics

To assist the nursing staff in moving from good to great, the clinical educators developed a presentation and skills session to hardwire some important processes already in place at CarolinaEast. This program was entitled Essential Quality Impact Tactics (EQUIT). The program was presented to all nursing services employees at the medical center. It focused on the benefits of consistently and correctly using AIDET, Hourly Rounding, M in the box, Patient Call Manager and Bedside Shift Report. These skills, when used consistently, have been proven to contribute to reduced patient anxiety, improved patient compliance, improved patient satisfaction, reduced errors and reduction in falls rates.

After employees received a review of the tactics in a classroom setting, they were observed by an educator in an interactive skills lab to validate their ability to apply these tactics in their daily routines.

To ensure the continued success of this program, the educators present the program to all new employees hired into nursing services. These employees are required to attend this course during their probationary period.
Johns Hopkins Fall Risk Assessment

In an ongoing effort to continually reduce the risk of patient falls and injury, the Johns Hopkins Fall Risk Assessment Tool was identified and trialed. This tool was trialed by staff nurses on the oncology unit who determined this risk stratification tool was more effective in falls reduction when combined with fall strategies already in place. The Oncology nursing staff shared their findings from the pilot study with the falls team, who then presented it to the Professional Quality and Professional Practice councils. After approval, house-wide training began using the Oncology staff and train the trainer model to educate the Unit Based Council Representatives.

IV and Blood Administration Practice

Two major practice changes that came about through staff recommendation to the Professional Governance Structure in 2015 included the Blood Administration procedure and the IV Therapy procedure. The nurses at CarolinaEast Health System are instrumental in recognizing the need for and suggestion of changes in current practice. These recommendations, through Professional Governance, result in extensive research of the evidence to support practice change.

Nursing Collaboration Success

In an effort to reduce the use of indwelling urinary catheters, a collaborative review of alternatives occurred between inpatient staff nurses and urology physician office staff nurses. The result was the identification of more clinically contemporary devices that could be used. As a result of this collaboration, other successes were obtained as evidenced by the introduction of a new indwelling catheter program. After these changes were made, the health system saw a 30% improvement in CAUTIs.
Chest Pain Center Accreditation

Under the leadership of the Chest Pain Center Medical Director, Dr. Laurence Farmer and the Chest Pain Center Accreditation Coordinator, Theresa Wilder, BSN, RN a group of staff nurses as well as other interdisciplinary team members worked together to follow the stringent guidelines directed by the Society of Cardiovascular Patient Care. The process required collaboration among many departments within the organization and community in order to ensure the best possible care for the patient presenting with symptoms of chest pain. Heart attacks are the leading cause of death in the United States, with 600,000 people dying annually of heart disease. More than five million Americans visit hospitals each year with chest pain. The organization’s and SCPC’s common goal is to significantly reduce the mortality rate of these patients by teaching the public to recognize and react to the early symptoms of a possible heart attack, reduce the time that it takes to receive treatment, and increase the accuracy and effectiveness of treatment.

• By achieving SCPC’s Chest Pain Center with PCI Accreditation status, CarolinaEast Medical Center demonstrated expertise in the following areas:
  • Integrating the emergency department with the local emergency medical system
  • Assessing, diagnosing, and treating patients quickly
  • Effectively treating patients with low risk for acute coronary syndrome and no assignable cause for their symptoms
  • Continually seeking to improve processes and procedures
  • Ensuring the competence and training of Accredited Chest Pain Center personnel
  • Maintaining organizational structure and commitment
  • Having a functional design that promotes optimal patient care
  • Supporting community outreach programs that educate the public to promptly seek medical care if they display symptoms of a possible heart attack

An Accredited Chest Pain Center’s evidence-based, protocol-driven and systematic approach to cardiac patient care allows clinicians to reduce time to treatment during the critical early stages of a heart attack. Chest pain centers better monitor patients when it is not clear whether or not a patient is having a coronary event. Such monitoring ensures patients are neither sent home too early nor needlessly admitted.

VTE PROPHYLAXIS

After several unsuccessful interventions to improve VTE prophylaxis, the Outcomes Department approached the Quality Council and requested their assistance. Quality Council recommended that the pumps be applied to every eligible patient on the CDO unit before being transferred to their final destination. After several iterations of process improvement the final determination was that the sleeves be put in the Medication Administration Cabinets so that the VTE intervention would be immediately available to the nursing staff. This resulted in an immediate rise in compliance with VTE prophylaxis.
All graphs compare us to all hospitals in NDNQI database. The graph is of our facility’s standardized scores for the major measure. It includes 8 quarters of the following data elements for the major measure:

- Our facilities standardized scores
- Mean
- Standard deviation
- 10th through 90th percentiles

**PERCENT OF DIRECT CARE RN’S WITH BSN, MSN, OR PHD**

**PERCENT OF DIRECT CARE RN’S WITH SPECIALTY NURSING CERTIFICATION**
EMPIRICAL OUTCOMES

PERCENT OF SURVEYED PATIENTS WITH HOSPITAL ACQUIRED PRESSURE ULCERS

PERCENT OF SURVEYED PATIENTS WITH HOSPITAL ACQUIRED PRESSURE ULCERS STAGE II AND ABOVE
CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS PER 1,000 CENTRAL LINE DAYS
HCAHPS

EMPIRICAL OUTCOMES

HCAHPS Percentile Rank 2014 vs 2015

HCAHPS Percent Top Box 2014 vs 2015
The mission of the CarolinaEast Nursing Professional Development Council (PDC) is to delineate educational standards that promote professional growth, development, and ongoing competency and to identify educational needs, develop educational priorities and disseminate approved educational strategies to unit leaders and staff.

One of the main achievements of the PDC in 2015 was a new way to support professional growth through support of nursing certification. The PDC is pleased to provide financial support to offset the cost of nursing certification exams by offering ten grants in the amount of $200 for nursing certification exam reimbursement. These grants are planned to be annual and are dependent upon the fundraising efforts of the PDC.

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale’s birthday. Every year the PDC coordinates Nurses Week to honor our wonderful nurses. In 2015 those activities included:

• A Professional Development Day with information provided related to advancing education and degrees,

• A Nursing Certification Breakfast to honor our nurses who possess national certification,

• A speaker, Melissa Thomason who serves as a Patient Advisor in another organization, shared a heartfelt story from the patient’s perspective,

• Liz Jaswiec entertaining us with a presentation (based on her award winning book Don’t Eat that Cookie), where she shared tactics for creating a positive culture in negative times,

• And finally, a cupcake delivery in honor of Florence Nightingale’s birthday.

Through many fundraising activities, the PDC raised enough money to make a $3,000 donation to the Joseph Hageman Nursing Scholarship on behalf of CarolinaEast Nurses as well as provide funding for the certification exam grants.

Another significant achievement in 2015 was the refinement of the Clinical Advancement Program (CAP). The CAP is designed to encourage the registered nurse to assume accountability for his/her practice and career development. The goal of the program is to promote and reward clinical advancement among nurses. The CAP is the hallmark of the PDC and is overseen by a CAP Steering Committee comprised of members of the PDC. 2015 was the second year of the CAP and there were 120 portfolios submitted, 80 of which were maintaining their CAP status, 13 that advanced their CAP status and 27 new CAP applicants!

The mission of the Nursing Peer Review Council (PRC) shall be to promote safe, quality nursing practice through implementation of a professional, objective, and non-punitive peer review process and ongoing evaluation of individual and organizational nursing performance. The Peer Review Council (PRC) was formed at the beginning of 2016 and later received approval from the CarolinaEast Medical Center Board of Directors to function as a ‘Quality Review’ body; providing them with an additional layer of protection for the sensitive work that they do. Given the very sensitive information that they are called upon to review, the members were educated and counseled by the Chief Nursing Officer, Rosanne Leahy and Cindy Turco, VP Legal Affairs. In the past year they have gained experience using a tool created by the North Carolina Board of Nursing which employs ‘Just Culture’ theory to evaluate nursing practice. With the help of Ms. Turco, the PRC has also created by-laws and is currently developing guidelines for appropriately confidential documentation of review results.
The mission of the Professional Practice Council (PPG) is to promote the spirit of inquiry in clinical nursing practice; to develop and maintain current standards of literature, adoption of evidence-based practices to transform clinical practice at the point-of-care and compliance with regulatory and accrediting body requirements.

The PPG is excited to share that one of the main achievements in 2015 was entering into an agreement with Mosby’s to support evidence-based practice at the bedside. The first phase of the project includes access to Mosby’s ClinicalKey which provides nurses access to nursing monographs, books, journals, practice guidelines and core measures with nursing recommendations. The second phase will be accomplished in early 2016 and will include Mosby’s Clinical Skills which provides access to over 1,300 skills and competency management. Clinical Educators will have the ability to customize content, assign skills and perform learning assessments. This will ensure that procedures are current and based on evidence. The final phase will include a Policy Navigator which will provide an electronic means to create, track and approved policies in a central secure manner.

Another major accomplishment for the PPG in 2015 was a collaborative effort between the PPG, The Quality Council and the Falls Committee to research and ultimately convert to the Johns Hopkins Fall Scale. The Johns Hopkins Fall Risk Assessment Tool (JHFRAT) was developed as part of an evidence-based fall safety initiative. This tool is currently used in over 100 hospitals worldwide and has the benefit of reducing both the number of falls and the level of injury with falls.
NURSING QUALITY COUNCIL, Chair: Tony Lackey

The mission of the Nursing Quality Council (NQC) is to provide planned, systematic and collaborative approaches to oversee and direct quality and safety relating to the nursing process, functions and services provided.

The Nursing Quality Council would like to celebrate success on two fronts in 2015. First is the completion of monthly audits of blood transfusion documentation. Through the efforts of many, many staff RNs to diligently complete the blood transfusion documentation, the frequency of audits was able to be decreased from monthly to quarterly.

The second success story is the implementation of VTE prophylaxis for all patients. This is important, primarily for the safety and well-being of our patients, but also to derive maximum benefit from CMS's Value Based Purchasing Program. This is a program where organizations receive additional monies or are penalized monies based on the quality of documentation of activities. NQC wishes to thank the CDO Staff Nurses for being the ‘point of attack’ for this implementation. Their hard work ensures that all patients admitted to inpatient units from the CDO have appropriate VTE prophylaxis in place.

HOME HEALTH/OUTPATIENT PRACTICE COUNCIL, Co-Chairs: Paula Taylor & Rebecca Long

The mission of the Home Health/Outpatient Practice Council (HHOPC) is to support nurses and nursing practice in the outpatient setting and to ensure consistency of practice from one setting to another. The HHOPC was formed in May of 2015 with 8 representatives from different settings.

After creating by-laws, the first accomplishment was developing an outpatient policy for administration of medications in the physician offices. The policy addresses administration of medications located in the office as well as medications brought in from another practice, i.e. allergy medication brought to the internist’s office for administration. The development of this policy and procedure will support the practice of safe administration and documentation of medications.

The HHOPC recently identified an opportunity to develop an orientation program and competencies for the physician practice RN/LPN staff members. This will be accomplished through a team approach with a focus on standardizing competencies between offices as well as developing competencies for the specific needs of a practice.
CELEBRATE ACHIEVEMENTS

Almost 50% of the CarolinaEast workforce gave their time and money during this two week event which raised over $302,000. More than 30 teams, many made up of Nurses, performed random acts of kindness throughout our community. Nurses were seen holding up signs with uplifting messages, returning shopping carts at local grocery stores, cooking and delivering cookies to fire, police, and EMS, taking food to RCS, taking flowers to nursing home patients, hiding dollar bills in the Dollar Tree, and donating old wedding dresses to be turned in to angels gowns used in our Perinatal Bereavement Program. Nurses give back to our community every day, and during this week it was evidenced just how much they give.
## CERTIFICATIONS

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Rosanne Leahy</td>
<td>FACHE</td>
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<tr>
<td>Robin Schaefer</td>
<td>CRNA, FACHE, NEA-BC</td>
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<td>Sue Prising</td>
<td>RN-BC</td>
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<td>Regina Smith</td>
<td>CMSRN</td>
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<td>Caroline Bliss</td>
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<td>Donna Marcantel</td>
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<td>Jane Johnson</td>
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<td>Loreen Aiken</td>
<td>CRNA</td>
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<td>Lee Ann Davis</td>
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<td>Robert MacLenman</td>
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<td>Becca Marson</td>
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<td>Lee Shreve</td>
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<td>RoseAnn Stabile-Simon</td>
<td>CRNA</td>
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<td>Kelley Lee</td>
<td>CRNA</td>
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<tr>
<td>Lorraine White</td>
<td>CRNA</td>
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<td>Ilona Zoldos</td>
<td>CRNA</td>
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## Care Coordinators

- Ramona Grady: CCM
- Sherry Bialock: CCM
- Chris Magiclic: CCM
- Jennifer Henderson: CCM
- Nikki (Angela) Gonzalez: CCM

## CarolinaEast Cardiac and Thoracic Surgery

- Regina Newton: ANP

## CarolinaEast Internal Medicine

- Rosemary Curry: NP
- Stanley Stevens: FNP
- Jan Ippock: OCN

## Cardiac Cath Lab

- Michelle Lemke: CCRN, TNCC

## CDO

- Hope Cuthrell: CMSRN
- Annie Hall: ONC
- Tracy Mills: ONC

## Clinical Educators

- Ashley Sawyer: CMSRN
- Casey Tolser: RNC-OB, IBCLC

## CICU

- Amie Ettinger: PCCN
- Bradyn Slappey: PCCN

## 3IMC

- Phyllis Potter: PCCN

## CVICU

- Phyllis Jacobs: CCRN, CSC
- Janice Furoman: CCRN, CSC, RN-BC
- Linda Dixon: CCRN
- Debbie Hines: PCCN

## OR

- Elizabeth Paul: CCRN
- Chris Grimm: CPAN

## Education

- Chris Memering: SANE-A, CDE

## Employee Health

- Michelle Howard: CPAN
- Barbara Swain: COHN

## ER

- Mary Gaucher: CEN, PCEN
- Deb Rogers: CEN

## Heart Center

- Mallory Salter: FNP
- Terri Koson: ANPC

## Infect Prevention

- Cathy Fischer: CIC
- Stephen Harris: CIC

## Informatics

- Jenna Boyd: CMSRN
- Kathi Hardison: RN-BC

## L&D

- Holly Graham: RNC-OB
- Arnee Powell: RNC-OB

## ICU

- Mary Conner: CCRN
- Sue Williams: CCRN, CMSRN

## Imaging

- Barbara DeLong: RN-BC
- Bennetta Brinkley: PCCN
- Steve Carlson: CCRN

## Materials Management

- Jeanne Closterman: CNOR

## Nephrology

- Jodi Edwards: CMSRN
- Ruth Jancy: RNC

## Neurology

- Amanda Sawyer: CCRN
- Daniella Smith: CMSRN
- Emily Gaskins: CRNR

## Nursing

- Gretchen Heckman: LRN

## Nursing Resource

- Felicia Holston: CCRN
- Carole Cameron: CNOR

## Oncology

- Dedre Collins: OCN
- Jennifer Rust: OCN

## Orthopedics

- Susan Rouse: CPHQ

## Outpatient Services

- Debra Mc Cotter: CGRN

## Outpatient Wound Clinic

- Sue Prising: RN-BC
- Terry Synder: CWOCN

## Pediatrics

- Cyndi Stone: SANE-A
- Jennifer Wilson: RNC
- Allison Hansen: CMSRN
- Elizabeth Seeger: IBCLC

## RAC

- Dorothy Woltz: CMSRN

## Rehab

- Constance Houchard: CRRN
- Karen Steponkus: CWOCN
- Ginny McKinney: CRRN
- Angela Tompkins: CRRN
- Carrie Nelson: CRRN
- Diane Bevill: CRRN

## Surgery Center

- Angel Blaylock: CNOR
- Candis Jones: CNOR
- Deborah Register: CAPA
- Randi Osiecki: CAPA

## Urology

- Rebecca Long: CNOR

## DEGREE COMPLETIONS IN 2015

| OR: Lauren Cowl, Dustin Grimes |
| CDO: Kadena Bell, Casey Cusson, Jane Plant |
| ONC: Jennifer Rust |

## 3IMC: Dawnelle Holadaj • 2IMC: Abbey Vogel |

## OUTCOMES: Debbie Hill |

## MAT CHILD: Susan Edwards, Tina Kreuger |

## RETIREMENTS

- Annie Hall, RN, CDO • Gwendolyn Gibbs, RN, 2SG • Deborah Collins, RN, L&D
- Cheryl Yurko, RN, OR • Lucinda Guion, OR
- EVS Specialist, OR • Gail Cox, OR Assistant, OR
- Marsha Eastland, RN, Hyfne Health
- Kim Spruill, RN, Home Health • Kathryn Doetzl, RN, Surgery Center • Susan Taylor, RN, Surgery Center • Terry Cuff, RN, Surgery Center
- Barbara Swain, RN, Employee Health
- Thea lovala, RN/CRNA Anesthesia
- Marianne Parker, SURG Scheduler, PERIOP Business

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CELEBRATE ACHIEVEMENTS

2015 RN SERVICE SUPERSTARS

Gwen Gibbs  2Surg
Audrey Kearney  2Surg
Camille McKenna  2Surg
Kimberly Bloebaum  2Surg
Michael Hickman  2Surg
Rebecca Rice  2Surg
Rebekah Knox  2Surg
Regina Smith  2Surg
Sue Priesing  2Surg
Kristen Sunrell  3IMC
Kristie Jackson  3IMC
Kristie Jackson  3IMC
Lauren Smith  3IMC
Phyllis Potter  3IMC
Randy Mills  3IMC
Stacey Bauer  3IMC
Carlie Campbell  4ONC
Jenny Forones  4ONC
Keith Castle  4ONC
Tracey Jarvis  4ONC
Truc Tran  4ONC
Barb Delong  Cath Lab
Judy Paquin  Cath Lab
Linda Evans  Cath Lab
Michelle Lemke  Cath Lab
Steve Carlton  Cath Lab
Constance Houchard  CHS Rehab
Betty Butler  CIM Peds
Jan Ipock  CIM Peds
Nancy Stilley  CIM Peds
Brenda Rogers  CIMH
Dawn Bowser  CIMNB
Stacy Brown  CIMNB
Bobbie Jordan  CIMP
Jan Raynor  CIMP
JoAna Grimes  CIMP
Regina Price  CIMP
Kelly Forrest  CP Rehab
Schleen Lozica  CP Rehab
Carlene Wiseman  Crossroads
Amy Peacock  CSC
Angle Blaylock  CSC
April Tripp  CSC
Barbara Lopez  CSC
Becky Calogero  CSC
Brandi Buck  CSC
Bridge Bett Melton  CSC
Bruce Inninger  CSC
Carla Whitehurst  CSC
Deanna Machnotosh  CSC
Debbie Buck  CSC
Deborah Register  CSC
Hayley Edwards  CSC
Heather Ireland  CSC
Ilona Zoldas  CSC
Jason Mills  CSC
Kathy Doetzl  CSC
Liz Murphy  CSC
Lorraine White  CSC
Lynne Montgomery  CSC
Mayra Smith  CSC
Michelle Gibson  CSC
Nancy Schwarzer  CSC
Randi Osiecki  CSC
Rebecca Calogero  CSC
Sabrina Ard  CSC
Sabrina Ard  CSC
Shanna Simser  CSC
Susan Taylor  CSC
Terry Cuff CSC
Tina Holton  CSC
Tonya Galloway  CSC
Ashley Foster  CSC
Noah Gaskill  CVCU
Carol Ann McLawhorn  CVCU
Davonna Perry  CVCU
Julia Wood  CVCM
Megan Trask  CVCM
Robin Bentley  CVCM
Carol Beliveau  CVCM
Dale Holadia  CVCM
Emily Wolanzyk  CVCM
Heather Cane  CVCM
Jennifer Campbell  CVCM
Jennifer Sheldon  CVCM
Keisha Newsome  CVCM
Lisa Welch  CVCM
Nathaniel Jackson  CVCM
Ken Paul  CVCM
David Besanko  CVCM
Jessica Wenzel  CVCM
Jami Smith  CVCM
Jamie Coyle  CVCM
Darrn Thornton  CVCM
Monica Ingle  CVCM
Sheila Belcher  CVCM
Jaime Drake  CVCM
Nikia Goskey  CVCM
Mickey Wetherington  CVCM
Jennifer Johnson  CVCM
Sharon Love  CVCM
Angel Carr  CVICU
Anna Mae Zschoche  CVICU
Deborah Gustafson  CVICU
Heather Sullivan  CVICU
Katy Anderson  CVICU
Marie Carr  CVICU
Melinda Strathy  CVICU
Mitchell Moore  CVICU
Rhonda Kiley  CVICU
Sherrie Wilkinson  CVICU
Melissa Meyer  CVICU
Shannon Ognissanti  CVICU
Barbara Orenich  CVICU
Bennetta Brinkley  CVICU
Elizabeth Adams  CVICU
Sarah Buffa  CVICU
Stacie Mason  CVICU
Tonna Tyler  CVICU
Alexandra Wilson  CVICU
Brittany Shiminski  CVICU
Caroline Bliss  RECV
Dawn Tanis  RECV
Donna Marcantel  RECV
Jennifer Bradley  RECV
Jennifer VanOver  RECV
Lee Shreve  RECV
Molly Mathews  RECV
Sami Taglieri  RECV
Tina Light  RECV

2015 RN HALL OF FAME INDUCTEES

Audrey Kearney  2Surg
Sue Priesing  2Surg
Kristen Sunrell  3IMC
Kristie Jackson  3IMC
Lauren Smith  3IMC
Lindsey Skiles  3IMC
Jenny Forones  4ONC
Pat Voliva  4ONC
Judy Paquin  Cath Lab
Linda Evans  Cath Lab
Michelle Lemke  Cath Lab
Carrie Nelson  CHS Rehab
Jan Raynor  CIMP
Jennifer Neofotis  CIMPeds
Regina Price  CIMPeds
Kelly Forrest  CRHAB
Schleen Lozica  CRHAB
Amy Peacock  CSC
Brandi Buck  CSC
Bruce Inninger  CSC
Candi Jones  CSC
Carla Whitehurst  CSC
Debbie Buck  CSC
Deborah Register  CSC
Heather Ireland  CSC
Jason Mills  CSC
Liz Murphy  CSC
Lorraine White  CSC
Lynne Montgomery  CSC
Nancy Schwarzer  CSC
Randi Osiecki  CSC
Shanna Sinsel  CSC
Tina Holton  CSC
Tonya Galloway  CSC
Ashley Mares  CVCM
Jennifer Johnson  Nursery
Jennifer VanOver  OPS
Anna Mae Zschoche  OPS
Deborah Gustafson  OPS
Katy Anderson  OPS
Maria Carr  OPS
Mitchell Moore  OPS
Sherrine Wilkinson  OPS
Hilda Blake  RECV
Jennifer VanOver  RECV
Molly Mathews  RECV
Tina Light  RECV
Recognition of Nurses (continued)

In 2015, 323 nurses were recognized for their clinical expertise and/or clinical care of their patients or each other. The following programs provide a wide variety of ways in which the CarolinaEast staff is recognized for superior service.

- **Service Superstars**: Nurses who are identified through positive comments from patients during the post visit phone call. The Service Superstars are invited to the CarolinaEast Leadership Meeting so that they can be recognized and thanked in person. There were 139 nurse Service Superstars recognized in 2015.

- **Service Superstars Hall of Fame**: Nurses who are recognized as a Service Superstar five times are invited to join an elite group of individuals who make up the Service Superstars Hall of Fame. These Hall of Famers were recognized at a banquet in their honor. There were 48 Nurses added to the Hall of Fame in 2015.

- **Clinical Excellence Award**: This award is one that seeks to reward and recognize the most talented clinicians among us. These nurses were recognized at a banquet in their honor and then rewarded with $3000 toward an appropriate clinical conference of their choosing. In 2015 8 nurses received this award.

- **Certification Breakfast**: 126 Nurses achieved certification or maintained certification in their specialty during 2015.

These nurses and their colleagues across the organization have helped transform the culture of CarolinaEast into one that embraces servant leadership and excellence in clinical care.
Experience our experience. Feel our care.

CarolinaEast
HEALTH SYSTEM