

**What's
Your
Story?**

“Story telling is the essential human activity.

The harder the situation, the more essential it is.”

-Tim O'Brien

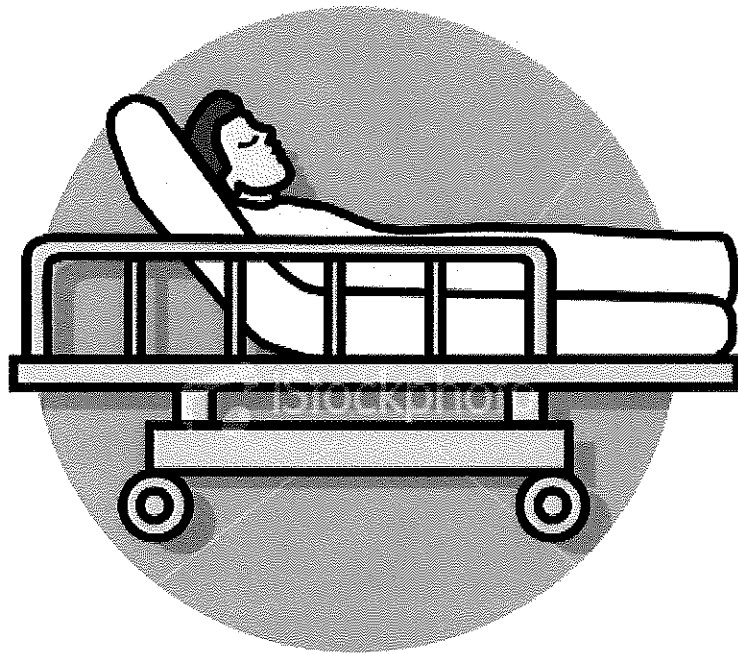
If we don't tell our stories, no one else will!



I took care of a teacher that taught at my elementary school and with my mama for years. It was such a privilege to take care of her. Unfortunately it was the end of her life but I was able to be there for her and her family as God call this friend of mine and patient home during my shift.

I stay at ORMC because I can give back to my home town and sometimes even back to the people that have made a difference in my life personally.

Holly Sanders, RN
ICU



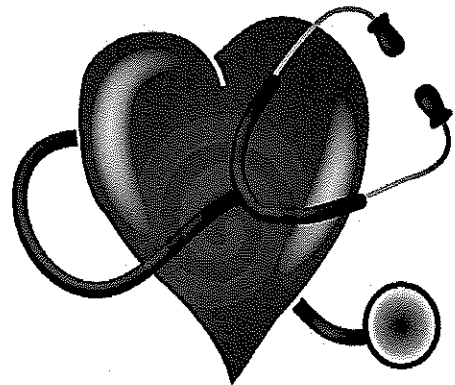
After I had worked night shift for about 9 months, I took a position on the day shift in the ICU. I was still very green, very inexperienced and very insecure in my new role. After only a few days on day shift, one morning at the beginning of the shift, I received a patient from Putnam General Hospital. This was a very sick patient in respiratory failure coming for Dr. King's services. Soon after her arrival, she was intubated. The family consisted of her husband and two daughters, one of which was a nurse. They were extremely and overly upset, hovering over the patient. They watched and questioned my every move. It took me a while to get the patient sedated enough to calm down and get her stable. Once all the drips were at the point where she was appropriately sedated and vital signs were stable, things started to calm down some. By this time half the day was gone! Dr. King had been there for hours writing pages of orders, checking the patient and talking with the family – a very demanding family. There was tension and discourse between the family members. The patient's husband was not the either of the daughters' natural father and it was obvious they didn't care for him. Dealing with the intense stress of trying to meet all the needs of my patient, Dr. King and this family was very exhausting and time consuming. I had another patient also! Eventually the daughters left but the husband refused to leave the bedside. At that time, we had specific visiting hours but this family felt the rules shouldn't apply to them. Dr. King gave them permission to stay.

Toward the end of the shift, the patient was calm, stable and the lights were off in the room. The husband was sitting at the foot of the bed. I had been in my other patient's room for a while and when I came back to check this patient, the Diprivan drip ran out to air and the IV pump was beeping. The patient was beginning to stir. This was one of those patients that when they are awake on the vent, they become hysterical. I hurried to the Med Room and got a new bottle, new tubing and quickly primed it in the room. In the dark room and in a hurry, I took down the empty bottle and quickly grabbed the new one to hang it on the IV pole. In my haste, the end of the IV tubing dropped down and briefly touched the floor. As I quickly put the tubing into the pump, the husband stood and became very irate with me. The end of the tubing was covered with a sterile cap and I knew it was still sterile. I tried to explain this to the

husband. Meanwhile, the patient was arousing more and getting more distressed. The husband stated that if he hadn't been in the room, I would have connected that to the patient, potentially infected and probably killed the patient. I gave into his concerns. I quickly changed the tubing, primed the tubing and got the drip going to re-sedate the patient. I showed the end of the tubing to the husband thinking he would understand that under the cap was still sterile. His response was to demand to see my supervisor and I explained that person had already gotten off at 5p.m. He then demanded to see who was in charge. That day, Shantee was the charge nurse and I brought her into the room to explain what had occurred. The husband expressed his concerns about me causing harm to his wife. Shantee tried to calm and reassure the husband. He then stated he wanted Dr. King to be notified. I finally just left the room. I walked to the nurse's station in a daze; downing in devastation because I felt I had done everything humanely possible that day to be the best nurse I could be. I gave the best care I possibly could to this patient as well as meet the needs of this family. After 12 hours, I was completely drained, exhausted and overwhelmed. It felt like the wind had been knocked out of me. It was difficult to breath. Both shifts of nurses were now standing around the nurse's station desk. I was so embarrassed and humiliated that this husband thought I would willingly cause harm to his wife. I also feared he would come out of the room and make a scene to further humiliate me in front of all my coworkers. As I stood at the desk with my peers, who were all chatting away, I was trying to compose myself. On the inside, I was fighting back tears and just wishing I could disappear. When Shantee finally came out of the room to the nurses station, I was afraid of what was about to happen. Was she going to call Dr. King? Was she going higher up and report me to the Overhouse? Was she going to scold me in front of everyone? Shantee came near to me at the desk and quietly slid a piece of paper over to me. Anxiously I lifted it up and saw what she had written – "You are Wonderful". This was my gift from God. It was exactly what I needed at that moment. A great weight was lifted and I could breathe and functions enough to give report and complete my shift. I don't know what went on behind the scenes. I was off several days after that and when I came back, this patient was no longer in ICU and nothing more was said about the incident.

That was 20 years ago and since that day, my IV tubing NEVER touches the floor and I throw away all tubing I find touching the floor. When I'm working with new nurses or students who are careless with IV tubing in front of me, I share this story so they won't ever have to experience what I did. I also want to encourage them to be a support to their coworkers and treat those who are new and still learning the same way they would want to be treated.

-Malecia Savage, RN
ICU



dreamstime.com

Nursing and Oconee Regional Medical Center has given me a lot more than I will ever be able to give back to them. I take great pride in being able to care for my patients and staff as if they were my family. On days when things seem their worst, I can go out and mingle with my staff or I round on my patients and make my discharge phone calls. The praise and appreciation our patients have and their comments on the wonderful job our staff do in taking care of them is an instant pick-me-up! It is also a reminder of the reason I went into nursing and why I work at ORMC – to care for those in need and to help those who are unable to help themselves.

I am proud my mother introduced me to this hospital 54 years ago when she gave birth to me here. On March 11, 2007, I was able to say goodbye to my mother because of the love and support I have from my ORMC family. I am proud to be a part of this family and to work with such great people. Many families, including mine, have been extremely satisfied and very fortunate to experience the dedication of everyone at this hospital.

-Sherri C. Smith, RNBC, BSN, MHA
Nurse Leader for 4 Park Tower



I love nursing and helping others. We have had many staff members leave, but I have stayed for our patients and community. Putting in PICC lines is what I love to do and know it helps patients have an easier hospital experience

- Angie Brown, RN
ACU



I have worked at ORMC for 17 years. I enjoy working here. When asked why?????

I am going to tell why not:

It's not because I live approximately 45 minutes way in Sparta.

It's not because Ms. Christine at the front desk greets me with a great big smile every morning.

It's not because I ride up to the 4th floor with Ms. Lois Richardson who is always sooooo pleasant.

It's not because I work with the A Team on 4 Park Tower.

It's not because the pay is so great.

It's not because when staffing is cut, that we have to work EXTRA hard to deliver quality care to our customers.

It's not because I have to call the doctors over and over just to be asked "why are you calling me?"

I could go on and on about why do I work at ORMC. There is no one particular reason but it is a combination of all the above.

I know that we all feel better when we are working in our comfort zone. That's 4 PT for me. However, it takes every department working as a unit to make ORMC great. There is not one thing that I personally do that is better than what anyone else does.

Approximately 2 years ago my daughter had an asthma attack and was treated in the Emergency Room at ORMC. The care that she received was excellent. I was so impressed with the whole ED crew. My only regret is that I didn't tell them about it at that time. If any staff from the ED are here – I THINK YOU ARE GREAT!!

-Diane Mapp, RN

I came here as a young unit secretary. When I became a nurse working on 4 Park Tower, the nurses came together to help me with everything in order to be the best I could be. I was taught how to make things work. I was amazed at how much the nurses cared about their patients and the patients cared about them. Many would ask about the nurses if they came back again as patients. I love the fact that nurses care so much and would help in any way. I have watched nurses re-design a binder to fit a particular patient – even taking the binder home to serge.

-Patsy Hicks, RN
4 Park Tower



Several months ago I took care of a patient with severe CPOD. For years, she had not been able to lie flat in fear of suffocation. She slept sitting up in a chair. Any time you walked by the room, she would be sitting on the side of the bed. This particular day she had a CT angiogram ordered. The previous day, she refused to take the test due to her fear of lying flat. I made a promise to her that if she had the test, I would stand by her side throughout the entire procedure and ensure she remained safe and could breathe. She reluctantly agreed and we headed to CT. I geared up and place my heavy leaded garment on for protection. I made sure that she was as comfortable as possible. I spoke frequently with her during the 20-30 minutes test to help her remain calm and to encourage her to continue through the whole procedure. She completed the entire CT and at the end she looked at me with the biggest smile! She was so proud of herself for conquering such a huge fear of hers. That smile stuck with me the rest of that day and for many more to come. Because she trusted in me, she was able to complete a test that she otherwise would not have been able to complete. The results confirmed that there was a pulmonary embolism and without the CT, she may have never been properly treated and the outcome could have been very grave.

Obviously doing my job and taking my patient to CT to find a PE is an important aspect of my job. But the smile on her face is what reminds me of what I do and why I love what I do.

- Julie Sparks, RN
IMCU



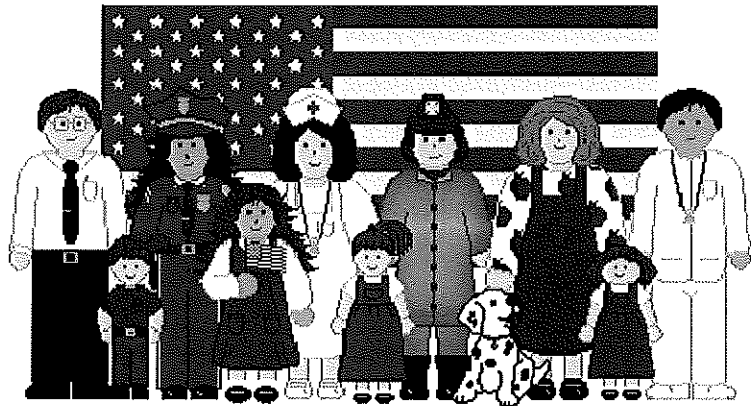
There was a patient that was on the floor who presented with what looked like some urology or renal issues. To make a long story short, the Primary Nurse and I knew something wasn't right. The patient knew something wasn't right. He was scared and I promised him we were going to take good care of him. However, we honestly didn't have the resources to provide what he needed but I stuck by my promise that I'd make sure we took good care of him. I bothered every doctor I could; even those who were not on his case to try and get him transferred to another facility. I was able to work with one of the doctors to get his transferred to another facility. The patient was grateful and felt so loved by us work so hard for him. The patient actually came back to visit the floor not long ago and thanked us for being such an advocate for him.

-Nikki Powell, RN
IMCU



I had a middle-aged gentleman that presented to the ER one day at shift change. This person had sustained had a gun-shot wound and was lethargic. We were advised by EMS that the patient had attempted robbing someone and was shot climbing out the window. The ER staff came together to provide the best care for this patient. We had to do CPR multiple times and provide an emergency blood transfusion. We called ultrasound to the bedside to watch the patient's femoral pulse to make sure we maintained circulation. Medical Center EMS was also in the ER to help where ever we needed them. Respiratory therapy and I went with EMS to transport the patient to Macon. En-route, I have to start another Levophed and gave two more units of blood. The patient survived the surgery but did pass away shortly after. My story about this patient shows no matter why a patient comes to the ER, as a team, we provided the best care. We are here in this professional field to make a difference no matter what the patient's "story" is. We work hard to save lives and make a difference as a team!

-Sarah Alholm, RN
Emergency Department



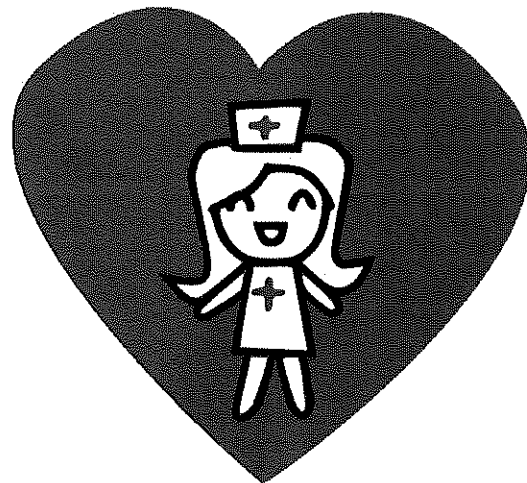
I became a nurse because I couldn't think of anything else I wanted to do. My mom was a nurse and she seemed to really like it. I always heard folks say "If you become a nurse, you will always be able to find a job somewhere." So I thought, it's as good a path as any.

My story, the one defining moment that stands out in my mind, happened when I was a nurse intern. A teenage girl came to the ER with appendicitis and had an appendectomy. She progressively deteriorated after the surgery and had to be admitted to the ICU, where I was interning. I had never seen anyone so sick up until that point in my limited nursing experience. She was on the ventilator, in ARDS, she had anasarca and her belly was so big! Her surgeon was unable to close the wound. She teetered on the edge for weeks. I couldn't wrap my brain around it – how could a healthy teenager come in for something as simple as an appendectomy and end up near death! Later, it was discovered that a surgical lap was left in her abdomen.

All who worked on this patient became emotionally engrossed in her struggle. Even her doctors were more on edge about her future, her prognosis and would she pull through. I remember vividly that poor swollen girl lying in bed surrounded by doctors discussing what step should be taken next. I hung back at the door, listening in, soaking up their words to try and understand what was happening. I don't think any of us realized that the patient was alert at that moment. As a child, lying alone without the comfort of family to console her, unable to even breathe independently, encircled by these unfamiliar men (doctors), she lifted up her hand and motioned for me to come to her. At first, I look around to see who she was motioning to, but I was the only one at the door. I stepped through the all the doctors to get to her bedside and she took my hand and squeezed it. She was scared and she reached out to ME!

The occurrence changed me. It formed my view of nursing and has helped make me the nurse that I am today. We are compassionate, caring, we give support, we cry with our patients and families. We don't just heal physical wounds; we heal emotional ones as well. We nurse the whole patient. I now had a reason for becoming a nurse. I wanted to provide that caring hand to others in need. My patient did pull through, not unscathed, but she is alive today because of the care provided to her by the critical care doctors and nurses at ORMC. I am proud to be a part of this family of practitioners.

-Jessica Wilkes, RN
ICU

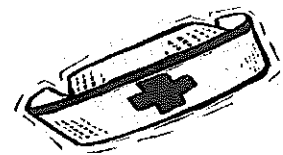


Barb (not her real name) was admitted to the hospital a few days after Christmas. She thought she had gallbladder disease. A CT scan later showed that she had metastatic breast cancer. I always think about Barb this time of year because her funeral was on Columbus Day. She only lived 10 months – after being given a prognosis of 7 years to live. During that time she had multiple hospital admission. With each admission she looked weaker and sicker and more afraid that the last time. She had a hard time with her chest, severe reactions, a lot of pain, and chest tubes on more than one occasion. I was with her most of the time my heart breaking for her and her family. She was losing the battle. I felt so helpless. I held her hand when the chest tubes were placed; I listened to her stories about her family. I propped her up on a pillow when she wasn't able to breath and helped to position her for comfort. I gave her pain medications so she could rest. All of my coworkers were sympathetic to Barb and her family. It was a very trying and emotional time for all involved in her care.

The longer I'm a nurse, the more I realize it's the small things we do every day that makes a difference in someone's life. If you haven't figured it out by now, Barb was a nurse who was known to many that work here. She was kind, patient and always gave 110%. I don't think you would find one person who would say anything bad about Barb – she was a great role model, friend and great nurse.

You asked why we stay in healthcare and my answer is because I love what I do most days, especially the people I work with. I truly feel it's a group effort and I work with the best!!

- Tina Brooks, RN
4 Park Tower



I have worked at ORMC for 25 years. So much has changed since I entered the doors of the operating room as a wide-eyed and excited 21-year old new graduate. I had the privilege to be trained with nurses with decades of experience and skilled surgeons for whom patients traveled from across the country to obtain cutting edge bariatric surgery. It did not take long for these staff and doctors that I respected deeply to become my mentors and my friends. The majority of the patients that I cared for were people I knew in the community. The pursuit of education and skill development was encouraged and I took advantage of every opportunity given. My career at ORMC has evolved from staff nurse to manager back to staff nurse. The changes have been many from the name of the hospital from Baldwin County Hospital to Oconee Regional Medical Center . The individuals representing staff, leadership, and medical providers has changed dramatically over the decades.

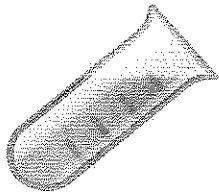
For those who know me well, know that I am not a big fan of change. A lot has changed here at ORMC. It is the things that have not changed that make me love ORMC. I continue to work with the most talented staff and physicians. Each day is met as a slightly older wide-eyed nurse that anticipates what I will learn on this day from my fellow workers whom I proudly call my friends. Most patients I care for are members of my community and I never tire of seeing the look of joy from my patients when they realize I am still here to care for them. I am grateful to care for each and every one of them.

- Kim Griffin, RN
Ambulatory Care Unit



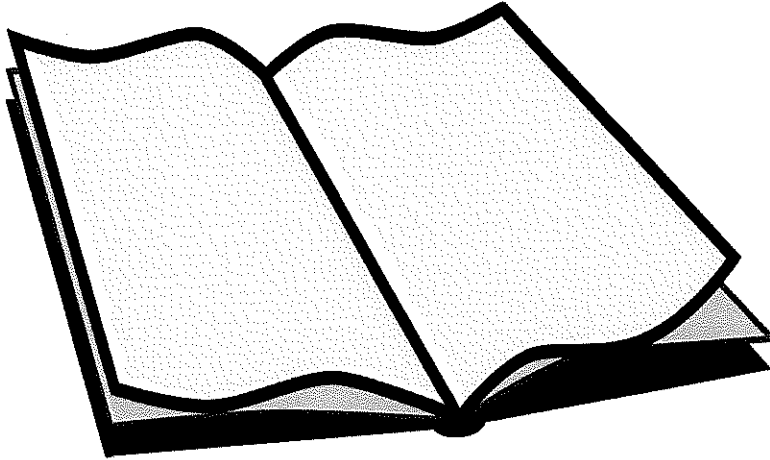
This event happened years ago. It was back when Blood Bank was where Phlebotomy is now. At the beginning of my shift, a patient came into the labor room, had the baby, then hemorrhaged. They took her to the OR for emergency surgery. They ordered a lot of units of blood – I think the first order was 10 units! While the lady from the OR and I were checking out the units, a doctor came in. At the time, I didn't know who he was, but he saw we were busy so he left. Much later, after giving the patient MANY units of blood and blood products that I pulled from the Macon and Atlanta Red Cross, I got a phone call from that doctor – it was Dr. Mandel. He said that when he came over to the lab, he expected to be angry but when he got there he saw how hard we were working. Said he realized that EVERY time he needed us we were there and WE saved the patient. That STILL makes me feel good! I really appreciate working for a hospital with doctors like Dr. Mandel and all of the other wonderful support staff we have here. We couldn't do the job without ALL of us!

-Dee Wisemore, Night Technologist



Oconee Regional Medical Center - formerly Baldwin County Hospital - a part of my life, my home away from home and my second family for 45 years - I TOO AM ORMC - Janet Green

Once Upon a time.....



BRING YOUR STORY TO LIFE!

WE HAVE EXPERIENCES EACH DAY THAT COULD BE TRANSLATED INTO STORIES!

OUR STORIES HELP REMIND US **WHY** WE CHOSE AND STAY IN HEALTHCARE.

Fax, email or bring your story to Deb Block, CNO.
478-454-3706 or dblock@ormcinc.org