

# A COMMUNITY OF CARING

## STORIES OF CARING AND COMPASSION AT UNC HEALTH NASH



### One Team Transforming Emergency Care for Every Patient, Every Time

When emergencies happen, patients arrive at the Emergency Department “ED” in search of relief, reassurance, and answers. At UNC Health Nash, those needs are met every day by one of the busiest EDs in North Carolina—where patient volumes consistently rank among the highest in the state.

That kind of demand can strain even the strongest teams. Rising volumes, staffing shortages, and space limitations can impact both staff and patient experience. Wait times, communication, and privacy are areas often in need of improvement in ED care.

“Managing the large number of patients who present to our facility every day is our greatest challenge,” said Alex Warren, MD, Medical Director of the Emergency Department.

Instead of letting those challenges define them, the team chose to see them as a turning point. In recent years, the UNC Nash ED has reimagined how care is delivered. From new leadership to redesigned spaces and more efficient workflows, the ED embraced a shared mission: to provide faster, more compassionate care for every patient.

“Our ED—and our hospital overall—have improved tremendously since I arrived,” Dr. Warren reflected. “We’ve expanded specialty services, which allows more care to be provided here rather than transferring patients elsewhere. That stability makes it easier to keep our providers invested in our community’s healthcare.”

Executive Director Meredith Denton, DNP, RN, has led many of these efforts, including creative staffing solutions.

“Amid the current national nursing shortage, we have reimagined care delivery through a comprehensive clinician model that brings together a variety of skill sets,” said Dr. Denton. “Led by RNs, LPNs, and paramedics, this model empowers our teammates to work to the full scope of their practice. The results are measurable: following the adoption of this model, the average length of stay for discharged patients decreased by 15%, now averaging just over three hours—surpassing national benchmarks.”

One of the most impactful innovations has been the vertical care model, now supported by the ED’s new results lounge.

“By working alongside paramedics who knew this environment well, we built a model that has quickly proven its success,” Dr. Denton explained. “The approach is designed to keep stable patients ‘upright and mobile for tests and treatments.’ In practice, this means patients who don’t require a bed receive care in the results lounge, where their family and friends can stay with them while they await results. This not only

free up beds for critically ill patients, but also improves flow through the department while giving patients more comfort, connection, and freedom.”

Patients have noticed the difference.

“The ER team eased my pain and relentlessly pursued a diagnosis,” said local patient Augustus “Gus” Tulloss. “Once it was determined that I had lower back, hip and leg issues, I was moved to a regular room where the excellent care continued. I wasn’t at a four-star resort or on a Caribbean cruise—I was at UNC Health Nash, the local hospital in Rocky Mount!”

In fact, it’s been patient feedback that has directly shaped the department’s recent renovation. Families had shared that after seeing a provider, they sometimes felt “stuck” and uncertain about next steps. In response, the ED added a dedicated nurses’ station inside the new triage lounge, where staff continuously monitor vital signs, check labs, and guide care. The space now includes sectioned-off seating for privacy, upgraded recliners for comfort, and clear signage to help patients navigate with ease.

“Patients are no longer waiting in spaces where they feel isolated,” Dr. Denton said. “There’s consistent contact, better communication, and greater comfort from the moment they walk in.”

Even during busy moments, staff never lose sight of their mission. When a patient traveling through the area began experiencing stroke-like symptoms, he refused a critical medication because he was worried about the safety of his dog. Instead of seeing an obstacle, the ED team rallied. Staff members—including Tyler Spersrud, BSW, Sommer Griffin, RN, Julia Braswell, RN, Ashley Blackburn, RN, and Dr. Denton herself—reassured him and created a plan. Spersrud even contacted a local store manager to ensure the patient’s travel trailer wasn’t towed. The patient received treatment, and his fears were put to rest.

For Dr. Warren, stories like this reflect the heart of emergency care at Nash.

“Every patient brings not only their medical needs but also their personal worries and barriers,” he said. “Our team’s job is to treat both—the condition and the concern—so that people feel truly cared for.”

Stories of resilience extend into everyday moments, too. When a critically ill patient with a dangerously low hemoglobin level needed close monitoring before transfer to the cardiac floor, the ED team worked tirelessly to stabilize them. During that time, Nurse Aliya Valentin balanced both clinical precision and compassion. When they confided in her that they were hungry, despite having nutritional challenges, she walked to the cafeteria herself to bring broth and Jell-O—providing comfort while still protecting their safety. All the while, she managed three other high-acuity patients with the same attentiveness.

Her actions left a lasting impression on the patient’s family, who described her as “someone the hospital should strive to replicate.”

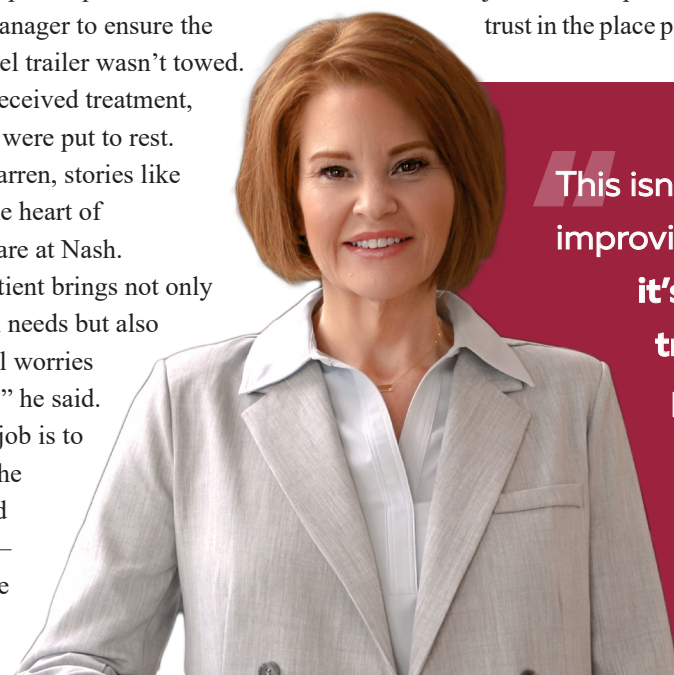
For Dr. Denton, these moments bring pride.

“We’ve seen a clear improvement in throughput, which means patients are getting to care faster and receiving more consistent contact. That’s a direct improvement in quality,” she said.

Another distinction, she added, is that Nash doesn’t use hallway beds—a rarity for EDs. Thanks to front-end process improvements and inpatient leaders committed to reducing boarding, admitted patients aren’t left in hallways waiting for space, unlike most other EDs.

Leading the ED, Dr. Denton says, is both personal and professional.

“These are our neighbors—the people we see at the grocery store, at church, at the gas station,” she added. “We’re not just caring for patients; we’re caring for our own community. I can’t think of a higher calling than that. Every single change we make is about making sure our patients feel safe, respected, and cared for. This isn’t just about improving a department—it’s about restoring trust in the place people turn to when they need us most.”



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