

NURSING NEWS

MERCY MEDICAL CENTER: 134TH MAGNET HOSPITAL

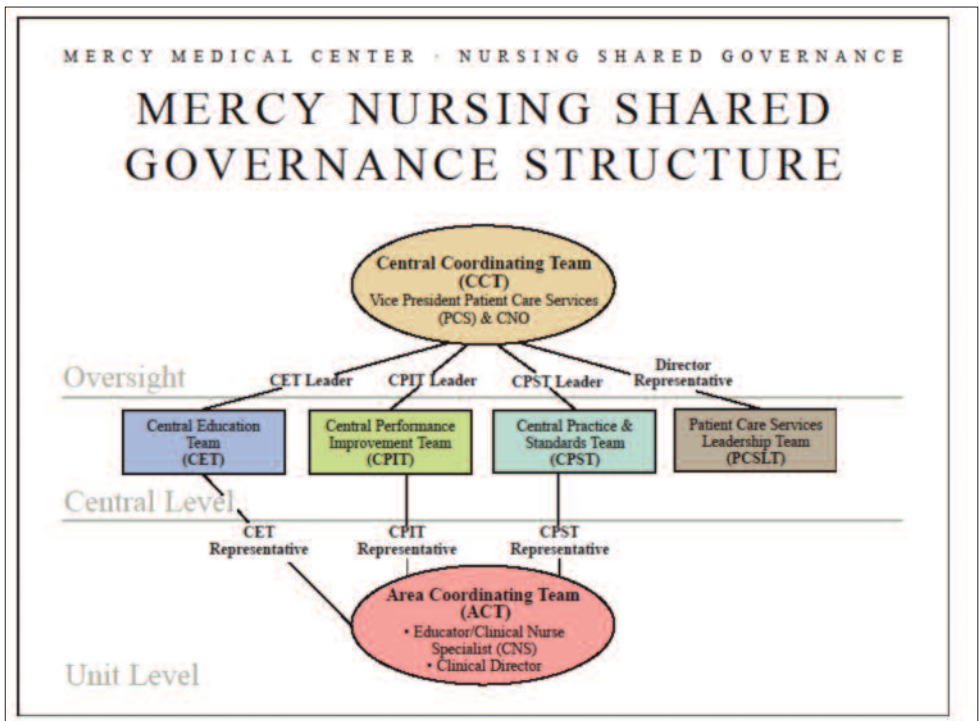


Extreme Makeover: Nursing Shared Governance Overview and Graphics

By Jane Myers, MA, RN, CDE

The graphics you are familiar with in our Shared Governance Guidelines have received a makeover to more accurately display our current central and unit leadership structure. The Central Coordinating Team would like to thank Barb Runde for her assistance with this transformation.

The Central Coordinating Team has also revised the Shared Governance PowerPoint used for Central Nursing Orientation. It is posted on the Nursing page of the Mercy Intranet site and labeled Nursing Shared Governance Overview (<http://dq01fstdqweb.dq.trinity-health.org/nursing.htm>). Please utilize this resource on your unit as needed for new staff members or for current associates.



JANE MYERS IS THE DIABETES NURSE SPECIALIST AT MERCY MEDICAL CENTER AND LEADER OF THE PRACTICE AND STANDARDS AND CENTRAL COORDINATING TEAMS.

message

By Kay Takes, MA, RN, NEA-BC

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hoffmkf@mercyhealth.com

My family and I reached a major milestone in August when my first son, Regan, moved out of our home to begin his freshman year at Loras College. It's one of those life events, which, intellectually, you know is positive (and inevitable), yet evokes emotion and some sadness in the knowledge that our lives will likely never be the same. Of course we will adjust, and we will look back on a difficult week or two, and see it as the launch of a wonderful new adventure for Regan.

We have seen our share of milestones in healthcare over the years as well, although the imperative to continuously improve quality and reduce cost has been a consistent theme. I graduated from the University of Iowa College of Nursing in 1985 in a post-DRG era of cost reduction and re-engineering in healthcare. I published a paper in the early 90's on the perception/price dichotomy in nursing, looking at what nurses thought about the relationship between cost and quality in healthcare. And last week, in 2011, the covers of five different healthcare journals in my mailbox read: "This Might Hurt a Bit"; "Streamline Workflow: Reap the Rewards"; "Extending the Cost Curve"; "Preparing for the Debt Fallout"; "Managing Inventory: Increase Efficiencies to Save Dollars and Space"; and finally, "The Alphabet Soup of Reform".

Over my 26 years as a nurse, reform and the challenge to curb healthcare spending while advancing quality of care have been constant and evolving, and are likely to intensify in the months and years ahead. A Committee on Deficit Reduction has been established to identify \$1.5 trillion in spending cuts, with Medicare and Medicaid easy targets, representing one quarter of all federal spending. Our capability as an organization and as individuals to be innovative team players, embracing change in the delivery of cost-effective care in the hospital and across the continuum is an essential competency to thrive in this industry. We have implemented too many changes to count, some wildly successful, some not so much, but all have played a role in our progress and in defining who we are and who we will become.

The key for Regan in his four-plus years of college is to own the experience, to enjoy it, and to recognize that while it may be a lot of work, it will play a major role in defining his future. The same is true for us collectively. Changes ahead such as value-based purchasing, accountable care organizations and shared savings programs with this latest wave of healthcare reform will inspire us to practice differently (hopefully better!) Our lives will likely never be the same, but we will look back years from now and know that we made a difference, creating a healthcare system that improves quality, safety and service in a sustainable way. The launch of a wonderful new adventure!



Career Opportunities for Mercy Nurses

By Jane Myers, RN, CDE

Question: Do you want to be a leader, advance your career and continue doing what you love – take care of patients? How can you do it all?

Answer: **GET INVOLVED IN MERCY NURSING SHARED GOVERNANCE**

Being a shared governance leader provides you with an opportunity to make a difference in your practice, be “in the know” about the latest initiatives, cultivate your leadership skills, get acquainted with your nurse colleagues, and continue your professional growth.

Your patients will benefit from your continued growth and commitment to excellent care. Most nurses over the course of their careers have many different positions; the knowledge and leadership skills you acquire while actively participating in nursing shared governance will help prepare you for any job.

The selection process will be starting this fall with elections in November to replace the Area Coordinating Team (ACT) and Central Coordinating Team (CCT) member rotating off of their unit or central committee. This year the Central Performance Improvement and Central Practice and Standards Team Leader positions will be accepting applications for nomination. Check on your units for open ACT positions. If you are interested, talk with the current team member and your director to get more information. All eligible nurses are encouraged to apply for a leadership position. There is no

minimum time of employment required to participate. A leadership position in nursing shared governance is also a great way to earn RN Professional Achievement (RNPA) points.

Candidates are determined from self-nomination or peer nomination. Mercy RNs who provide direct nursing care for at least 25% of their role are eligible to run for governance leadership positions. Each unit votes for their own ACT representative. The central team leaders are selected by ballot of the hospital-wide nursing membership. Elections will be held by ballot in November 2011. The selected representatives will assume full responsibility for their roles in January 2012 after attending the new member orientation in December 2011. Selected representatives will serve a three-year term.

The Nursing Shared Governance Guidelines in the online Nursing Policy and Procedure manual detail the purpose and responsibilities of team members. Check it out and get involved! Remember, **WE ARE ALL PART OF NURSING SHARED GOVERNANCE – BE A LEADER!**

JANE MYERS IS THE DIABETES NURSE SPECIALIST AT MERCY MEDICAL CENTER AND LEADER OF THE PRACTICE AND STANDARDS AND CENTRAL COORDINATING TEAMS.

Summer Preview to Nursing Interns: 2011

By Bruce Schmidt, PhD, RN, BC



Lisa Hayes



Rachael Hosch



Jennifer Kilburg



Rachel Kroeger



Samantha Specht

Mercy is in its ninth year of sponsoring the Summer Preview to Nursing Internship Program, which provides a unique learning opportunity for baccalaureate nursing students as well as an opportunity for Mercy to recruit some of the “best and brightest”. This 10-week program (June to August), typically recruits between three and six Summer Preview to Nursing Interns (SPNIs) from among 30 to 35 applicants each year. Applicants must have completed their junior year, and as temporary Mercy employees, work directly with an experienced RN preceptor to get a “real world, hands-on” exposure to their future profession.

The 2011 SPNI class (and their preceptors) includes Rachael Hosch, (Mt. Mercy College, Cedar Rapids) with Shelia McCarthy, RN on 3 West; Jennifer Kilburg, (Mt. Mercy College, Cedar Rapids) with Tiffany Roling, BSN, RN in Maternal/Child Services; Rachel Kroeger, (Clarke University) with Jeanne Duggan, RN in ICU; Lisa Hayes, (Allen College, Waterloo) with Kris Wegmann, BSN, RN in ER; and Samantha Specht (University of Iowa) with Kali Blocklinger, BSN, RN on Surgical Services.

Interns not only work on their “home” units, but are encouraged to pursue clinical experiences in

other areas as well. Mercy nursing leaders have found that characteristics such as an inquiring mind and taking initiative in providing patient care are strong predictors of an Intern’s future success as an RN. Over the years, the SPNI program has proven itself an important recruiting strategy. Roughly 50% of the SPNIs become Mercy RNs, and some are now serving as preceptors for succeeding generations of Interns. Please join us in recognizing the 2011 Summer Preview to Nursing Interns and their preceptors.

BRUCE SCHMIDT IS THE DIRECTOR OF CLINICAL & PROFESSIONAL DEVELOPMENT.

Mercy & Clarke Collaborate for 3rd RN-to-BSN Cohort

By Bruce Schmidt, PhD, RN, BC

Approximately 4 years ago, Mercy Medical Center and Clarke University jointly developed a high-quality, flexible, and cost-effective program for Mercy RNs to complete their baccalaureate degree in nursing. A year later, Mercy doubled its tuition support for associates. This support continues Mercy's strong commitment to professional education.

There was a fairly large initial class (21) of nurses enrolled in the Mercy/Clarke RN-to-BSN Cohort in 2008, and a somewhat smaller cohort for 2009. 2010 was a "break" year with diminished interest. To date, 19 Mercy RNs have completed the program, with two more nearing graduation. Some students deepened their professional interest, gained a sense of academic mastery and after graduating, went on to pursue the master's degree. Clarke will be starting its Doctorate of Nursing Practice program this fall, so who knows how far they'll go—

For fall of 2011, 16 Mercy RNs have committed to continue their education through this program. Among the advantages of the Mercy/Clarke RN-to-BSN program are waived fees and a guaranteed 20% reduction in education costs, which include tuition and books. Most classes will be offered on-site at Mercy, increasing convenience and reducing hassles. Many of the courses create dual opportunities—career enhancement through work-related projects that benefit our patients (and may also qualify for RNPA points) and simultaneously satisfy academic requirements. Experienced Mercy colleagues often provide consultation to the RN students, and efforts are made to accommodate scheduling needs. The students also develop strong connections and provide mutual support in collaborative projects. These RNs also develop greater personal and professional appreciation for one another's lives across 18 months of shared experience.

Best wishes to the 2011 Mercy/Clarke RN-to-BSN Cohort!

BRUCE SCHMIDT IS THE DIRECTOR OF CLINICAL & PROFESSIONAL DEVELOPMENT.

Ambassador's Committee

By Jane Flynn, RNC, BSN

The purpose of the Ambassador's Committee is to provide a forum for effective communication between the Vice President of Patient Care Services/Chief Nursing Officer and employees from across the various clinical departments. This committee is intended to formally link the CNO, Kay Takes, with patient care staff members in a way that allows for honest, respectful and mutual sharing, cultivating a stronger 'connection and a better informed team. Members are encouraged to bring questions, suggestions and concerns to the monthly meetings, held on the third Tuesday of each month. Kay listens, responds, and provides follow up as needed. Every patient care unit has a representative serving a two-year term on the committee. That committee member is responsible to take issues to the meeting and provide their units with meeting minutes and responses.

My term will be finished in September. I am very impressed with the issues raised and the networking that takes place. This is a professional avenue for voicing concerns, providing a safe & trusting environment. No topic is taboo!

Do you know who your Ambassador's Committee representative is?

JANE FLYNN IS THE PERFORMANCE IMPROVEMENT SPECIALIST FOR THE MATERNAL AND CHILD SERVICES DIVISION.

Understanding the New Magnet Model

FOURTH IN A SERIES OF FIVE ARTICLES ON THE NEW MAGNET MODEL

By Sally Roy, DBA, MSN, RN, NEA-BC

The American Nurses Credentialing Center (ANCC) developed the Magnet Program to recognize health care organizations that provide nursing excellence. In 1983, through research, ANCC identified the “14 Forces of Magnet”. These Forces became the cornerstone for recognizing quality patient care, nursing excellence, and innovations in professional nursing practice. Through the Magnet Program, the ANCC provides consumers with the ultimate benchmark to measure the quality of care they can expect to receive. In 2009 the ANCC revised the Model and incorporated the 14 Forces of Magnet under five key components to guide organizations to achieve superior performance. This series of articles is intended to give readers a better understanding of the five Magnet Components.

In the last three issues of Nursing News we looked at three components of the new model: Component #1: Transformational Leadership. We learned that the intent of this component is to transform the organization to create a vision for the future and create systems and an environment necessary to achieve that vision. Component #2: Structural Empowerment discussed that the structures (policies, councils, and processes) within a Magnet organization empower nurses to practice in a professional and autonomous manner to achieve the highest degree of clinical excellence and professional fulfillment.

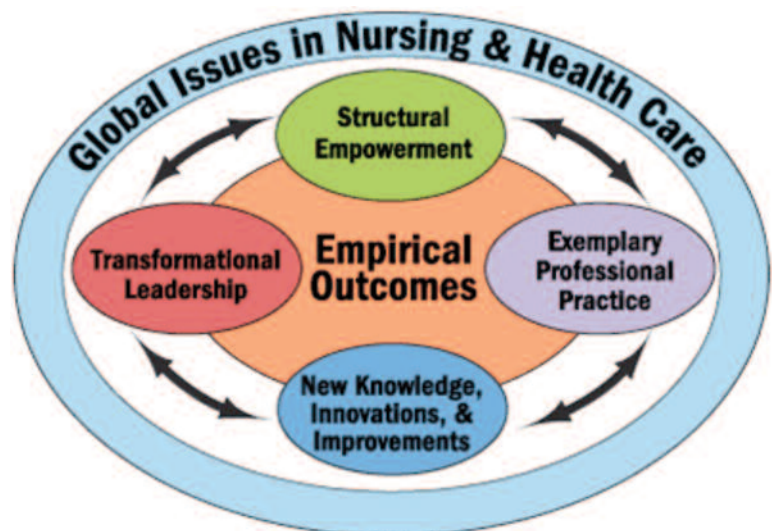
Component #3: Exemplary Professional Practice is the overarching conceptual framework for nurses, nursing care and interdisciplinary patient care. It describes how nurses practice, collaborate, communicate, and develop professionally to provide the highest quality patient care.

Component #4: New Knowledge, Innovations, & Improvements

New Knowledge, Innovations, & Improvements encompass only one of the Magnet Forces: Force 7 Quality Improvement. All Magnet organizations have a responsibility to contribute to advancing patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements. This Component lays the expectation that current systems and practices need to be continuously redesigned and refined to ensure future success of the organization. It includes incorporating new

models of care, researching new evidence, applying existing evidence, and making visible contributions to the science of nursing. Under the expectations of this Component, nurses are educated about evidence-based practice and research; and serve on the Board that reviews proposals for research. Innovations in patient care, nursing and the practice environment are the hallmark of organizations receiving Magnet recognition. At Mercy, the Courage projects are an important part of our compliance with this Component of Magnet. The Courage In Innovation projects help to educate nurses regarding research, give practical experience in doing research projects and serve to improve patient care and nursing practice at Mercy. They also contribute to the body of knowledge to improve the nursing profession as a whole.

SALLY ROY IS THE CLINICAL DIRECTOR OF MERCY'S PSYCHIATRIC SERVICES.



Where Are the Professional RN's?

By Virginia McDonough, RNC

Another year is coming to a close for the RN Professional Achievement (RNPA) Committee. Recently, some of our colleagues received a nice check in the mail, because they chose to participate in the RN Professional Achievement Model. Most of you are on committees, give presentations at staff meetings, attend Lunch and Learns, complete CEU's, lead Grand Rounds, go on the Heart Walk, serve as preceptors for your unit, help at the Angel of Mercy Tree or are involved in other activities for Mercy or the community. The list goes on and on. I have to wonder why you, a nurse at Mercy, have not signed up for this achievement? I have heard some of you talk about your stories not being written. New RN's at Mercy for two years should have their stories written, so there is no excuse. For the rest, lets discuss those nursing narratives.

Mercy wants you to succeed. They have made it easier by decreasing the number of stories required (from three to two) and they have samples posted to guide you. Talk to peers that have written their stories for some assistance. Talk to one of the coaches who can give you suggestions. The major thing is "GET STARTED". Come on nurses, show you are in a profession that goes beyond bedside care. Participate in RNPA 2011-2012. Start working on this goal in June 2011; apply by December 2011; and turn in completed documentation by May 2012. Then you will also be getting a nice check just in time for summer vacation.

VIRGINIA MCDONOUGH IS A REGISTERED NURSE ON THE PSYCHIATRIC SERVICES UNIT AND A MEMBER OF THE RN PROFESSIONAL ACHIEVEMENT COMMITTEE.

Mercy Welcomes New Nurses

APRIL 2011

Erica England, RN – Medical Services
Jessica Kennedy, RN – Surgical Services
Monica Schauf, BSN, RN - Surgery

MAY 2011

Tom Hopper, RN – Psychiatric Services
Michelle Paulson, RN – Float Pool
Kathleen Polich, RN – Rehabilitation & Skilled Services

JUNE 2011

Emily Capesius, RN – Medical Services
Michelle Hilkin, BSN, RN – Float Pool
Kaitlin O'Hara – RN – Surgical Services
Darien Kaiser, RN – Surgical Services
Casey Weigel – RN – Psychiatric Services

JULY 2011

Jolene Beebe, RN - NICU
Jodi Brogley, BSN, RN - Pediatrics
Nicole Kennedy, RN – Rehabilitation & Skilled Services
Jessica Ludescher, RN – Medical Services
Jennifer Swank, BSN, RN – Birth Center

Did You Know...

Informed Consent Policy

By *Jacquie Brunssen, MSN, RN*

It is the policy of Mercy Medical Center that a patient or patient representative shall give voluntary and informed consent for all care, treatment and services involving material risk.

The purpose of obtaining informed consent is for the physician to provide information to the patient regarding his/her health status, diagnosis, prognosis and appropriate care, treatment and service options. This is a process of information exchange by the physician and patient that allows the patient to make an informed choice.

In non-emergent situations, the patient shall receive from the physician a clear explanation of his/her health status, diagnosis, prognosis and proposed invasive procedures or of proposed non-invasive procedures that carry a material risk of adverse outcome. The patient shall be informed of the possible benefits of the care, treatment and services, possibilities of any material risks of side effects of the care, treatment and services, and alternative forms of care, to include refusal of medical or surgical interventions. The patient should be allowed to participate in the development of the plan of care and care after discharge from the hospital.

Recently, the Informed Consent/Guardianship policy has been revised to expand upon areas of consent that

involve unanticipated conditions during a surgery or procedure, special circumstances with minors, special circumstances impacting communication, emergency situations, fax and telephone/verbal consent, law enforcement requests, patient refusal/revocation, and additional procedures/infusions/treatments that have been added to the consent listing.

The additional procedures that have been added include: Bacille Calmette-Guérin (BCG) Intravascular Instillation, Chemotherapy, Dialysis, Intravenous Immunoglobulin (IgG) IV Therapy, Roacutane Treatment and Thermal Therapy Treatment. The consent form to be used for these additional procedures is the Consent for Special Procedure that has been revised to include Infusion/Treatment and is available on the Mercy Intranet site under *Consent Manual*.

The Informed Consent/Guardianship policy is located on the Mercy Intranet site in the Patient Care Services Manual under *Patient Rights*. Should you have questions regarding the policy, please feel free to contact Jacquie Brunssen in Risk Management at 589-8086.

JACQUIE BRUNSSSEN IS THE RISK AND SAFETY OFFICER.



Courage in Innovation Kick-Off

Wednesday, September 7, 2011 from 3:00-4:00 p.m.
in Cafeteria Conference Rooms 1A & B.

ICU/CVU Construction Update: Your Opinion Counts

By Robert Wethal, RN, BSN, CCRN-CSC

It is an exciting time at Mercy Medical Center as we are now well into the construction phase of building the new cardiovascular unit. Even in its first stages of development, it was clear that there was a desire for staff to play an active role in providing feedback on the design of this new space. For this reason a “mock room” was created. Many Mercy associates walked through the room and provided insightful feedback. Most of the feedback received fell into three major categories: Room size, computer location, and furnishings.

The design team struggled for some time to create a room that could be built both within the confines of the existing structure and accommodate the needs of our staff and patients. Your feedback told us that the head of the bed was the most valuable space in the room and that we needed to make that area more staff friendly. We feel that we will achieve this by moving the patient cabinet to the foot wall, adding a rail system to the headwall for storage, and moving outlets and switches to make them more accessible. This work has created a highly functional room that we feel will provide ease in the care of our patients, as well as create space for patients and families to feel comfortable.

As we look to the future at Mercy, our electronic medical record system (EMR) is becoming an important piece of our overall patient care. In our new units there will be a computer at every bedside. Your feedback told us that the computer in the “mock room” would not work. We researched numerous options for mounting the computers and feel that we have found one that will ensure that the computer is within reach at all times, allow staff to visualize the patient while charting and be out of the way when not in use.

The third theme we gathered from your comments related to the furnishings. The design team kicked off this process with a goal of providing three specific spaces, one for the patient, one for the family, and one for the staff. This goal allows loved ones to stay with the patient as much of the time as the patient would like, while providing staff needed space to do their

work. We heard many comments about the size and style of the sofa and recliner. We are still working with vendors on the purchase of these furnishings. Our goal is to have a sofa large enough to sleep on, but leave enough space to maintain a recliner in the room as well. We have also increased the size of the white board, changed lighting, and improved shelf space as a result of your comments.

These are just a few of the changes we have made based on your feedback. The design team would like to thank you for taking your time to help us with such a major project. If you have any questions or further comments please feel free to contact Bob Wethal or Jim Schroeder.



Mock Private Room in the new Cardiovascular Unit.

Nurses Week 2011

By Linda Otting, BSN, RN-BC



In Ancient times, Hawaiians held traditional feasts to mark special occasions. The birth of a child, a successful harvest or a victorious battle were all reasons to honor the Gods who showed them favor. The celebrations were called Ahaaina (“gathering for feast”). The term “luau” actually came much later and refers to the edible taro leaves that are used to wrap the food before being placed in the imu (underground oven). Similarly, to mark the tradition of another successful year of Mercy Nursing, we celebrated with a Hawaiian Luau!

This memorable week appropriately began on Sunday morning, May 1st with a Mass to thank our God for the blessings and favors he has shown upon all of us. Thank you to Fr. Shaeffer for presiding. Bagels, coffee and juice were served at the social gathering after the service.

Monday, May 2nd brought a “Cultural Fest” in an evening filled with the inspiring talents of the Loras College International Student Association. The audience was treated with many beautiful and interesting dances, festive costumes, songs and instrumentals from around the world. The students were showered with compliments on this very enjoyable, awesome presentation and a great way to celebrate cultural diversity!

Some very special, deserving nurses received the annual awards for 2011:



Congratulations to Jean Tauke, RN in the Operating Room and this year’s winner of the Ott Family Award for Excellence in Surgical Nursing.

The Ott Family Excellence in Surgical Nursing Award winner was **Jean Tauke**, RN, Surgical Nurse from the OR. Nominees were: Carol Alexander, Emily Beer, Susie Bruce, Nancy Merges, Grace Pins, Deb Mueller, Diane Schroeder, and Heidi Tigges.

The winner of the Rita Trenkle BSN Completion Scholarship was **Carol Handke**, RN, from the Acute Unit at Mercy-Dyersville.

The dessert buffet during the Nursing Award ceremony was donated by Philips Health Care.



Congratulations to Carol Handke, RN, Mercy-Dyersville, for receiving the 2011 Mercy BSN-Completion Scholarship, made possible by a generous gift from the estate of Rita Trenkle.

Tuesday, May 3rd, night associates enjoyed pizza, compliments of Kay Takes, and delivered by Kay, Deb Mueller and Glenna O’Connor.

Wednesday, May 4th, many units used their own creative juices to celebrate caregiving in their own unique, “luau-themed” way.



Thursday, May 5th, was the Nursing Luncheon, which is always the climax of the week,...and this year did not disappoint! The auditorium was disguised as a beautiful, tropical paradise and all were warmly welcomed and adorned with colorful leis. Much appreciation to Ryan Osterberger and the dietary staff for the delicious Hawaiian-style feast, which included a clever, edible fruit palm tree created by Cory, the Sous Chef. Jan DiIulio thoughtfully provided the elegant table centerpieces.



Members of the Loras College Intercultural Student Association that performed Monday, May 2nd during Nurses Week Celebration.



Members of the RN Retention & Recruitment Committee: Front left to right: Jaime Spence, Sue Engelbrecht, Mary Schumacher. Back Row left to right: Mary Ann Richard, Sara Uthe, Barb Keough, Audrey Golden, Jayne Schuster, Deb Mueller, Glenna O'Connor, Heather Wuebker, Jill Leytem, Nicole Kueter, Shelly Klinkhammer.

Thank you to the following generous donors who made Nurses Week possible:

- Medical Associates Clinic, PC
- Dubuque Anesthesia Services, PC
- Dubuque Emergency Room Physicians, PC
- Kay Takes, Vice President of Patient Care Services/CNO
- Mercy Radiologists of Dubuque, PC
- Jan DiIulio, Diversified Retirement Plan Specialist
- Dubuque Pediatrics, PC
- Dubuque Obstetrics & Gynecology, PC
- Health Services Credit Union
- Pepsi-Cola Bottling Company
- Flowers on Main
- Steve's Ace Hardware
- Philips Health Care

Special thanks to Deb Mueller, leader of the RN Retention and Recruitment (R&R) Committee, and all R&R members for the time, effort and talent that went into honoring their co-workers and the nursing profession.

LINDA OTTING IS A REGISTERED NURSE ON THE PSYCHIATRIC SERVICES UNIT AND A MEMBER OF THE RN RETENTION AND RECRUITMENT COMMITTEE.



2011/2012 Clinical Quality Measures

By Eileen McSperrin, BSN, RN

The Getting to Green Committee oversees our compliance with CMS and Trinity Health quality standards. There will be some changes for FY 2011/2012 (beginning in July 2011).

In January 2011, CMS (Centers for Medicare and Medicaid Services) implemented a new program known as Value Based Purchasing (also known as Pay-for-Performance) as the new model for health care reimbursement. This program bases a portion of our reimbursement on performance

on a range of quality and patient satisfaction measures, and will impact payments for acute care hospitals beginning with Oct. 1, 2012 discharges.

CMS will measure quality in two categories, clinical processes of care and the patient experience of care. The clinical processes are familiar to all of us. Included are selected measures for AMI, heart failure, pneumonia and surgical care, along with patient safety outcomes, such as ventilator associated pneumonia, central line

blood stream infections, pressure ulcers and patient falls. The patient experience of care includes survey results on the overall rating of satisfaction, pain management, communication with nurses, communication with physicians, discharge information and likelihood to recommend.

In the future, readmissions and 30-day mortality associated with the selected medical conditions will be added.

THE 2011/2012 MEASURES FOR MERCY ARE:

Clinical Process Indicators

AMI	Fibrinolytic Therapy w/i 30 min of hospital arrival
AMI	Primary PCI w/i 90 min of hospital arrival
HF	Discharge Instructions
PN	BC performed in ED prior to initial antibiotic
PN	Initial antibiotic selection for CAP in immunocompetent patient
SCIP	Prophylactic antibiotic w/i 1 hour prior to surgical incision – Overall rate
SCIP	Prophylactic antibiotic selection for surgical patients – Overall rate
SCIP	Prophylactic antibiotic d/c w/i 24 hours after surgery end time – Overall rate
SCIP	Cardiac surgery patients with controlled 6am PO blood glucose
SCIP	Surgery patients on a BB prior to arrival receive a BB during post-op period
SCIP	Surgery patients with recommended VTE prophylaxis ordered
SCIP	Surgery pts who receive appropriate VTE
2	Prophylaxis w/i 24 hours prior to surgery to 24 hours after surgery
PR-3d	Elective Delivery prior to 39 weeks completed gestation
PR-3e	Hepatitis B vaccine adm to all newborns prior to discharge

Patient Safety

- Falls with injury per 1000 patient days
 - Pressure ulcer prevalence rate
 - ICU VAP per 1000 ventilator days
 - ICU BSI per 1000 central line days
 - Severity Adjusted Mortality Ratio
 - Composite Medication reconciliation rate (admission and discharge)
 - Urinary Catheter Removal on POD 1 or POD 2
 - 30 day all cause readmission rate for Medicare patients
 - 30 days all cause readmission rate for all Heart Failure Patients
 - % SRE reported within 5 business days of discovery
 - AHRQ Overall Perception of Safety
 - Injury to Neonate (AHRQ) ratio
 - % Eligible Clinicians registered to take and have taken NCC EFM Certification Exam
-

Patient Experience of Care (Patient Satisfaction)

- Overall Rating
 - Pain Management
 - Communication with Nurses
 - Communication with Doctors
 - Discharge Information
 - Emergency Dept Likelihood to Recommend
-

Regulatory/Nurse Staffing

- Joint Commission Accreditation and CMS Regulatory Status
- Nursing Rolling Annual Turnover

While compliance with the quality and satisfaction measures will determine a portion of our payment, let us continue to keep the patient at the center of our focus and remember that we all want what is the best care for each patient that enters our doors.

EILEEN MCSPERRIN IS THE MEDICAL SERVICES PERFORMANCE IMPROVEMENT SPECIALIST.

OB Safety Initiatives; Safe Care for Moms and Babies

By Liz Tippet, MSN, RN

The miracle of childbirth, while a natural process, is not without considerable risk for today's OB patient. Once in active labor, a laboring mom is considered a high-risk patient. To help decrease the risk to moms, their babies, and the organization, the Mercy Birth Center, in collaboration with the Trinity Health OB Collaborative Team, launched the Perinatal Patient Safety Initiative (PPSI) in 2009. Our goal: To decrease overall risk through the implementation of evidenced-based, standardized care across the Unified Enterprise Ministry (UEM).

The initial phase of the PPSI focused on five high-risk practice areas for OB: Elective deliveries prior to 39 weeks gestation; vaginal deliveries after C-Section (VBAC's); use of Oxytocin (a high-alert medication) for the induction/augmentation of labor; standardized documentation and use of the electronic fetal monitor (EFM); and second stage labor management. The OB Collaborative developed and implemented new evidence-based policies for each of these areas. Practice guidelines with inclusion and exclusion criteria, consents specific to OB, as well as safety checklists similar in concept to those used by the aviation industry and NASA, were included in the new policies. With all aspects of the initial PPSI phase implemented, ongoing audits are conducted to validate compliance and outcomes.

To further promote patient safety, the OB Collaborative adopted the standardized language and nomenclature developed by the National Institute of Child Health and Human Development (NICHD) to ensure that all OB nurses and practitioners were speaking the same language. These standards were included in the new EFM policy. Trinity has also adopted the standard and expectation that all practitioners who interpret EFM strips become nationally certified in the interpretation of electronic fetal monitoring. To date, 79% of Mercy's Labor and Delivery nurses have their national EFM certification.

The miracle of childbirth and the journey to promote safe care for mom and baby continues in the Birth Center. The next PPSI phase will look at:

- Incorporation of the new AHWONN Perinatal Staffing Standards
- Exploring the feasibility of implementing access to Airstrip OB (mobile OB application) for OB practitioners
- An OB Simulation Training Program
- Developing policies for labor augmentation, as well as the safe administration of Magnesium Sulfate (a high-alert medication).

Through the utilization of evidence-based research and available safety tools, positive outcomes at birth for mom, her baby, and the organization can be optimized.

LIZ TIPPET IS THE CLINICAL DIRECTOR OF MATERNAL/CHILD SERVICES.

Techno Talk

Nursing Bundle III and POC *By Deb Rea, BSN, RN*

With the 4th of July behind us, the halfway point of summer is realized. New shoes, book bags and pencils signify the beginning of the new school year. For clinicians at Mercy, it isn't pencils and book bags but rather new in-room computers, new scanners and new computer applications. On August 10th we saw the activation of Nursing Bundle III and POC, bringing a new process for medication administration, admission documentation, increased iView access and iNet.

iNet is an application that allows monitor and device data to be automatically uploaded to Powerchart, eliminating the need for manual entry by clinicians. ICU, CMU, PACU and RT staff "confirm" values displayed from heart monitors, ventilators and balloon pumps, which are then uploaded into the patient's medical record.

POC (or CareAdmin) replaces our current CareMobile in all units except for Dyersville, Rehab Skilled and Psychiatric Services. CareAdmin provides 5 rights checking but unlike CareMobile, allows the clinician access to the entire medical record to readily answer patient questions and look up needed information.

The Admission Redesign introduces the use of new Cerner "controls" for medical, surgical, social and immunization histories. Information in the

"controls" can be recorded by physicians or nurses and is retrievable from one central location for both. This functionality creates the patient history versus a nursing and physician history. Immunizations documented as given during a patient stay will automatically update the Immunization History, eliminating the need for the Immunization Update form and double documentation.

iView access was activated for ED, Peds and CNA staff members. This eliminates the current double documentation of IV's started in ED when the patient moves to the floor or OR. CNA and nursing documentation retrieval moves to one location versus the two separate tabs previously seen.

Prior to our August 10th activation, in-room computers were deployed to Surgical Services, Medical, 5 North, Labor and Delivery, Nursery, NICU, Peds, ICU and Cardiac Medical. Based on staff feedback, the devices were placed on carts with larger monitors rather than wall mounted. Devices at the bedside not only promote workflow for medication administration but also enable clinicians to follow our Caring Model expectation to "chart as you go."

DEB REA IS DIRECTOR OF PATIENT CARE SYSTEMS AND SUPPORT.



Preceptor Annual Meeting

Monday, September 12, 2011 from 7:30 – 11:00 a.m. in the Auditorium

Multidisciplinary Grand Rounds

By Cheryl Husemann, RN-BC

On June 28th, Mercy Nursing Academy sponsored a Multidisciplinary Grand Rounds: *Mercy Caring Model: A Backdrop for Therapeutic Communication*. The panel presenting the Grand Rounds consisted of Sally Roy, Director of Psychiatric Services; Joseph Gianino, Counselor, Family Therapist and a member of the Pastoral Care Staff; and Nancy Diehm, Psychosocial Director at Hospice of Dubuque.

I am writing this article as a satisfied attendee of this Grand Rounds and a long-time member of the Caring Model Committee. The topic, therapeutic communication with patients and families when there are signs of imminent death, using the Mercy Caring Model principles as a backdrop, was reinforcement of the Caring Model Principles and their application in our practice each day. The presentation included therapeutic communication techniques, deterrents to therapeutic communication, and an active discussion between audience and panel related to this information and a case study.

Grand Rounds has historically been a nursing offering. The great thing about this Grand Rounds is that it was multi-disciplinary. Mercy employees from nursing, social work, case management, nutrition, pastoral care, pharmacy, employee assistance, information services and students attended and shared openly. The discussion was rich because each discipline brought its own perspective to the case. I learned a lot and became even more aware of the resources and expertise we have at Mercy.

It was also great to have a representative from Hospice on the panel who could share real life examples of therapeutic communication and approaches at the time of death.

I appreciate that the Nursing Academy sponsored this event and am hopeful that its success will encourage them to sponsor additional multidisciplinary offerings.

CHERYL HUSEMANN IS A REGISTERED NURSE ON THE PSYCHIATRIC SERVICES UNIT.



Panel members presenting Multidisciplinary Grand Rounds on Therapeutic Communication.

Updated Infusion Nursing Standards of Practice

By Jolene Bagge, BSN, RN

The Infusion Nurses Society (INS) has updated the Infusion Nursing Standards of Practice. The Mercy Practice and Standards Nursing Shared Governance Committee reviewed and discussed three related INS standards: Administration Set Changes, Infection, and Vascular Access Device Removal. Each of these standards share the same goal of preventing intravascular catheter-related infections.

Standard 43 relates to administration set changes. The INS recommends that infusion tubing for continuous administration of fluids (other than blood and lipids) should be changed every 96 hours. Our current practice of changing blood administration sets will remain at every four hours, and lipid administration sets will continue to be changed every 24 hours. Administration sets used for nonlipid-containing parenteral nutrition solutions should be routinely changed no more than every 96 hours. Regulatory standards require that Propofol administration sets should be replaced every 12 hours or when the vial is changed. Hemodynamic and arterial pressure monitoring sets and flush solutions should be changed every six hours or immediately with suspected contamination or compromised product integrity.

Primary intermittent administration sets should be changed every 24 hours. When an intermittent infusion is repeatedly disconnected and reconnected for the infusion, there is increased risk of contamination at the catheter hub, needleless connector, and the male luer

end of the administration set, potentially increasing risk for catheter related blood stream infection. Place a sterile end cap to the end of the set after each intermittent use- no looping back into the primary tubing. If a secondary administration set is detached from the primary administration set, the secondary administration set should be changed every 24 hours. Sterile compatible covering devices should be connected to the end of the set after each intermittent use.

Standard 44 pertains to short peripheral catheter vascular access device removal. The decision to replace the short peripheral catheter should be based on assessment of the patient's condition; access site; skin and vein integrity; length and type of prescribed therapy; venue of care; integrity and patency of venous access device; dressing; and stabilization device. This will replace our prior practice of changing the peripheral IV site every 72 hours.

Standard 49 addresses infection. The recommendation is that when a sample for blood culture is drawn from the catheter, the used needleless connector should be changed prior to obtaining the sample. This reduces the risk of a contaminated blood specimen.

The Practice and Standards Committee endorses the recommended changes to the above standards. The Quick Reference Guide has been revised to reflect the changes and a Healthstream course will be available in mid summer.

JOLENE BAGGE IS A REGISTERED NURSE AT MERCY-DYERSVILLE AND A MEMBER OF THE PRACTICE AND STANDARDS NURSING SHARED GOVERNANCE TEAM.

Culture of Safety

By *Jacquie Brunssen, MSN, RN*

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management.

Organizations with a positive safety culture are characterized by communications founded on mutual trust, shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

At Mercy Medical Center, we are taking several steps to evaluate and improve our safety culture. To begin with, a three-day training session was offered in April at Duke University by Dr. Bryan Sexton, who has authored numerous articles and conducted extensive research with Michigan hospitals on patient safety and creating a safety culture. Kay Takes, VP of Patient Care Services, Bruce Schmidt, Director of Clinical and Professional Development, and Jacquie Brunssen, Risk and Safety Officer, attended the training sessions in which valuable information and tools for creating and sustaining a culture of safety were shared.

Secondly, the Patient Safety Culture survey was administered to staff from May 22nd through June 25th. Our participation rate was 94%, ensuring that our results

truly represent the perceptions of our staff at the unit and organizational level. Thank you for participating in the survey as your opinion is greatly valued.

Thirdly, a subcommittee of Clinical Safety has been developed called the Culture of Safety Committee, with representatives from clinical departments to assist in improving the culture of safety based on the survey results.

Mercy Medical Center was excited to have Dr. Bryan Sexton from Duke University speak with the Executive Team, Management Team, Culture of Safety Committee members, Patient Care Coordinators and members of the Shared Governance Performance Improvement Team on August 4, 2011. Dr. Sexton provided education on the Culture of Safety, shared the results from our Patient Safety Culture survey, offered direction as we analyze our survey results, and suggested recommendations on how to proceed in creating the safest culture for our patients and staff.

Along with our colleagues at other Trinity Health ministry organizations, we are committed to our journey to strengthen the safety culture at Mercy.

JACQUIE BRUNSSSEN IS THE RISK AND SAFETY OFFICER AND CHAIR OF THE CULTURE OF SAFETY COMMITTEE.



Grand Rounds: System Overload - CHF

Thursday, September 29, 2011 from 11:00 – 12:00 p.m. in the Auditorium

Hitting the Mark on Our Patient Care Services Goals

By Kay Takes, MA, RN, NEA-BC

Due to the tireless efforts of our Magnet team, 2010/2011 was a very productive year in that we accomplished the majority of our stated goals. Notable achievements included:

- Developed a Senior ED, including age-specific nursing assessment and referral with the addition of pharmacy and case management services in the ER.
- Implemented evidence-based care protocols for early identification and treatment of patients with Sepsis.
- Implemented evidence-based care standards in obstetrics, including national certification in electronic fetal monitoring for more than 70% of eligible Mercy RN's.
- Completed the design of and initiated construction of the new ICU/CVU.
- Purchased new patient beds for 3 West and 4 West.
- Had a successful Surginet go-live.
- Replaced the flooring on 3 West.
- Received full Joint Commission accreditation.
- Sustained high performance on Getting to Green quality measures (3.8 clinical weighted

grade point average in July tied our highest score ever in meeting the quality standards.)

- Implemented department huddles.
- Implemented report at the bedside in all nursing departments.
- Implemented a pharmaceutical waste program.
- Improved patient satisfaction with pain management.
- Introduced the Mercy Model of Caring.
- Launched the Respect in the Workplace program.
- Exceeded our target for the number of new-hire BSN's.
- Implemented a drug-free workplace.
- Completed the Courage in Innovation Initiative (2009-2011) and held the first annual Courage in Innovation Summit.

Thanks for your commitment and contribution! The full listing of 2010/2011 goals can be viewed on the Mercy Intranet site.

With your input, we have finalized the Patient Care Services goals and objectives for 2011/2012, which are also available for viewing on the

Mercy Intranet site. As you will see, we reduced the number of goals from 10 to 9 including the following:

- 1) Enhance Quality & Safety Through Evidence-Based Practice Initiatives & Innovations
- 2) Upgrade Capital/Facilities/Technology
- 3) Improve Patient Satisfaction
- 4) Optimize Staffing Systems
- 5) Improve Financial Performance
- 6) Advance Professional Development
- 7) Improve Workforce Retention & Recruitment
- 8) Enhance Shared Governance/Professional Practice
- 9) Position for Magnet Re-designation

A Healthstream module on our 2011/2012 work plan is now available for all nursing staff.

Thank you in advance for your support of this important work. Let's have another great year!

KAY TAKES IS THE VICE PRESIDENT OF PATIENT CARE SERVICES/CHIEF NURSING OFFICER.

Surginet Live

By Melissa Cullum, MSN, MBA, RN

Mercy Dubuque's Perioperative Services went live with SurgiNet on April 30, 2011. SurgiNet involves surgical scheduling, intraoperative documentation, pre/post surgical documentation, surgical case tracking, charging, reporting, and preference cards/pick lists. Mercy was part of a "bundle" of seven Trinity Health ministry organizations implementing the SurgiNet system.

Preparation for SurgiNet Go-Live began in March of 2010 and continued through April 2011.

Representatives from the perioperative areas, revenue, admitting/registration, purchasing and clinical informatics all participated in the decision-making and process flow work for SurgiNet. The preference card builders, leaders and experts in their respective OR specialties, built more than 1,200 surgeon-specific preference cards; surgical nurses received 24 hours of education and practice to learn the new system; and multiple rounds of testing were completed to ensure a successful go-live.

As a result of the clinical use of the SurgiNet system, we have a number of goals we hope to achieve. These goals include:

- Increased productivity with multi-resource conflict checking during the surgical scheduling process.

- The use of standardized documentation forms and predefined documentation choices that eliminate unnecessary charting and mirror clinical workflow.
- Increased communication between internal perioperative areas and between hospital staff and patient family members through the utilization of case tracking boards.
- Improved charge capture and revenue cycle management with automated charging functions.
- Increased management productivity with tools that easily extract clinical and operational data for evaluation.
- Increased effectiveness of staff with linked procedures, preference cards, pick lists, and documentation.

The most important benefit of SurgiNet is the addition of perioperative documentation within the Cerner electronic medical record. This creates a more complete picture of the patient record, enabling better communication and sharing of information across the continuum of care.

MELISSA CULLUM IS PERIOPERATIVE SERVICES CLINICAL & BUSINESS MANAGER.



Mercy RN Professional Practice Fair

Tuesday, September 27, 2011 from 6:00 a.m.-6:30 p.m.

Friday, September 30, 2011 from 6:00 a.m.-6:30 p.m.

Monday, October 3, 2011 from 6:00 a.m.-11:00 p.m.

Cafeteria Conference Rooms 1A & B and 1C. Topics will include: Critical Thinking; Geriatric Care and Certification; Sepsis; Culture of Safety; Aspiration Pneumonia; Respect in the Workplace; NNPN.

Engagement: As Go the Employees... So Goes the Hospital

By Angela Lauer, MSN, MHA, RN, CEN

After the employee engagement survey results came out in 2010 and the individual units started looking at action plans, the nursing shared governance Central Performance Improvement Team (CPIT) was asked to address the scores across all Patient Care Services (PCS) departments. The importance of this survey goes far beyond measuring employee satisfaction. In this people-oriented industry, the engagement of employees directly impacts patient care and satisfaction as well as the financial health of our organization, whether the employee provides direct patient care or not.

“An engaged employee at the hospital takes pride and makes a personal commitment to their job, organization, and patient. An employee feels more engaged when they (a) participate in meetings and the decision making process, (b) believe their input is used/considered by management, (c) have a good understanding of the organization’s values, mission, and operating procedures, (d) understand how they contribute to the success of the organization, and (e) care about the success of the organization” (Peltier, Dahl, & Mulhern, 2009.)

The CPIT thoughtfully identified three of the survey scores that we felt were most in need of improvement and that we could affect. The representatives asked their coworkers for insight into what they were thinking or feeling when

they answered the questions. Working off of suggestions provided by the survey vendor, the team developed an action plan for each score chosen.

The necessary materials and equipment are available when I need to perform my job. Because the units are not identical, each has its own problems in this area. The CPIT representatives were asked to post a notice on their units notifying staff that if there are any equipment or supply problems (needed items not on the exchange cart, not enough inventory, etc.) to let the CPIT rep know so she could address it within the unit’s Area Coordinating Team (ACT).

Senior management of this organization is concerned about the associates. This was interesting because when polled, many people had a different idea of who senior management was. As a result of this, Kay Takes and Rusty Knight have re-instituted their regular rounding on the units. Please feel free to approach them with anything you would like to discuss. This item was felt to be important because “messages from the top of the organization stress the importance of all employees in providing a valued high quality service to the patients served” (Peltier, Dahl, & Mulhern, 2009.)

This organization supports balancing work and personal life. Many issues were revealed via the

CPIT reps (for example, receiving phone calls at home while on PTO). Discussion with the Staffing Committee has ensued with more to come.

The 2011 survey results are now available, and you will be hearing your unit’s individual results from your directors. The CPIT will be looking at the PCS-wide results again and making changes to our action plans as needed. Please share your opinions about our action plans with your CPIT rep, and we will keep you informed of our progress. In the meantime, we invite you to participate in the NDNQI RN Satisfaction Survey that is coming up September 12th through October 2nd. We ask for your help by telling us what you are thinking because the most dramatic improvements in quality are achieved through *people*, not technology (Peltier, Dahl, & Mulhern, 2009.)

Peltier, J., Dahl, A., & Mulhern, F. (2009). The relationship between employee satisfaction and hospital patient experiences. Retrieved from <http://www.info-now.com/typo3conf/ext/p2wlib/pi1/press2web/html/userimg/FORUM/Hospital%20Study%20Relationship%20Btwn%20Emp.%20Satisfaction%20and%20Pt.%20Experiences.pdf>

ANGELA LAUER IS THE TRAUMA NURSE COORDINATOR AT MERCY MEDICAL CENTER AND LEADER OF THE PERFORMANCE IMPROVEMENT TEAM.

Congratulations RNPA Nurses for 2010/2011

The Mercy Medical Center RN Professional Achievement (RNPA) Model is the vehicle for RN advancement beyond the basic expectations of the RN job description and serves primarily to recognize the contributions of Mercy nurses who go above and beyond. Congratulations to the 23 RNs who successfully participated in the 2010/2011 RNPA Program. They are as follows:

Tier II:

Jessica Severson

Tier III:

*Jolene Bagge
Donna Cota
Peggy Driscoll
Cheryl Husemann
Brooke Lyons
Virginia McDonough
Nancy McEowen
Candy Meyer
Ann Miesen*

*Deb Mueller
Polly O'Connor
Stephenie Stephens
Jean Tauke
Darcy Glasker
Marie Trannel
Stacie Vaassen
Courtney Veach
Heather Wuebker*

Tier IV:

*Mary Birch
Rosalie Jahn*

*Linda Otting
Susan Ruden*

Thanks to the members of the RNPA Committee for overseeing this important process, including:

*Candy Meyer (Chair)
Donna Cota
Kim Gorman
Donna Kluesner
Virginia McDonough
Polly O'Connor
Jane Pickel
Carmen Reinert
Sally Roy
Bruce Schmidt
Hannah Steffen
Kay Takes
Heather Wuebker*

Applications for RNPA for the 2011/2012 fiscal year are due by December 31, 2011.



Nursing Shared Governance Selection Process

- **October 3, 2011** – Nomination forms due
- **November 1, 2011** – Ballots due
- **November 4, 2011** – Results posted
- **December 5, 2011** – New member orientation (8:00-9:00 a.m. in Room 1E)
- **January 2012** – New members begin their three-year terms



Shared Governance Annual Business Meeting

Monday, December 5, 2011 from 10:00 a.m. – 2:00 p.m. in the Auditorium

Educating Patients on Mercy's Hospitalist Service

Patients cared for by our Hospitalists should receive a brochure describing this new model care of delivery. Find the brochure on your unit or by contacting the Marketing Department.

MERCY FULL-TIME HOSPITALISTS

WE WANT YOU TO HAVE THE BEST EXPERIENCE POSSIBLE

Now that you have learned about this service, you may have questions specific to your care. Please ask us.

We are highly committed to patient safety and delivering high quality care.

HOSPITALIST CARE PATIENT INFORMATION

MERCY MEDICAL CENTER
250 Mercy Drive
Dubuque, IA 52001
Phone (563) 589-8000
www.mercydubuque.com

STAFFED BY HOSPITALISTS FROM
Medical Associates Clinic
1000 Langworthy St.
Dubuque, IA 52001
www.mahealthcare.com

Additional physicians* in the Mercy Hospitalist Service:
Jared Freiburger, DO, Michael Kuennen, MD, Chadwick Nachmann, MD, Thomas Schreiber, MD, Ryan Stille, MD, and Brian Sullivan, MD

* These clinic physicians participate as part-time hospitalists, exclusively serving in the hospital during their week of service or day as advisor. At other times they care for patients at their clinic office.

TO MERCY
...ist to manage your care while you are an inpatient at ...
... would like to tell you about our hospitalist service.

... team of care-
... munication, con-
... response, quality

... busy office practice with the needs of
... our hospitalized patients, you benefit
... by getting immediate and focused care.

... With the hospitalist working on the
... nursing unit every day, he or she is
... able to constantly assess your condi-
... tion and modify the plan of care to
... meet your changing needs. The hospi-
... talist, a nurse and a clinical pharmacist
... will meet with you daily during "pa-
... tient rounds." They will spend time
... with you and your family discussing
... your plan of care and following up on
... results as soon as they are received.
... They will meet with your entire team
... of caregivers, which also includes
... therapists, social workers, dieticians
... and others as appropriate for your
... needs. This collaborative approach to
... care ensures that everyone is well in-
... formed of your treatment plan and is
... working together with you to make
... the hospital experience as positive as
... it can be.

... should the need arise. For example,
... your hospitalist would consult a cardi-
... ologist for a newly identified heart
... problem.

• Work with your primary care physi-
... cian to develop a plan and facilitate
... the transition of your case back to
... your primary care physician after you
... are discharged from the hospital.

**HOSPITALISTS ARE
READILY AVAILABLE
TO YOU**

Our hospitalists are available on-site
seven days a week to provide you with
timely and optimal care. Because they
are not balancing the priorities of a

... care experience. In
... addition, our hospitalist staff includes
... an Advanced Registered Nurse
... Practitioner (ARNP) who is Board
... Certified in Family Nursing.

The hospitalist assumes the sole of
your primary care physician during
your hospitalization from admission
to discharge and is familiar with your
short-term and long-term issues.

The hospitalist will:

- Order tests and procedures, follow
up on results, and expedite adjust-
ments to your care.



Professional Achievements

Jill Ballantine, BSN, RN (ICU) received her BSN degree from Clarke University.

Marilyn Bruck (Birth Center) received her certification in Inpatient Obstetrics.

Alex Bushman, BSN, RN (Medical) received his BSN degree from Clarke University.

Megan Carter, MSN, RN, FNP (Surgical Services) received her MSN/Family Nurse Practitioner degree from Clarke University.

Tassie Carter, MSN, RN, FNP (Birth Center) received her MSN/Family Nurse Practitioner degree from Clarke University.

Jacquie Fleming, BSN, RN (Rehab/Skilled) received her BSN degree from Clarke University.

Erin Frimml, RN (Medical) and **Amy Warner**, RN (Medical) passed the RN licensing exam.

Abby Fromm, BSN, RN (Surgical Services) received her BSN degree from Clarke University.

Brenda Husemann, BSN, RN (Birth Center) received her BSN degree from the University of Iowa College of Nursing.

Jennifer Johnson, MSN, RN, FNP (Birth Center) received her MSN/Family Nurse Practitioner degree from Clarke University.

Ben Kalb, RN (Rehab/Skilled) received his ADN from Northeast Iowa Community College.

Jessica Kennedy, RN (Surgical Services) received her ADN from Northeast Iowa Community College.

Barb Keough, RN, MGS (Mercy Home Care) gave a presentation on Diversity and Inclusion at Mercy Medical Center for the senior BSN class at Clarke University.

Melissa Klinkhammer, BSN, RN (Mercy Home Care) was awarded the Rho Eta Chapter Sigma Theta Tau Research Scholarship.

Joyce McDermott, BSN, RN-BC and **Sally Roy**, DBA, MSN, RN, NEA-BC (Psychiatric Services) have been accepted for a poster presentation at the Mayo Clinic 2011 Psychiatric Nursing Conference. The poster presented will be the Psychiatric Services Unit Courage in Innovation: Electroconvulsive Therapy (ECT): Measuring Quality of Life Outcomes.

Danielle Miller, BSN, RN (Rehab/Skilled) received her BSN degree from the University of Dubuque.

Katie Paris, RN (Surgical Services) received her ADN degree from Western Technical College in LaCrosse, WI.

Sarah Thibadeau, MSN, RN, FNP (Birth Center) received her MSN/Family Nurse Practitioner degree from Clarke University.