Human Resource (HR) professionals are constantly facing new challenges for hiring nurses. A number of factors are converging to create a situation in which retention and recruitment of employees will become increasingly more difficult with each passing year. One of the most common factors is the predicted loss of employees due to retirement with a shrinking number of qualified employees that remain.

One of the biggest challenges for Mercy HR is to source or recruit the best candidates for our organization. This requires as much vigilance and intellectual engagement as we provide in our patient care. Recruitment is the key for our future.

Mercy has found a way to streamline recruitment for this select group of Graduate Nurses through evidence based research. We currently have two programs in place to assist us with fast-tracking the process of hiring new graduate nurses. One is the GN hiring event which is held in the Fall and Spring. The GN hiring event allows the students from all schools and locations to interview in the last semester of nursing school. HR takes applications, sets up appointments for interviews, or the student can walk into the event and be interviewed.

We also have a Fellowship program to capture those individuals who are good candidates when there are limited positions available at the time of the hiring event. This program gives the GN an opportunity to start an orientation program that lasts six weeks prior to being assigned a home unit. In addition to specialty training days, the GN has the opportunity to see areas

Continued on page 2
of the hospital that may be of interest before accepting a job offer. Once the nurse chooses a home unit they start the unit specific orientation process.

During the first week of orientation the nurse starts by receiving general orientation, EPIC training, My Education and online scheduling tools training. In week two they move to Nurse Orientation, skills development, admission process and documentation, IV insertion skills, skin and wound skills. By week three they move into orientation in Cardiac, Medical, Neuro, Surgical and specialty rotations. They rotate on these units until week six, working on specific competencies and gaining skills and confidence that is essential for the GN. They are able to go to different areas of interest to see where they would like to work. It’s a great program for the GN because they can actually try these different areas before they commit to a position. Another added benefit is the unit is able to assess the skills and capabilities of the GN. On week seven the GN starts orientation on their home unit.

After talking with Ruth Norton (Manager in Nursing Services) Mercy has hired 37 with 59 offers made to Graduate Nurses to start in the summer of 2013. Nurses in the fellowship program were all placed by the end of the six week orientation process.

I interviewed two nurses that have been through this program to see what their feelings were about the program.

“I was a little skeptical at first, but after going through it, I would recommend it.”

Gabriela Kitcher was previously in Marketing and Research prior to starting her career in nursing. She graduated from Samuel Merritt University in Oakland, CA with a BSN. Her spouse is also an RN. They wanted to relocate to this area. She applied online and was able to interview before the move to Springfield. She was offered a position on the spot. She currently works on Medical Unit 6A-ICU. She really liked the support she received from this process and HR.

David Reavis graduated from Missouri Southern in Joplin in May 2012. He lives in Aurora and has three brothers. He was very grateful for the opportunity to start this program. He was not sure when he took the position if it was going to be right for him but he took a leap of faith.

I asked him, “what do you think of the program now that you have experienced the process?” He stated, “I was a little skeptical at first, but after going through it, I would recommend it.” He currently works in Neuro-6F ICU.

From the reviews the feedback has been a great experience for this select group and the units involved. We are always going to be looking for ways to recruit nurses. This process has worked out well for the employee, the units and Mercy HR Recruitment.

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**Nursing Leadership Council News**

By Kris Strong, RN - Administrative Director, Chair NLC

In the first issue of The Pulse, Nursing Leadership council was defined and the focus of the council was explained. Nursing Leadership continues to place high emphasis on advancing the nursing profession throughout Mercy Springfield and taking part in Nursing Leadership at the Ministry level with the roll out of Shared Governance across Mercy.

To continue our focus on advancing the professional practice of nursing, several aspects are being formulated and fine tuned. One of our highest focuses is working with the Professional Development Council to continue in improvements and optimization of the nursing orientation process for the new Mercy Nurse. By focusing on ever increasing competency issues, the Mercy nurse will be better prepared to care for the complex patients that we care for each and every day.

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**Mercy Hospital Springfield**

is offering the following

**REFERRAL BONUSES:**

- **$500** for referring a Graduate Nurse*
- **$2,000** for referring a RN with 2-5 years experience
- **$5,000** for referring a RN with 5+ years experience

To refer a candidate, please complete the co-worker referral form (for RNs) under “HR Forms” on the Old Home Page when accessing the intranet. Referral forms must be completed prior to or at the time of a candidate applying.

*Excludes Graduate Nurses from Mercy College of Nursing

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**Mercy Signature Service In Action**

Director of Nursing
Cancer Treatment (7th Floor)
Mercy Hospital - Springfield

Dear Director:

...my wife lost her battle with cancer. In this most humbling time I can only say that the staff of Mercy Hospital exhibited unsurpassed compassion. Their conduct during the night shift all the way to the time of her death was outstanding.

They should be cited for their outstanding performance of duty.

Sincerely,

XXXXXX
Branson, MO

Part of a letter Mercy received that shows our Signature Service leaves a lasting impression.
What Does Magnet Status Mean to Me?
By Karla Kellogg, RN, BSN, CEN - Manager Emergency Trauma Center

As our facility works toward Magnet Status it’s important that we understand what that means to each and everyone one of us. What are some of the benefits to attaining Magnet status?

There are many benefits to obtaining Magnet status that impact not only those providing direct patient care but everyone around the facility that contributes to the success of the entire organization. The concept of “we couldn’t do it without you” is recognized throughout every discipline that makes it possible to provide care to our patients.

Magnet status reinforces collaborative relationships between nursing and interdisciplinary healthcare team members. This includes everyone from the patient, family, Social Work, Pharmacy, Nutrition, Radiology, Housekeeping and endless others. Every part of the patient experience is impacted with improved collaborative efforts. Ultimately this has a positive effect on the high quality of care that is provided to the patient. Developing strong relationships throughout the facility fosters an increase in staff morale. This can be described as a “Magnet Culture” defined as a place where core values such as empowerment, pride, mentoring, nurturing, respect, integrity and teamwork resides. This creates an overall positive and dynamic environment.

Magnet designation raises the bar for all employees as specific standards are set related to patient care and outcomes. Working together to achieve and meet those standards increases self-esteem and contributes to the overall quality of care.

So, what does Magnet status mean to me? It means a better work environment with positive interactions and a combined effort to care for our patients. It means a sense of belonging to something special that provides meaning and an increased self-esteem. It means not only coming to work every day but knowing that you can make a difference in the lives of the patients and the people around you. Overall Magnet status means improved quality of work environment and co-worker satisfaction ultimately resulting in a high standard of quality patient care and improved outcomes.

Research and Evidence Council Notes
By Donna Greene BSN,RN,COCN,CWCN
Certified Ostomy & Wound Care Nurse - Research Council

The Research Council has many exciting projects. Pete Miles and Myrna Lanier will be visiting the Nursing Units to discuss EBP and Research. Each Nursing Unit has a Nursing Care question or concern. Why is that concern being done in that way? This is the start of your Nursing Unit doing a EBP Literature search and could lead to improving on how it is done here and possibly across the Nation. Think about how your Patient care would improve. This is an exciting time, each one of us can change Nursing Care for the better.

Baggot Street has tools we can use to find EBP guidelines and a link to our Medical Library. The Medical Library will help a group or Individual find the articles needed to advance our EBP.

Each one of us are at a different comfort level of Research. There is a Survey coming about the level of knowledge and experience we have. Working together, we are empowered.

“This is an exciting time, each one of us can change Nursing Care for the better.”

Myrna Lanier is writing for a Grant on the implications of a Nurse Practitioner at Jordan Valley Clinic with a Case Manager, PT,OT and other Services to help our Patient new to the Health Care System navigate it.

Peds.: Is Having a Parent go with their Child in to the OR Suite until the Child is sedated then return when the Child is extubated. They are doing M-W-F Huddles with Parents at their Child’s bedside with the Physician, Nurse, Pharmacist and Child Life Specialist.

Surgical Floors: (3 A,B,C,D) are looking into sterile vs. aseptic technique for urinary catheter irrigations and CBI irrigations.

ED.: is doing a Stimulation Lab on using a Ultrasound Vein Locator to start IVs with a pre and post survey in the knowledge obtained.

The Research Council Members are looking forward to the changes you will help make for our patients.
Continuous Service Readiness (CSR)

In striving to be ready for the next patient we will meet accreditation and regulatory compliance.

In approximately October 2013 we will enter our Joint Commission Triennial Survey “window of opportunity”

What does that mean? Joint Commission may arrive anytime between October 2013 and February 14, 2014. Beginning in January the Accreditation Bulletin will be distributed monthly. The first issue will focus on the Joint Commission National Patient Safety Goals or NPSGs.

Goal 1: Improve the accuracy of patient identification.
NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment, and services.
- **Question:** What are Mercy Hospital Springfield’s two patient identifiers? OR What is a safety measure you utilize prior to giving medication or providing treatment?
- **Answer:** Patient Name and Date of Birth

- **Question:** How do you ensure that patient’s blood specimen has the correct information on it?
- **Answer:** By placing patient’s label on blood specimen in the presence of the patient.

NPSG.01.03.01: Eliminate transfusion errors related to patient misidentification.
- **Question:** What steps do you take to ensure you administer the correct blood product to the patient?
- **Answer:**
  - Match blood to order
  - Match patient to blood
  - Use two (2) people to verify

Goal 2: Improve the effectiveness of communication among caregivers.
NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.
- **Question:** How much time does nursing have to report a critical test result to the physician?
- **Answer:** 30 minutes per our nursing policy #0614 “Reporting Critical Test Results to Physician”

Goal 3: Improve the safety of using medications.
NPSG.03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
- **Question:** When do you label each medication or solution?
- **Answer:** As soon as the medications or solution is prepared.

NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
- **Question:** What practices do you have in place to prevent patient harm with anticoagulant therapy?
- **Answer:** We use only:
  - Oral unit dose products
  - Premixed infusion bags
  - Approved protocols

- **Question:** What is done to prevent a food and drug interaction for patient receiving warfin?
- **Answer:** Dietary consult and patient education.

- **Question:** What education is provided to patients and their families who are on anticoagulant therapy?
- **Answer:** Importance of follow-up monitoring, compliance, drug food interaction.
NPSG.03.06.01: Maintain and communicate accurate patient medication information.
- **Question:** Do you reconcile medications with the patient?
- **Answer:** YES

**Goal 7: Reduce the risk of health care-associated infections.**
NPSG.07.01.01: Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.
- **Question:** Name ways to prevent infection?
- **Answer:** Handwashing, observe isolation precautions, clean equipment between patient use.
- **Question:** What products should you use to clean your hands when caring for a C.diff patient?
- **Answer:** Soap and Water only.

NPSG.07.03.01: Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms (MDRO) in acute care hospitals.
- **Question:** How do you know if your patient has an MDRO?
- **Answer:** There would be an MDRO alert placed in EPIC on the Lab results tab.
- **Question:** How is education of MDRO provided to patients and their families?
- **Answer:** A pamphlet on MDRO is provided and explained to patients and their families.

NPSG.07.04.01: Implement evidence-based practices to prevent central line-associated bloodstream infections.
- **Question:** What precautions are taken prior to inserting a Central Line?
- **Answer:**
  - Maximal Barrier Precautions
  - Central Line insertion checklist
  - Standardized Central Line insertion kit
- **Question:** The central line dressing should be changed if found to be bloody and loose even if it was changed three days ago?
- **Answer:** TRUE, central line dressing should be changed at least every 7 days and/or if dressing becomes damp, loosened or visibly soiled to help reduce the risk of Central Line-Associated Bloodstream infections.

NPSG.07.05.01: Implement evidence-based practices for preventing surgical site infections.
- **Question:** What measure / interventions do you have in place to prevent surgical site infection?
- **Answer:**
  - Hand Hygiene
  - Appropriate antibiotics
  - Timely administration of ordered antibiotics
  - Proper technique with surgical dressing changes
  - Education to patient and family on Surgical Site Infection prevention

NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).
- **Question:** What is one of the ways to help prevent a CAUTI in a catheterized patient?
- **Answer:** Place a securement device on each Foley to prevent pulling and tension on the catheter.

**Goal 15: The hospital identifies safety risks inherent in its patient population.**
NPSG.15.01.01: Identify patients at risk for suicide.
- **Question:** Why do we assess a patient risk for suicide?
- **Answer:** Identification of patients at risk is the first step in protecting and planning for their care.

Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery
UP.01.01.01: Conduct a preprocedure verification process.
- **Question:** How do you perform a preprocedure verification?
- **Answer:** Use a standardized list. Verify correct patient, correct procedure, correct site. Match items in procedure area to patient.

UP.01.02.01: Mark the procedure site.
- **Question:** Who marks the procedure site?
- **Answer:** Physician

UP.01.03.01: A time-out is performed before the procedure.
- **Question:** When is a time-out performed?
- **Answer:** Immediately before starting an invasive procedure or marking the incision. For example,
  - Central line insertion
  - Chest tube insertion
  - Bone marrow
  - Endoscopy
  - Surgery
  - Epidural
An Ounce of Prevention is Worth a Pound of Cure
By Cheryl Wagstaff, RN - Quality Improvement Analyst, Quality Resources Department & Crystal Tice-McBride, MSAS, BSN, RN-BC - Quality Improvement Analyst/Root Cause Analysis, Quality Resources Dept.

Mercy Hospital Springfield joined the Centers for Medicare/Medicaid Services (CMS) Partnership for Patients campaign in the Spring of 2012. This partnership brings together leaders, physicians, nurses, and patient advocates of major hospitals, along with state and federal governments in an effort to make hospital care safer, more reliable, and less costly.

The Partnership for Patients campaign has targeted ten adverse events. The primary aim of the national project is to reduce clinical harm and adverse events by 40% and reduce readmission of patients by 20% by end of year 2013. The two events Mercy Hospital Springfield has selected to focus on are 1) preventable hospital readmissions, and 2) injuries from falls and immobility.

Mercy Hospital Springfield’s goal for the Fall Reduction Project is to decrease total falls per 1,000 patient days by 20% and falls with injury to zero by end of year 2013.

A multidisciplinary team was formed which includes RNs and PCAs from pilot floors 2C (rehab), 3C/D (Ortho), and 6C (Neuro). Other disciplines involved include a nurse practitioner and representatives from pharmacy, environmental services, care management, physical therapy, patient safety, marketing, and education departments.

Mercy Hospital Springfield believes fall prevention is everyone’s responsibility, not just nursing staff. Everyone should be proactive and do whatever they can, within their scope of practice, to help in the prevention of slips, trips, and falls. The Fall Prevention project team is collaborating with the education and marketing departments to raise the level of awareness in this culture change.

Remember … “When in the Hall, Prevent a Fall”

CLINICAL CARE BULLETIN: Constant Awareness - Frequent Observation - Good Communication
Fall Prevention is Everyone’s Responsibility

Falls and fall-related injuries are common and present a serious risk to our patients. A simple fall can cause additional problems, including pain, functional impairment, disability, hospitalizations, death, and premature long-term care admissions.

For hospitalized patients, a fall can change a short stay for a minor problem into a prolonged stay for serious and possibly life-threatening problems. Falls and fall-related injuries place a significant burden on individuals, families, society and the health care system, as evidenced through associated costs and decreased quality of life for our patients and their families.

ALL CO-WORKERS NO MATTER YOUR POSITION—environmental service technician, dietary, security officer, clinical engineer, respiratory therapist, transporter, physician—CAN PREVENT FALLS. We are in this together to maintain a safe environment for our patients.

You are walking down the hall and as you pass a patient room you see a patient that appears very unsteady and wearing a yellow high-fall-risk arm band attempting to stand alone at their bedside… WHAT WOULD YOU DO?

- OR -

You are walking down the hall and as you pass a patient room you see a patient struggling to independently transfer from their bed to a wheelchair and wearing a yellow high-fall-risk arm band… WHAT WOULD YOU DO?

IN BOTH SITUATIONS:
Go to the aid of the patient, turn on the patient call light for assistance and remain with the patient until assistance arrives.

If YOU see a potential fall about to occur YOU are responsible to intervene
1. Go to the aid of the patient
2. Call for help
3. Stay with the patient until assistance arrives

Caregiver Fall Prevention Tips:
Frequent rounding to address the personal needs of patients regarding pain, positioning, and toileting.

Before you leave a patient’s room ensure the call light, phone, tissues, and other personal items are within their reach.

Always reinforce to the patient the need to ask for help when getting out of bed.

“If you’re in the hall, help prevent a fall”
Aristotle said, “The whole is greater than the sum of its parts.” This essentially means that group of people can accomplish more working together than they can accomplish each working individually. Everyone has strengths, but when they pool their strengths, the collective result is greater than the individuals alone could produce. With the recent adoption of the **Mercy Nursing Professional Practice Model**, Mercy is setting in place a guide for all nurses to work together, all following the same pathway to produce the **Mercy Nurse** which will lead to optimal health, healing, or a dignified end of life experience.

Of the three concepts of the **Mercy Professional Model: Practice, Therapeutic and Professional**, the Practice Council is guided by the **Practice Expertise Concept**. That means that we as a council work together to ensure that all of our nursing practice policies reflect:

- Vigilance
- Safety and comfort
- Clinical Reasoning and decision making
- Patient/other are engaged in care
- Spiritual and ethical attentiveness
- Comprehensive nursing care

Our focus on these specific dimensions doesn’t mean that we exclude the other concepts within the model. The model dictates that we overlap with these areas in order to achieve our goal of helping to create the best outcome for each patient. We must begin to apply all of these concepts into our nursing care starting with the development of policies used to direct our nursing practice.

Issues brought to the December Practice Council meeting included looking into how we can improve the workflow and timeliness of admitted patients transferring to the floors from ER. A lapse of 30 minutes is the acceptable amount of time for transferring. The ER representative stated that we saw 98,000 patients last year second only to Barnes Jewish in St. Louis. There is an expansion plan in process but that will take at least two years. Meanwhile, numerous suggestions were provided by the council members to speed up the process.

There are about 1800 end users of the NOVA Glucose Monitoring system. Keeping track of all of them served to be an insurmountable task. Tregg Geren presented the revised policy to address POC glucose monitoring. The revision states that unit educators will be responsible for teaching and monitoring the quality control of each nurse in regards to their POC status. There will be consequences for not completing assigned education for POC glucose content.

The Bedside Reporting policy is going to Coordinating Council for final approval. That policy states that Bedside Reporting is to be done BID. It should include pain, safety, new nurse introduction, plan of care, and discussion of any new intervention.

In the January Practice Council meeting, a representative of Infectious Disease spoke to the council about a plan to recruit a staff nurse from each unit to assess any patient identified for possible central line placement and report back to the vascular nurse. This nurse would also oversee the Central Line Checklist and verify that all steps are addressed.

Two units are trialing a "locked med cabinet" for each patient which is located near the patient room. The nurses from those units lauded its praise with one exception: cabinets are too small for some meds. In the same vein of drug tracking, a task force is working on the issue of drug storage and security when transferring patients from one unit to another. The developing idea is to utilize a "med tub" when transferring patients.

The issue of being focused on the nursing task at hand came up for discussion. We do have a policy in place to address the many interruptions nurses encounter while caring for patients. These interruptions have been proven to increase the chances for adverse effects. There is a small task force in place to develop means of helping to that workflow is not interrupted.

From now on, if a nurse from the transferring unit calls to give report, any licensed nurse can take that report. Previously, the transferring unit nurse was asked to call back if the receiving nurse was at lunch or busy.

The **Mercy Professional Practice Model** was not in place when we began to revise some of the aforementioned policies. Still, we are able to link evidenced based knowledge used in the creation of the aforementioned policies to dimensions within the **Practice Concept**, thereby supporting both the model and nursing research.
A Living Nursing Legend: **Nursing Quality Council**

By Rachel Van Gorp, BSN, BA, RN, CGRN

**You’re a nurse. YOU are a leader.**
Showcase your creativity, innovation, personal leadership, and strategic thinking on the Nursing Shared Governance platform. The Nursing Quality Council is equipping results oriented leaders and motivating staff to exceed their goals.

Before I begin each day, I ask myself three questions about my personal goals: where am I, where do I want to be, and how am I going to get there? Pursuing answers to these same three questions in correlation to Mercy’s goals are your nursing representatives to the Nursing Shared Governance Quality Council. One fascinating goal that the Nursing Quality Council is tracking is that of an **excellent patient experience**. To meet this goal, 70.3% of Mercy patients must rate our care as excellent. To achieve this aspiration, The Professional Research Consultants, Inc. has shared ideas for creating an excellent patient experience. Idea 50 in their bulletin, [50 Ideas for Creating Excellent Patient Experiences](#) states, “If we do everything everyone else is doing, and do it the same way they do it, we shouldn’t be that surprised if we find out we are average. We can’t be afraid to try new ideas and new initiatives, including best practices from outside of health care.” This is where I believe that you, a nurse leader, can come into play. The Nursing Quality Council is comprised of nurses just like you who possess an alluring drive and energy, are passionate and prepared to lead in decision making.

Are you ready to thrust yourself to the forefront of recognition? Mercy’s Nursing Quality Council is fashioned into intimate subgroups that collect, analyze, and trend our Mercy wide progress towards the highest standards in Nursing. This is done through Unit Dashboard analysis, surveys, chart audits, secret shopper evidence, and benchmarking. From the data, decisions and recommendations are made to the Nursing Research, Education, Practice or Coordinating Councils.

As the Nursing Quality Council trends our Mercy wide percentages within the designated thresholds, we are truly assessing our own selves. I believe that too many times we evaluate one another by what we know or what we do. My goal is to strive to spend more time appraising my peers for what they are. My mentor instilled this treasure within me: every person you connect with is entitled to be valued by their very best moments. I choose to see the numbers that I analyze for the Nursing Quality Council as my peers performing at their peak.

Do you recognize that your peers rise and fall to meet the expectations of those closest to them? Be their cheerleader and coach – applause, approval, trainer and trophies all go hand in hand. Consider yourself as a living nursing legend ... sculpting the character and consistency that you desire your peers to seize. **Please pass your baton.** If you simply run the race and fail to pass your baton, you lose the race. Keep running and don’t grow weary – the road to the next level is always uphill.
The Springfield Medical Library is pleased to offer two new research resources for nurses in 2013. The Library has upgraded its CINAHL subscription to CINAHL Plus® with Full Text and now offers access to the Joanna Briggs Evidence-Based Practice database.

CINAHL Plus® with Full Text
The Cumulative Index of Nursing and Allied Health Literature, or CINAHL Plus® with Full Text, is a comprehensive source of full-text for nursing & allied health literature. CINAHL Plus® with Full Text consists of 6 major types of publications – you may limit your search to these publication types and more:

- Journal articles
- Books/monographs
- Research instruments
- CEUs – continuing education modules. There will be additional steps and/or costs to obtain CEU credit.
- Evidence-Based Care Sheets – designed to provide a general overview of a subject. Most are two pages long and include ‘what we know’ and ‘what we can do’. All topics are written, edited, and reviewed by RNs and MDs and references are cited.
- Quick Lessons – provide general background information on a subject. Each quick lesson includes description/etiology, facts & statistics, risk factors, symptoms, clinical presentation, assessment, treatment goals, and more. All topics are written, edited, and reviewed by RNs and MDs and references are cited.

Joanna Briggs Institute Evidence-Based Practice Database (JBI)
JBI is dedicated to creating content and tools to support evidence-based practice in patient care. It is a worldwide collaboration. The JBI Database consists of seven types of full text publications – you may limit your search to these publication types:

- Best Practice Information Sheets and Technical Reports – Information is based on recommendations that have been collected from a large volume of material (systematic reviews).
- Evidence-Based Recommended Practices - Describe and recommend practice on selected clinical topics and include: equipment list, the recommended practice, occupation health & safety provisions, an evidence summary.
- Evidence Summaries – Short abstracts that summarize existing international evidence on common interventions and activities.
- Systematic Review and Protocols – Analysis of all the available literature, a structured approach to answering a question.

- Consumer Information Sheets – Simple, easy to read evidence-based summaries directed to patients/clients.

The Springfield Medical Library provides access to the CINAHL database via EBSCOhost and access to JBI via Ovid.

1. Login with your library issued MyAthens username/ password, http://auth.athensams.net/my. You may request MyAthens access from a Springfield Medical Librarian. Telephone 417-820-2795 or email: libstaff@mercy.net

2. To access CINAHL Plus with Full Text, find ‘EBSCOhost Databases and Full Text Articles’ on the list of Athens Resources.

3. To access JBI, find ‘Ovid Databases and Full Text Articles’ on the list of Athens Resources.

4. Assistance and instruction is available from a Medical Librarian. Regular hours of service are Monday – Friday, 8:00 am-4:30 pm.

“Remember to hold someone’s hand, because it may be the best gift they receive all day.”

– Ralph Waldo Emerson
Mercy is currently working on merging into a new model of shared governance. The Education Council has been an active part of the shared governance model here at Mercy Springfield. However, when evaluating the duties of the Education Council, it has become evident that we do so much more than educate. We encourage professional development; through obtaining a Bachelor’s of Science in Nursing (BSN), a Master’s of Science in Nursing (MSN), and specialty certifications. We are constant champions of advancement in the nursing profession. Due to this, the Education Council will now be known as The Professional Development Council.

Over the past couple of months, we have been working on revising many projects. After much consideration, we determined that the current process of mock code blue training in the simulation lab was ineffective. This process has been revamped, putting more emphasis on the each unit’s clinical educator to streamline this process for their co-workers.

Our council continues to oversee the centralized BLS courses, as well as the process of educating our co-workers on the benefits and evidenced based best practice of bedside shift report.

A sub-committee undertook the task of revising the current Evaluation Tool used during orientation. This group has been vigilant in making this form appropriate and informative for preceptors, nurse managers, and clinical educators. This tool is now in the final stages of review, and should be available for use in a short period of time. Along with this, clinical educators saw the need for new orientees to evaluate their preceptors. Another sub-committee was formed, and they have created a Preceptor Evaluation Tool. Currently, this tool is under review, but our council is excited at the information this evaluation can bring about our preceptors, as well as our units.

Finally, the idea of shared orientation has been implemented and is underway on 3E, 4A, 4B, 4E, 4D, and 6A. Results thus far indicate that the new hires thoroughly enjoy this process and find it to be very beneficial.

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**Programs, Seminars and Events**

By Suzie Morrow, MSN, RN, CNE - Associate Professor Mercy College of Nursing, Southwest Baptist University

**PCA Training Program**

**Wednesday & Thursday, March 6 & 7 and March 20 & 21**

8:00 A.M. – 5:00 P.M. EOD Training Room 1, 4J  
Contact Jan Dieke at 820-2773 for more information.

**Introduction to Computers**

**Thursday, March 7**

8:00 A.M. – 12:00 NOON  
7th Floor Computer Classroom  
Pre-registration is required in MyEducation.  
For more information contact Talent Development & Optimization at 820-3005.

**Your Call to Mercy Signature Service**

**Wednesday, March 13**

8:00 A.M. – 10:00 A.M.  
Catherine McAuley Conference Center  
Thursday, March 28  
1:00 P.M. – 3:00 P.M.  
Catherine McAuley Conference Center  
New co-workers should attend before their 90-day mark after hire. Additionally, any co-worker or service Champion may attend to review the service models of AIDET and HEART, two tools for success at Mercy.

**Pre-registration is required in MyEducation.**  
To register or for more information, contact Meagan Royston at 820-2648.

**Alaris Pump Training Class**

**Thursday, March 14**

8:00 A.M. – 10:00 A.M.  
Catherine McAuley Conference Center  
This instructor-led class includes both didactic and hands-on training with the Alaris system and all appropriate modules. It is offered as an alternative to both computer based training (CBT) through MyEducation and the preceptor completed check-off for new co-workers.  
Class size is limited to allow individual instruction.  
Pre-registration is required through MyEducation.  
Who should attend: New hire nurses as an alternative to CBT and preceptor check-off.  
Contact Bethany Martin at 820-7202 for more information.

More Upcoming Programs, Seminars, Events & Educational Opportunities are available at: [http://baggotstreet.mercy.net/myeducation](http://baggotstreet.mercy.net/myeducation)
**Educational Opportunities**

By Suzie Morrow, MSN, RN, CNE - Associate Professor Mercy College of Nursing, Southwest Baptist University

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**Cardiac Education**

**Advanced Cardiac Life Support (ACLS) Renewal Course**

**Tuesday, March 5**

8:00 A.M. – 1:30 P.M.

CH “Chub” O’Reilly Cancer Center Auditorium

This course will renew your skills and knowledge in the area of cardiac emergencies. Participant must have a current BLS Healthcare Provider card and ACLS card to attend.

Written registration is required.** Pre-course assessment must be completed prior to class.

Who should attend: Physicians, nurses, paramedics and other healthcare professionals who may regularly encounter cardiac emergencies.

Cost: $200

**Pediatric Advanced Life Support (PALS) Provider Course**

**Friday & Saturday, March 8 & 9**

8:00 A.M. – 4:30 P.M.

CH “Chub” O’Reilly Cancer Center Auditorium. This course will assist the participant in preventing and recognizing cardiopulmonary arrest, as well as enhancing cognitive and psychomotor skills to resuscitate and stabilize infants and children. The course meets the standards of the American Heart Association and American Academy of Pediatrics. Current provider status in AHA BLS Healthcare Provider is required. Written registration is required.** Call 820-2771 for accreditation information. Pretest must be completed prior to class. Who should attend: Physicians, nurses, paramedics and other healthcare professionals who may regularly encounter pediatric emergencies.

Cost: $250

**Basic 12 Lead ECG**

**Wednesday, March 13**

12:00 P.M. – 4:00 P.M. Catherine McAuley Conference Center. This course is designed to teach nurses and other healthcare providers the fundamentals of 12 Lead ECG interpretations. Basic Dysrhythmia is a prerequisite to taking this course.

Pre-registration via MyEducation is required.

Who should attend: Nurses and other healthcare providers

For more information, contact Jean Potts at 820-4586.

**Basic Dysrhythmia Interpretation Course**

**Thursday, March 14**

8:00 A.M. – 4:30 P.M.

Catherine McAuley Conference Center

A required course for nurses working in telemetry and intensive care nursing areas. Basics of cardiac rhythm interpretation and dysrhythmia recognition will be presented. A self-study module is required pre-course work.

Pre-registration is required via MyEducation at least two weeks prior to course. For more information, contact Pam Heffern at 820-2031.

Who should attend: RNs and designated Nursing Co-workers (new hires)

**Pediatric Emergency Assessment, Recognition and Stabilization Course (PEARS)**

**Friday, March 22**

8:00 A.M. – 4:30 P.M.

Catherine McAuley Conference Center

This course is designed for healthcare providers who do not regularly treat critically ill children. Participants will develop skills in recognizing certain pediatric distress signs and symptoms using several unique visual cues and working at learning stations.

A current AHA BLS Healthcare Provider card and written registration are required. **

Cost: $200

For more information contact Dee Manning at 417-820-2771 or at elizabeth.manning@mercy.net.

**Registration Forms are available on St. John’s Intranet Under Education.**

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**Coming Soon:**

- BLS Instructor Course
  - April 2
- BLS Instructor Renewal Course
  - April 3
- Introduction to Computers
  - April 4
- Infection Prevention Seminar
  - April 5
- PALS Renewal Course
  - April 6
- Nurse Orientation
  - April 9 & 10 and April 23 & 24
- Basic 12-Lead EKG
  - April 10
- Your Call to Mercy Signature Service
  - April 10 and April 25
- Alaris Pump Training Class
  - April 11
- Phlebotomy for Nurses
  - April 11
- Hiring for Mercy Fit
  - April 11
- Basic Dysrhythmia
  - April 15
- ACLS Renewal Course
  - April 16
- Tom Steele Symposium
  - April 19
- ACLS Provider Course
  - April 29 & 30

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**More Upcoming Programs, Seminars, Events & Educational Opportunities are available at:**

http://baggotstreet.mercy.net/myeducation

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February 2006, Mercy Springfield’s Labor & Delivery had the opportunity to participate in a national perinatal quality initiative by partnering with the Institute of Health Care Improvement (IHI), a non-profit organization that facilitates collaboration with expert faculty and colleagues worldwide to improve patient care. With the help of our Quality Resource department, the obstetrics team, comprised of bedside RNs, physicians, department managers, and administrators, focused on practice self-assessment, development and implementation of an action plan, and activity evaluation based on a follow-up assessment.

At the completion of the IHI project, the obstetrics team decided to continue using the same organizational format to tackle additional issues and re-named their IHI project the Perinatal Improvement Initiative. To date, this committee is the primary decision-making tool in our department.

The PII group focuses their model for improvement on the Breakthrough Series (BTS) which asks:

**What are we trying to accomplish?**

**How will we know that a change is an improvement?**

**What changes can we make that will result in an improvement?**

These questions are of particular importance since the Centers for Medicare and Medicaid Services have instituted policies where pay-for-performance is driven by quality of health care in hospitals.

Our PII team meets twice a month and has made many successful quality improvements. These include: new protocols (i.e. assessment for preeclampsia, intrapartum management of diabetes mellitus), policy revisions (i.e. labor induction restricting elective deliveries < 39 weeks estimated gestational age), documentation standards compliance via chart audits, and staff education such as postpartum hemorrhage.

Currently an OB Rapid Response team is being formed to enhance quality of patient care in a life-threatening emergency.

Health care is an ever-changing environment and the labor and delivery PII team is committed to enhancing patient safety and quality by identifying the challenges we face toward achieving this goal.

If you want to leave your footprint, do not drag your feet.

---Anonymous