Three Mercy nurses received statewide recognition several months ago when the Missouri State Board of Nursing announced the 2013 award recipients of the Southwest Missouri Salute to Nurses. Congratulations to Lil Arsenault, named this year’s Nurse of the Year. Lil works with the Operating room team at Mercy Hospital Springfield.

―Operating room nurses are often unseen heroes who work each day behind the scenes and often go unnoticed, but what an impact they make on the medical world, "wrote Lil’s nominator. “The surgeons I meet in the hospital rooms speak of her as the ‘best’ due to her dedication, years of experience, knowledge, work ethic and the compassion she gives to her patients and their families.” Lil and 14 others were awarded, including 2013’s Nursing Student of the Year Chrystabelle Rogers and Honorable Mention recipient Julie Taylor, both from Mercy Hospital Springfield. Chrystabelle is a student at Mercy College of Nursing & Health Sciences as well as a nurse manager in our Burn and Wound Outpatient Clinic, and Julie is a nurse in Rehabilitation. Congratulations to you all!
Continuous Service Readiness (CSR)

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

Department of Health & Senior Services (DHSS) Most Frequently Cited Regulations

What can you do?

The Missouri Department of Health and Senior Services shared the most frequently cited regulations for hospitals in the fourth quarter 2012. The most frequently cited FEDERAL REGULATIONS were:

- **A-0749 Infection Control Officer**: The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.
  - Both healthcare-associated infections and community-acquired infections.

**Tips**: The best prevention is appropriate Hand Hygiene, proper isolation practices, flu and pneumonia vaccinations, cough/flu etiquette and antibiotic stewardship.

**A-0395 R.N. Supervision of Nursing Care**: A registered nurse must supervise and evaluate the nursing care for each patient.
  - An RN must evaluate the care for each patient upon admission and when appropriate on an ongoing basis in accordance with accepted standards of nursing practice and hospital policy.
  - Evaluation would include assessing the patient’s care needs, patient’s health status/condition, as well as the patient’s response to interventions.

**Tips**: Complete and update Plan of Care in electronic health record (EHR).

- **A-0505 Medications**: Outdated, mislabeled or otherwise unusable drugs and biologicals must not be available for patient use.
  - The hospital must have a pharmacy labeling, inspection, and inventory management system that ensures that outdated, mislabeled, or otherwise unusable drugs and biologicals are not available for patient use.

**Tips**: A Pharmacy Compliance Coordinator conducts monthly floor inspections. More information in the April issue.
A-0724 Facilities, Supplies, Equipment Maintenance:
- Facilities, Supplies, Equipment, and Maintenance must be maintained to ensure an acceptable level of safety and quality. To include:
  - Stored supplies (do not violate fire codes)
  - Do not block passageways
  - Safe storage of contaminated or dangerous materials

All medical devices and equipment are routinely checked by clinical or biomedical engineer and review maintenance logs.

- Ensure equipment has readily visible service sticker which clearly indicates when next service is due. Life support equipment must comply 100%
- Ensure shutoff valves are easily accessible & clearly labeled. Ensure staff knows who owns responsibility for shutoff in emergencies.

“Never worry about numbers.
Help one person at a time,
And always start with
the person nearest you.”
~Mother Teresa
One of the principal architects of the concept of Shared Governance, Tim Porter-O’Grady defines the Practice Council as “the primary clinical decision making group on which all other groups come to depend.” Its purpose is to define the “parameters of practice upon which the organizational nursing profession builds.” Members of this council, like all other Shared Governance Council members, need to be representative of the nursing body of the governing institution as well as being individually committed and involved in practice. Issues may arise as to which units the representation arises from as well as how many individuals should comprise each council. These matters should be left to the governing institution to settle. According to Porter O’Grady, institutions can utilize the following principles of membership when organizing Shared Governance Councils.

- Members should be kept to the lowest possible number in order to manage the decision making processes involved in Shared Governance. Ideally there should be no more than 10-14 members.

- At least 70% of the membership should come from staff nursing. Other voting members should be determined by the organization.

- The Chair must always originate from the staff members.

- The length of membership tenure should always be limited.

- The schedule of meetings and times should be published in a timely manner. The scope of the Council should be clearly delineated.

- Governance sessions are considered part of work-based professional obligations for which the member should be reimbursed.

- Attendance is mandatory as the nursing body has a right to expect that their representatives are meeting their obligations as a committee member.

- “The Practice Council is an authority body that has a defined power “to undertake action for which it is accountable. It should not serve as an advising body nor should it defer its power to others.”

These principles are driving the change that is currently occurring within Mercy Springfield Shared Governance Councils. Each council will have 15 members comprised of the elected cluster representatives, the chair, the chair elect, and the past chair. The tenure will be limited to 2 years. This “downsizing” should serve to allow the domain of decision making to prosper and grow within the Practice Council….a good thing!

Practice Council Outcomes

Now to the decision making actions of the Practice Council: Several issues were brought before the January Practice Council one of which was the introduction of “Mercy Takes the Pressure Off” Guidelines, a pressure ulcer prevention initiative. It will be targeted to the patient who scores 18 or less on the Braden scale but has no current skin breakdown.

Randi Newson also presented an idea for the new patient arm bracelets. Currently we are requiring a separate arm band to identify those patients at risk for falling, for allergies, for limited limb use, etc. The new bracelet would have colored discs inserted into the holes in the band signifying each patient need instead of three or four bands as some patient currently have. A representative from the Practice Council is checking with Epic about scanning capability of these new bracelets.
During the March meeting, it was brought to our attention that some staff nurses needed guidelines for handling in hospital patients with mental, psych, and behavioral problems. Council members were assigned to work on policy addressing these concerns.

**“Partnership for Patients” Campaign to make workflow “safer, more reliable, and less costly.”**

In the spring of 2012, Mercy joined the CMS “Partnership for Patients” campaign. This partnership brought together hospital personnel of all levels and state and federal government leaders to develop workflows to make hospital care safer, more reliable, and less costly. The general aim was to reduce clinical harm and adverse events by 40% and reduce readmission by 20% by the end of 2013. The two “medical events” Mercy has chosen to address directly are preventable hospital readmissions and injuries from fall and immobility. The goal for fall reduction is to decrease total falls per 1,000 patient days by 20% and falls with injury to zero by the end of 2013. To jumpstart this mission, a multidisciplinary team of RNs, PCAs, NPs as well as representatives from pharmacy, environmental services, care mgmt., PT, patient safety, marketing, and education was formed. They were challenged with developing focus education for both high risk patients and hospital staff. “In the Hall...Prevent a Fall” theme emerged. Numerous recommendations for the staff came out of this mission. Some of which are:

- Provide shower chair, bedside commode, and walker for each patient as appropriate.
- Utilize a bedside commode over the lower commodes in the older wings such as C and D as appropriate. The bedside commodes are less expensive if ordered through our DME.
- Admission fall kit for all patients scoring 8 or above
  - Yellow ID bank
  - Yellow non skid socks
  - Rainbow cloth Gait Belt
  - Yellow Falling Star Door Magnet
  - Stop Light Sign in Room on Communication Board
  - Red-DO NOT leave pt up unattended
  - Yellow-May be up with assist
  - Green- May be up without assist
- Take a proactive approach
  - Implement Intentional hourly rounding
  - Answer call lights immediately
  - Place at risk pts close to the nursing station
  - Add Fall Risk Assessment score column as a header in your “My Patient List” in Epic
  - Provide the new “Mercy preventing Falls” brochure to all at risk pts Can be ordered from ROI
  - Complete Post fall Assessment Much discussion in regards to this being redundant as we are already answering the same questions when completing the MER. No decision made.

In the discussion of the “Troponin Level Policy” came the decision that all elevated troponin levels should be called to the provider. In addition, all levels should be reviewed at 0730, 1430, and 2230 to insure that no elevated levels are missed.

A pharmacy representative presented the issue of getting discharge medications to patients if the pt chooses to get them filled here. (Good revenue source for Mercy). Suggestions from pharmacist include:

- Pharmacy rep to bring meds to pt directly and answer any questions.
- Pharmacy kiosk in DC area with meds already filled.

A suggestion was made to link each policy we revise with an aspect of the Mercy Professional Nursing model by referencing it after the EBN reference.

The more we see and make use of the Mercy Nursing Professional Model, the sooner it will become a part of our Mercy culture.

**Pharmacy Updates:**

Pharmacist Shane Edmundson introduced a new pharmacy workflow:

New high dose hydromorphone orders will be used for some palliative care patients who have developed a very high opioid intolerance. The med will come dosed as 10 mg/ml which is higher than the standard dose currently programmed into the PCA pumps. With this order comes the need for the PCA to be programmed differently. Be aware that a pharmacist will hand deliver the high dose med, reprogram the pump, and serve as the second verifier.
Shared Governance Quality Council
By Stephanie Rapp, RN, PCCN, 4E ICU, Shared Governance Quality Council Chair - Elect

First of all, I would like to thank the current and members of the Shared Governance Quality Council, as some who are ending their participation in June of 2013 have been involved for three years. These Mercy Nurses are living proof of Mercy Nursing Professional Practice Model, by having a professional commitment to advancing the nursing profession; by providing the safest and best therapeutic environment to the Mercy patient, and by obtaining and furthering their practice expertise.

Over the past year some of the achievements of the Quality council has been to be able to speak to Nurse Sensitive Indicators, such as VAPs, CAUTIs, CLABSIs, Pain assessment, Restraint use, and Falls. Quality council nurses have been working diligently in producing ideas to help our hospitals HCAP scores, especially focusing on educating our patients about their medications and its side effects. The nurses of the quality council were also introduced to monitoring tools and have started monitoring documentation of nutritional supplements, pain assessment, oral care, and advanced directives, to all of which have had a significant improvement in documenting in the electronic medical record. Members have also played a big roll in fall prevention and reducing house wide falls with harm.

The following individuals have been instrumental to the success of the Quality Council this year!

Ashley Davis
Chelsea Anderson
Debra Appleby
Jessica Austin
Debra Barber
Ashley Barnes
Amber Blackburn
Jessica Blaha
Amy Carleton
Ashley Chapman
Brittany Cheatham
Mary Choate
Erin Christian
Vicky Durham
Stella Falconer
Barb Fetters
Christine Ford
Cynthia Hamilton
Andrea Harris
Misty Hicks
Brandon Hoffman
Kathryn Kaniowski
Linda Knodel
Barba Miller
Jolene Mitchell
Shirley Monson
Paul Morris
Stephanie Rapp
Chrystalbelle Rogers
Kathleen Shortt
Angela Steinert
Kylee Stennett
William Sult
Ruth Thompson
Rachel Van Gorp
Janet Vandergriff
Linda Weaver
“Collaboration for the Advancement of the Nursing Profession and other Professional” occurred at the May 22, 2013 Research Symposium in St. Louis. Pete Miles presented for our Central Region. There were also Posters and Abstracts.

We have gotten some Data from the Survey on Nursing Research Knowledge. This will be a guide for “Intellectual engagement” as Mercy Springfield continues to provide Evidenced Based Practices. Thank you to all who did this Survey.

A review of the ongoing Projects show that Nursing “care about one another and those we serve.” These Projects are Sitters, Periarticular Irrigations, Quality of Sleep for Mothers of Newborns, and Efficacy in Antibiotic Administration.

New Proposals: Patient Perception re: explanation of Medications as measured by HCAPS scores and Turnover rates of new Graduate Nurse and the possibility of a Nurse Residency Program.

Myrna Lanier and Pete Miles gave a presentation on the “Dissemination of Nursing Research-How to Get Involved” at the May 21, 2013 SBU Honor Society Meeting held at the Mercy College of Nursing.

Set the Date for our Second Fall Research Day. Where there will be information to help anyone interested in seeing what is going on and have help to get involved in a project that interests you. It could be a question or concern you have about the Patient Care “Outcomes” in the area of your work.

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Research Day
Sponsored by the Research and Evidence Council
Nursing Shared Governance

Tuesday October 15
Callaghan Room, McAuley Conference Center
6am – 10am and 1pm – 5pm

Learn how to get started
Get access to online databases
Pick up research tips
View local research projects
Mercy Co-worker Clinic

All Mercy co-workers are encouraged to use the Co-worker Clinic located in the lower level of the hospital, near Co-Worker Services, in Springfield.

Open 7 days a week, the Co-Worker Clinic access fee is just $25 (payable through payroll deduction).

Hours:
- Monday – Friday: 7 a.m. – 7 p.m.
- Saturday – Sunday: 7 a.m. – 4:30 p.m.

Staffed by certified Nurse Practitioners, average visit times at the Clinic range from 10-25 minutes.

Treatable conditions include allergies, Pink Eye, flu, sprains, headaches, bites, minor burns, abscesses, rashes, dental pain, gout, ear pain, nausea, vomiting, diarrhea and more!

“I was having some ear discomfort at work. My charge nurse suggested that I go to the co-worker clinic. So, after work that day, I went to the clinic. I was delighted with the care. I was in and out no time. It was pleasant and inexpensive. The diagnosis and treatment were exactly right. I would definitely return to see them.”
- Lana Burroughs, RN, Mercy Surgery Center

Remember, the Co-Worker Clinic is available to all Mercy co-workers, both full and part-time. You do not need to have Mercy health insurance (or any other insurance coverage) to use the Co-Worker Clinic.

Walk-in or call the Co-Worker Clinic at 417-820-5662 to learn more.

Quality Council: Living the Professional Practice Model

By Karla Kellogg BSN, CEN for Magnet Champions section and ER

Working together to attain Magnet status within our facility is directly aligned with our Professional Practice Model. Our patients and co-workers rely upon us to provide the best possible care in an environment that promotes a positive and compassionate experience.

The Experience can be broken down into five simple steps. Be Comprehensive: When you are interacting with patients or co-workers, attempt to provide complete and accurate information. Offer a full explanation related to a patient’s care or treatment plan allowing them to ask questions and provide valuable feedback. Make it Easy: Communicate with patients and staff in a manner that is simple and easy to understand. Offer your input or assistance without being asked. Your willingness to help another individual should be open and honest with a general desire to be of assistance. Make it Personal: Facilitate a genuine rapport with those who you communicate with.

Be Professional: Maintain a professional appearance and communication style that shows respect for all around you. Be Vibrant: Approach your profession each day with a passion attitude that shows in your interactions with others.

Living these steps in the Professional Practice Model leads to a positive outcome for our patients and co-workers. Applying these principles in our work environment provides a basis for establishing Magnet status and optimal health for our patients, their families, and our co-workers.
Springfield Medical Library: Locating Evidence Based Research Articles
By Holly Henderson, MA - Springfield Medical Library Director

Many researchers want to find ‘evidence based research articles’, research articles that show quantitative evidence of a treatment, protocol, intervention, etc.

One way you can narrow a search in an online database like CINAHL or MEDLINE/Pubmed to evidence based research is to use the publication type limit.

There are many types of articles published and each published article indexed in CINAHL and MEDLINE/Pubmed is categorized. Commentary, clinical trial, editorial, systematic review are just a few that are used. After searching and retrieving a list of article citations from a research database, use the publication limit to narrow your results to articles that focus on evidence based practice. This will eliminate many of the ‘this is how we did it’ articles that are not evidence based. Below are some publication types that will focus your results.

CINAHL evidence based publication types:
- Clinical trial
- Evidence based care sheet

MEDLINE/Pubmed evidence based publication types:
- Meta analysis
- Practice guidelines
- Randomized controlled trials
- Research
- Review
- Standards
- Systematic reviews

MEDLINE/Pubmed evidence based publication types:
- Guideline
- Meta analysis
- Multicenter study
- Practice guideline
- Randomized controlled trial
- Review
- Twin study
- Validation studies

Medical Librarians are available to provide assistance and instruction. Telephone, 417-820-2795 or email libstaff@mercy.net. Regular hours of service are Monday – Friday, 8am-4:30pm.

Mercy recognizes the importance of recruiting

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. Please contact Alan Dixon at 417-820-3070 or Laura Starks at 417-820-2946 with questions.

*Excludes Graduate Nurses from Mercy College of Nursing
Looking forward to fiscal year 2014, the Professional Development Council has turned our focus towards the **advancement of nursing profession**. We have many projects in early stages of development that will help each Mercy nurse understand why it is so important to advance their professional development. Advanced degrees, certification and joining professional organizations are all things we hope to educate nurses on, and give them resources to pursue these avenues.

The results of the hospital wide needs assessment are in! More than 480 Registered Nurses and 230 Patient Care Associates participated. We received great feedback regarding what Mercy co-workers feel would make valuable education topics. Each unit educator received the information provided by their specific unit, and this will assist us in determining what to focus on in fiscal year 2014. A big thank you to all co-workers who took the time to complete this survey. Your participation in this assessment is a perfect demonstration of **intellectual engagement**, and it is much appreciated. Look for this needs assessment in!

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**Nurse Advocacy**

By Annette Keller, BSN, RN—Academic Advisor; Renay McCarley, MSN, RN—Clinical Instructor, & Susan Kramer, BSN, RN—Clinical Instructor

On February 20, 2013, ASN, BSN, and MSN students and faculty from Mercy College of Nursing and Health Sciences/Southwest Baptist University attended the Nurse Advocacy Day in Jefferson City. Nurse Advocacy Day is sponsored by the Missouri Nursing Association (MONA). Seventy-two students and 6 faculty members participated in this event that strives to increase awareness of the political process for all nurses and nursing students. This day-long event expands participants’ understanding of the legislative process and provides them with effective techniques for advocating for their patients and practice.

Nurse Advocacy Day focused on the importance of legislative advocacy, identified MONA’s key legislative priorities, and shared what is needed from each nurse in the state to impact health care legislation. A trip to the Capitol to observe the legislative process in action was available and students were encouraged to visit with legislators while at the Capitol. Prior to attending Nurse Advocacy Day each student was encouraged to obtain the names of his/her state senator and state representative, review MONA’s Legislative Priorities for the current Legislative Session, review how a bill becomes law in Missouri, contact his/her legislator(s) for an appointment, and review information regarding the American Nurses Association.

While attending Nurse Advocacy Day, students were challenged to discover how to become involved in the political process. A presentation on the importance of being a legislative advocate highlighted the nurse’s role in the legislative process. Key pieces of current legislation were discussed and the impact of the proposed legislation on health care and the nursing profession was emphasized. Some of the issues discussed were expanding laws in Missouri for Nurse Practitioners to have full prescription rights and function in a more independent role. Students were able to meet MONA’s legislative lobbyist and gain an understanding of her role in the legislative process.

For many students Nurse Advocacy Day represents his/her first exposure to the non-clinical aspect of the nursing profession. It allows the students to broaden their perspec-
Cardiac Education

Advanced Cardiac Life Support (ACLS) Provider Course
Monday & Tuesday, August 12 & 13
8:00 A.M. – 4:30 P.M.
CH “Chub” O’Reilly Cancer Center Auditorium
This course will enhance your skills and knowledge in the area of cardiac emergencies. Participant must have a current AHA BLS Healthcare Provider card to attend. Written registration is required. ** Call 820-2031 for accreditation information.

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

Cost: $250

Basic Dysrhythmia Interpretation Course
Monday, August 5
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 Haffern at 820-2031.

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

NRP Integrated Skills Course
Wednesday, August 7
8:00 A.M. – 11:00 A.M. or 1:00 P.M. – 4:00 P.M.
Simulation Lab, Mercy Hospital Springfield
This hands-on interactive program lays the foundation of knowledge, technical, teamwork and communication skills that enable participants to develop neonatal resuscitation expertise. Before class, participants are expected to read the Textbook of Neonatal Resuscitation, 6th edition and pass all required modules of the NRP online examination within the 30 days prior to the provider. Providers who regularly encounter neonatal emergencies are encouraged to complete this course. ** Written registration is required. ** Information on accessing the online examination will be provided upon receipt of the completed registration.

Who should attend: Physicians, nurses, paramedics, respiratory therapists.
For more information contact Dee Manning at 820-2771.

Cost: No charge if required
$165 Mercy co-workers
$205 All others

Basic 12 Lead ECG
Wednesday, August 14
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.

Programs, Seminars & Events

Alaris Pump Training Class
Thursday, August 1
8:00 A.M. – 10:00 A.M.
Private Dining Room 4

Thursday, August 15
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.

Phlebotomy for Nurses
Thursday, August 1
Registration deadline is July 31.
1:00 P.M. – 4:00 P.M.
Private Dining Room 4

Thursday, August 15
Registration deadline is August 14.
1:00 P.M. – 4:00 P.M.
Catherine McAuley Conference Center
Introduction to the procedure of drawing blood (phlebotomy) for patient testing according to established procedures and/or protocols. Course offers best-practices and evidenced-based theory on correct procedure, patient safety measures, and specimen labeling. Registration in MyEducation is required.

Who should attend: New-hire nurses and any transfers to an ICU or ER.
Contact Bethany Martin at 820-7202 for more information.

End-of-Life Nursing Education Consortium (ELNEC)
Friday & Saturday, August 16 & 17
This program provides information and resources on end-of-life and palliative care. Topic areas include pain and symptom assessment and management, cultural considerations, ethical issues, communication, loss, grief, bereavement, final hours of life and achieving quality care at the end of life. The principal goal is to help co-workers to integrate this education into their daily care of patients. Registration form is available on Baggott Street under the Springfield old home page, Sites A-Z, Talent Development and Optimization. For more information call Talent Development and Optimization at 820-3005.

Time: Check-in begins at 7:30 A.M.
Cost: $35.00
Location: Catherine McAuley Conference Center

** Registration Forms are available on Baggott Street under the Springfield old home page, Sites A-Z, Talent Development and Optimization.
Applications for the Mercy Foundation for Community Health “Nursing Excellence and Innovation Fund” are now being accepted.

**Purpose:**
To promote excellence in nursing, support innovation, and encourage evidence-based practice and nursing research while fostering the nursing shared governance program at Mercy Hospital.

**Guidelines:**
- Contributed money is designated to benefit and enhance growth in the professional practice and research at Mercy Hospital. This fund is intended for individuals within Mercy Hospital Division of Nursing.
- The money will be held as a separate account within Mercy Foundation; the Mercy Foundation will monitor the account for the Mercy Hospital Division of Nursing. The Nursing Leadership Council will collaborate with the Mercy Foundation for fund availability.
- No more than 20% of the fund balance will be disbursed in a given fiscal year.
- The Nursing Excellence and Innovation Committee serves as the group to review the applications. Decisions of Nursing Excellence and Innovation Committee will be made by consensus and forwarded to the Nursing Leadership Council for approval of funds. Decisions from the Nursing Leadership Council will be forwarded to the Foundation for disbursement of funds.
- Individuals whose job category requires a baseline academic preparation (i.e. Registered Nurse, Licensed Practical Nurse, Surgical Technician…) will be eligible for funding from the Division of Nursing Excellence and Innovation Fund.
- Preferences will be given to:
  - Individual(s) who never received previous funding from the Mercy Nursing Excellence and Innovation Funds.
  - Individual(s) who have made a significant contribution to the professional practice of nursing at Mercy Hospital.
  - Funding evidence-based practice project or research (i.e. funding an evidence-based research project versus an individual attending a national conference).
  - Projects with broad applicability within the Division of Nursing (i.e. funding a nurse to attend a conference who would apply knowledge from the conference to develop a program for the Division of Nursing).
  - Requests that relate to quality and patient safety, innovation in practice, ministry goals or process improvements.
  - Requests that contribute to nursing research and professional development.
- The Nursing Excellence and Innovation Funds will not be considered for academic credit. Please see policy 0501 Tuition Reimbursement for further information.
- Request for funding is preferable at least 6 weeks prior to activity date unless unusual circumstances prevail.
- Seminar expenses (i.e. travel, lodging, meals) will be evaluated on an individual and unit basis.

*Per Sally Hazelrigg, a statement should be added how the funds should be paid (to the co-worker or to the program)*

Applications are available in the Nursing Administration office.

Applications must be submitted to the Nursing Leadership Council/Nursing Administration office for consideration preferably 6 weeks prior to the activity, unless unusual circumstances prevail.