

Letter from the Chief Nursing Officer



Welcome to the McLeod Regional Medical Center (MRMC) Nursing Annual Report. As Chief Nursing Officer, I am pleased to share this correspondence about nursing at McLeod. This edition focuses on The Power of Journey in Nursing.

As healthcare continuously evolves, organizations and individuals alike are faced with new challenges. These challenges become pathways to innovation and discovery, and nursing leads the way in embracing new concepts while enhancing the patient

experience. Fearless in their desire to make a difference, our nurses remain motivated to change, cultivate and model leading efforts.

This annual report serves to educate readers on the constant pursuit of nursing excellence through outcomes, professional growth and individual perseverance as they engage in Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovation, and Improvements.

Each component of this report reinforces our focus on the Magnet Journey, enriching who we are and how we practice. The statistics and outcomes provided in this edition demonstrate our growth and forward-thinking approaches as a result of strategic planning. Collaborating as a multidisciplinary team, our nurses are transforming healthcare. We appreciate the day-to-day commitment to serve patients who entrust us with their lives.

Jony Dereich

Tony Derrick, MSN, RN
Chief Nursing Officer
McLeod Regional Medical Center

MISSION, VISION & VALUES OF McLEOD HEALTH

The **Mission of McLeod Health** is to improve the overall health and well-being of people living within South Carolina and eastern North Carolina by providing excellence in health care.

The **Vision of McLeod Health** is to be the Choice for Medical Excellence.

A set of common values unites each and every person at McLeod in preserving our mission to cure and our passion to care. The **McLeod Core Values** include:



The Value of Caring



The Value of the Person



The Value of Quality



The Value of Integrity

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Improving Inpatient Care

McLeod Regional Medical Center's Inpatient Physicians Department conducted an improvement project to determine how many calls received by inpatient physicians could be handled by a nurse in 2016. The goal was to decrease interruptions in care and expedite patient discharges. The project involved a Hospitalist RN rounding with the physician and

answering calls. Project leaders discovered that the Hospitalist RN could handle more than 50 percent of the

The Hospitalist RN Hub, a dedicated line to help answer questions from staff members, was established in May 2017. Hours of operation were Monday through Friday, 8:30 a.m. to 5:00 p.m.

Inpatient physicians developed a standard of work outlining what questions the Hospitalist RN could answer without asking the physician. The volume of calls into the Hospitalist RN Hub required a second nurse, who was hired in January 2018. The hours of operation were also extended to 7:00 p.m. for better coverage.

The Hospitalist RN Hub handles calls from staff nurses, other physicians, ancillary departments, home health agencies, patients, and pharmacies. It also assists with post discharge follow-up appointments, referrals, prior authorizations for medications, lab notifications, home health issues/orders and more.

MRMC Hospitalist RN Hub Monthly Call Volume

These numbers reflect the increase in monthly call volume for the MRMC Hospitalist RN Hub during the month of June in 2016, 2017 and 2018.



Hospitalist RNs April Allen, RN, at left, and April Johnson, BSN, RN, at right, assist with calls to the Hospitalist RN Hub, which received more than 24,000 calls in 2018.



McLEOD NURSING HONORS

DAISY Nursing Award

To recognize those Nurses at McLeod Regional Medical Center who are true examples of Nursing Excellence, patients, family members and co-workers may nominate nurses for the DAISY Award for Extraordinary Nurses. The award is part of the DAISY Foundation's program to recognize the super-human efforts nurses perform every day. Recipients of the DAISY Award are chosen by the DAISY committee, led by nurses at McLeod Regional Medical Center. Nursing Recipients of the DAISY Award in 2018 include:





May Josh Harrison, BSN, RN



October Meg Gliarmis, BSN, RN, CEN, TCRN





July Emery Aldea, BSN, RN Shelly Vodrazka, BSN, RN



Lee Broughton, BSN, RN, CCRN





December Miranda Myers, RN

McLEOD NURSING HONORS

Good Catch Award

The Medication Safety "Good Catch" Award is presented to nurses who have identified potential or actual medication safety concerns. Nominations are submitted for the "Good Catch" Award through the Improve the Process link on the McLeod Compass. The Medication Safety Committee selects recipients of this honor. Those honored in 2018 included:



Misty Lovell, RN, Medical



Not Pictured: Erica Miles, RN, MICU and Jennifer Conway, RN, CVA, Stroke Unit

Merit Award Winners 2018

The McLeod Merit Award is given by McLeod employees who nominate their fellow co-workers for exemplifying the McLeod Values and reflecting our mission to improve the health and well-being of our communities. These recipients are recognized for their compassion, enthusiasm, and dedication to their profession, as well as their willingness to help others. Nursing recipients of the McLeod Merit Award in 2018 include:



RN. RNC-OB

Lisa Bullard, LPN







RN. CCRN

BSN, RN











McLEOD NURSING HONORS

Nurse of the Year Award 2018

McLeod conducts a Nurse of the Year celebration each May in recognition of National Nurses Week. A nurse from every department is nominated and celebrated as their department specific nurse of the year. The Nurses of the Year for 2018 were Jamie Cunningham, APRN and Genalin Iguban, RN. Genalin lost her seven-year battle with colon cancer in October of 2017. Her Nurse of the Year award was accepted by her husband, Nilo Tipan and daughter, Nielle Tipan. Elizabeth Anderson was the Medical Surgical Technician of the Year. Pictured from left to right: Elizabeth Anderson, MST; Jamie Cunningham, APRN; Nilo Tipan; and Nielle Tipan.



Palmetto Gold Award 2018

Palmetto Gold is a nurse recognition and scholarship program for the nurses of South Carolina. Palmetto Gold showcases the valuable contributions nurses make to patient care and raises funds to provide scholarships for nursing students. The nurses who are awarded the Palmetto Gold recognition exemplify excellence in nursing practice and commitment to the nursing profession. Recipients of the Palmetto Gold Award in 2018 for McLeod Regional Medical Center included from left to right: Jeanette Tindal, MBA, BSN, RN; Charity Gerald, BSN, RN, CCRN; Rocky Cagle, DNAP, CRNA; Kris Howell, MBS, BSN, RN; and Pamela Harris, BSN, RN, CCRN. They join the ranks of the 182 previous McLeod Health Nurses, including 110 McLeod Regional Medical Center Nurses, who have received this outstanding award.



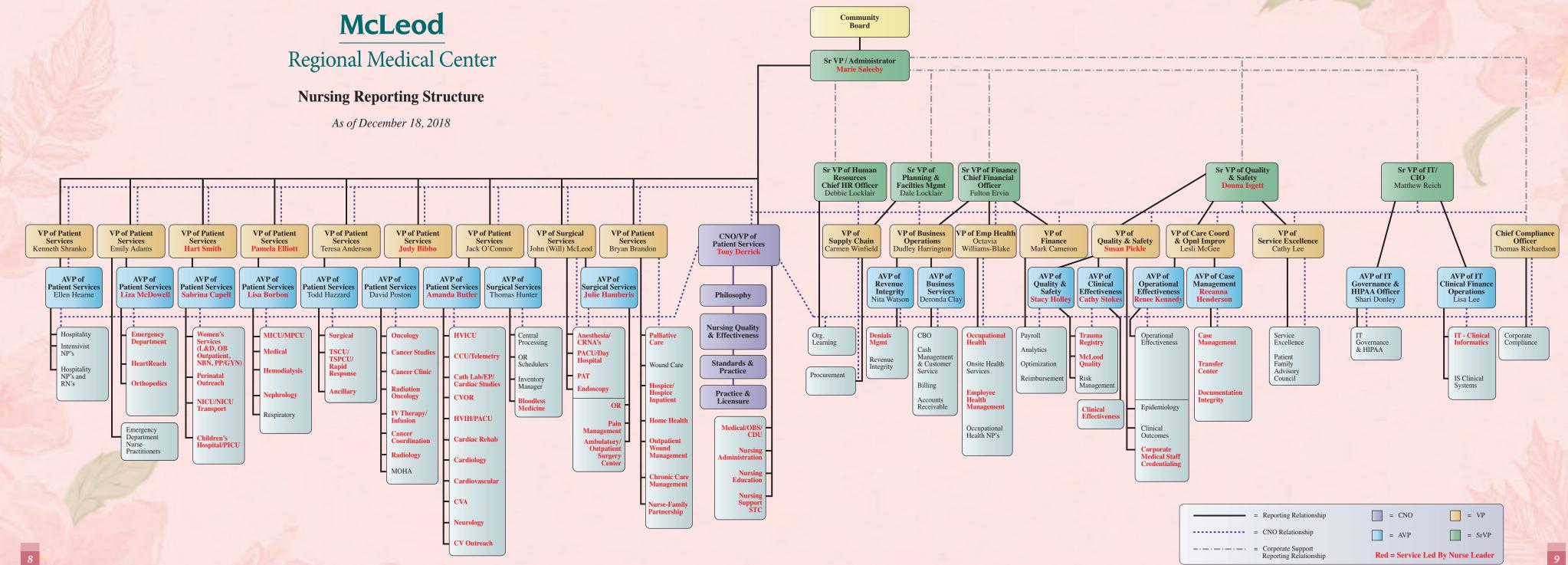
Best of the Pee Dee 2018

Nurses caring for patients at the end of life often spend quality time with their patients to understand how to best manage their symptoms, but they also get to know them personally to learn more about their hopes, their pasts and their families. Charlie Fincannon, BSN, who cares for patients at the McLeod Hospice House, was voted Best Nurse by readers of the Morning News in the 2018 Best of the Pee Dee contest.





STRUCTURAL EMPOWERMENT



STRUCTURAL EMPOWERMENT

Empowering Nurses to Reach Their Goals Through Several Types of Scholarships

ASSOCIATE DEGREE IN NURSING

McLeod offers \$5,000 for tuition with an annual cap of \$2,500 for students who have been accepted into an accredited ADN program. Once the students graduate, they have 90 days to obtain full-time employment at McLeod. They must be employed two years to fulfill their commitment for the scholarship.



21 AWARDED IN 2018

BACHELOR OF SCIENCE IN NURSING

McLeod offers \$8,000 for tuition with an annual cap of \$4,000 for students who have been accepted into an accredited BSN program. Once the students graduate, they have 90 days to obtain full-time employment at McLeod. They must be employed three years to fulfill their commitment for the scholarship.



AWARDED IN 2018

RN TO BSN

McLeod pays 70 percent of the tuition for students who have been accepted into an accredited RN to BSN program. Once the students graduate, they have 90 days to obtain full-time employment at McLeod. They must be employed two years to fulfill their commitment for the scholarship.



AWARDED IN 2018

CERTIFIED REGISTERED NURSE ANESTHETIST

McLeod offers \$36,000 for tuition with an annual cap of \$12,000 for students who have been accepted into an accredited CRNA program. Once the students graduate, they have 90 days to obtain full-time employment at McLeod. They must be employed four years to fulfill their commitment for the scholarship.



AWARDED IN 2018

Nurses can apply for a McLeod Health scholarship online at jobs.mcleodhealth.org. All requested information must be submitted prior to the deadline dates to receive scholarship consideration. These dates are March 1, June 1, September 1 and December 1. The McLeod Scholarship Coordinator will arrange a personal interview with the staff member once all criteria have been met following the application deadline. If approved, the scholarship recipient will receive a contract to sign and the Financial Assistance Office at the school will be contacted about the award.

The McLeod CRNA Scholarship

McLeod supports and promotes a variety of opportunities for its employees. The CRNA scholarship offers \$36,000 for tuition with an annual cap of \$12,000 for students who have been accepted into

an accredited CRNA program and requires a four-year work commitment. McLeod values advance education. It plays an active role in promoting and providing opportunities to assure their

employees have the most current and upto-date information available. Through this scholarship, McLeod supports the decision to pursue an advance degree by financially investing in the staff. This

support ensures that patients of McLeod and the community are cared for by the highest trained individuals, maintaining our vision to be "The Choice for Medical Excellence."

My Path to Becoming a CRNA

I graduated from Francis Marion University in 2007 with a Bachelor of Science degree in Biology and had absolutely no idea what I wanted to do with my life. I told myself I didn't care what I did as long as it would not require going back to school. I sold insurance and cars, I worked for an exterminator and a telephone company, and last but not least, I taught seventh grade science. It was during my time as a teacher that I realized I had to do the unthinkable -- go back to school. I then started researching different careers I thought would be both enjoyable and fulfilling. At the conclusion of my research, I decided to pursue a career as a Certified Registered Nurse Anesthetist (CRNA). I considered nurse anesthesia a few years prior, but decided it was not for me because it required a nursing degree. At the time, I thought the nursing profession was for females. Even after deciding to pursue nursing, I still had some reservations, but with some heavy nudging from my sister Morgan, I applied to the nursing program at Francis Marion University and

was accepted. I then applied for and was awarded the McLeod Scholarship for Nursing. This scholarship was tremendously helpful, as it is much easier to seek grants and scholarships during the first four years of college, and I was trying to work and go back to school. After my first semester, I had a true taste of nursing while working in the Trauma ICU as a nurse extern for about a year. I had an amazing experience working with an excellent group of people. It was during this time that I met Jeremy Fowler, a CRNA at McLeod Regional Medical Center. Jeremy offered to let me shadow him in the heart room and after my first shadowing experience, I was hooked. I knew for sure that becoming a CRNA was exactly what I wanted to do. I was in the Operating Room every time I had the opportunity. I transferred to the Cardiovascular Intensive Care Unit (CVICU) my last semester in nursing school to work as a nurse extern and continued working there for two more years after graduating until I went to CRNA school. The experience I gained

in CVICU was invaluable. I learned from and worked with one of the most adept groups of people I have ever had the pleasure of being around. Once I was accepted to CRNA



school, I applied for and was awarded the McLeod CRNA Scholarship. I was not able to work while enrolled in CRNA school, and during my first semester my wife Danielle was also a full-time student in Nurse Practitioner school. Needless to say, the McLeod Scholarship was a tremendous help for Danielle and me when we needed it the most, and for that we are truly grateful.

Justin Altman, MSNA, CRNA Certified Registered Nurse Anesthetist

STRUCTURAL EMPOWERMENT

Educational Programs

DIPLOMA PROGRAM

The diploma program began as a hospital-based program and is the oldest form of official nursing education.

LICENSED PRACTICAL NURSE (LPN) PROGRAM

The LPN program is an accelerated practical nursing program preparing the nurse to provide routine patient care under the supervision of a registered nurse.

ASSOCIATES DEGREE IN NURSING (ADN)

The ADN is typically a two-year professional development program that provides future RN's with the skills, knowledge, and experience needed to enter the field of nursing.

BACHELOR OF SCIENCE IN NURSING (BSN)

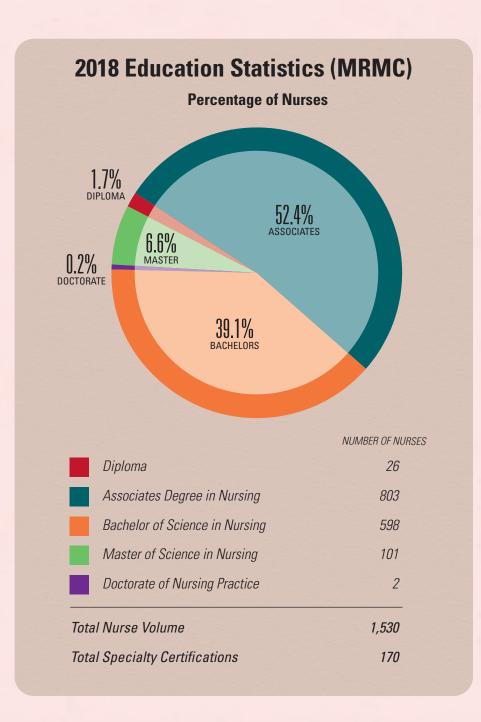
The BSN is generally a four-year undergraduate program that adds additional academic training. This training includes community health and an emphasis on research and nursing theory. The degree prepares the learner for graduate level education.

MASTERS LEVEL EDUCATION

There are many degree options for the graduate level nurse. These include nurse educators, nurse leaders, nurse practitioners, certified registered nurse anesthetists and clinical nurse specialists.

DOCTORATE LEVEL EDUCATION

For the doctoral prepared nurse there are degree options available for education, practice, science, administration and philosophy to name a few.



Certified Registered Nurses at McLeod Regional Medical Center

Courtney Albert-Scott, CMSRN	Lewis Carter, CRNA
Thomas Aldridge, CEN	Barbara Casper, CCRN
Trey Aldridge, CRNA	Jill Caulder, CNOR
Lindsey Alexander, RLC	Deava Chestnut, CCRN
Mary Allred, CMSRN	Mallory Chestnut, FNP
Heather Altman, CLC	Caren Chinich, FNP
Myra Alton, CRNA	Karen Clark, CCM
Stacia Andrews, OCN	Julie Coker, CLC, RNC-NIC
Brice Baird, CCRN, CSC	Nichelle Coleman, CRNA
Donya Baker, CRNA	Audrey Collins, CRNA
Julie Ball, OCN	Joy Coursey, CRNA
Bob Barber, CRNA	Vanessa Cox, RNC-NIC
Lori Barfield, RNC-OB	Barbara Crowley, CLC
June Barnes, CNOR	Denita Davis, CLC
Georgia Beasley, CLC	Chris Deese, CRNA
Courtney Beattie, CRNA	Allen Denham, CCRN
Jim Bobo, CRNA	Kay Dewitt, NCC:OB
Stephanie Boice, CRNA	Hillery Dolford, NP, WCC
Michael Bolick, CRNA	Laura Donnell, CRNA
Lisa Borbon, NE-BC, RN-BC	Marie Claire Dordulaw, SPEMT
Paula Boyd, RNC-NIC	Victoria Dozier, CNOR
Melissa Bradley, OCN	Nikki Driggers, CRNA
Teresa Simokat Brewer, CLC	Annette Edwards, CCRN
Lee Broughton, CCRN	Jeanie Elmore, RNC-NIC, SPEMT
Eileen Brown, CRNA	Teresa Ervin, RNC-NIC
Patti Brown, SPEMT	Casey Evans, CLC
Carol Burns, OCN	Pablo Figueroa, CRNA
Pangi Butcher, CNOR	Carissa Floyd, WCC
Rocky Cagle, CRNA	Amanda Fowler, CRNA
Kristin Cain, CRNA	Jeremiah Fowler, CRNA
Karen Calcutt, IBCLC	Ashley Gaskin, CSC, RN-BC
Angela Campbell, CNOR	Charity Gerald, CCRN
Elizabeth Campbell, CLC	Ashley Gerrald, CRNA
Sabrina Capell, RNC-NIC	Cathy Gilson, NCC:10

Doris Carter, SPEMT

Meg Gliarmis, CEN, TCRN

ZUI8
Donna Granger, CRNA
Sarah Griggs, CLC
Connie Grosick, SPEMT
Adam Gude, FNP
Julie Hamberis, CNOR
Tray Hanna, CRNA
Pam Harris, CCRN
Joshua Harrison, SCRN
Amber Haselden, FNP
Linda Henry, IBCLC
Jason Hewett, NP
Kim Hitchcock, CRNA
Segee Holley, FNP
Diane Howell, CCRN
Joann Hutchinson, SCRN
Chireen H. Hyler, CEN, TCRN
Wesley Jacobs, NP
Kathy Jenkins, CCRN
Latreece Jett, CLC
Cheryl Johnson, CNOR
Danielle Johnson, FNP
Rick Johnson, CRNA
Diana Jones, CRNA
Karen Jones, FNP
Kimberly Jones, CRNA
Ryan Jones, CCRN
Stella Jones, RNC-NIC, SPEMT
Curt Keefe, CCRN
Deborah Kemp, SPEMT
Kristy Kethe, CRNA
Brantlee Kirven, CCRN
Laureen Lattin, SPEMT
Amber Lee, CNOR
Robin Lewis, CFRN

Robyn Little, CRNA

NICH TOUR TO DAIG AUG
Nicky Littlejohn, RNC-NIC
Danna Maksin, CEN
Doug Maloy, CRNA
Pam Maloy, CRNA
Marylouise Martin, RNC-NIC
Jill Matthews, CCDS
Karla Matthews, CRNA
Jacqueline McCabe, CCRN
Marcella McCall, CNOR
Lisa McDonald, OCN, ONCC-CBCN
Hope McLendon, FNP, OCN
Marlee McManus, CLC
Juliana Mello, CRNA
Rebecca Miller, FNP
Wendi Miller, CLC
Brittany Mimms, CCRN
Melissa Mitchell, CRNA
Shannon Moore, CCRN
Sondra Moseley, WCC, OMS
Renee Neal, PCCN
Cheryl Neuner, RNC-NIC
Kathy Nickel, CRNA
Tracey O'Neal, ONCC-CBCN
Beejay Parnell, CLC
Deanna Parrott, CCRN
Hannah Pettigrew, CRNA
Mary Phillips, SPEMT
Vickie Pigate, SCRN
Winter Pittman, SPEMT
Devin Player, CRNA
Pat Powell, CLC
Pam Pritchard, AGACNP-BC, CWON
Angela Putnam, CNOR
Shannon Reece, CRNA
Brandy Reed, OCN

IGI
Patty Reis, CRNA
Whitney Richey, NP
Laura Robertson, CLC, RNC-NIC
Cletus Sawyer, ARRT
Scott Saylor, CRNA
Gina Shawkey, FNP
Ernest Singletary, CRNA
Tammy Smith, CRNA
Christopher Snead, CRNA
Dawn Spivey, CNRN, SCRN
Mary Ann Staab, OCN
Bobby Stephens, CCRN
Dorie Sturgill, CCRP, CHPN, OCN
May Suen, CRNA
Jennifer Taylor, CMSRN
Wendy Taylor, CDE
Allyson Timmons, CCRN, SCRN
Lindsey Timmons, FNP
Jeanette Tindal, ACM
Keith Torgersen, CRNA
Carol Truesdale, OCN
Jennifer Turner, CLC
Tammy Turner, CDE
Gayden Tyler, RNC-NIC
Marsha Ward, CRNA
Deborah Whisenhunt, CCCC
Brent White, CRNA
Pam Worthy, OCN
Jan Yarchever, CCM

Eva Yeazell, CRNA

McLeod Nurses Assist with Sports Physicals

McLeod Regional Medical Center
Nurses assisted with height, weight,
vision and blood pressure assessments
during the annual McLeod Sports
Medicine High School Physical Clinic at
McLeod Family Medicine Center in
Florence on Saturday, April 28, 2018.

More than 700 physicals were performed at no cost for student athletes of schools that are contracted with McLeod Sports Medicine for Athletic Training Services.

Participating schools included: Timmonsville High School, South Florence High School, Lamar High School, Hannah-Pamplico High School, The Kings Academy, Florence Christian School, Pee Dee Academy, Wilson High School, Johnsonville High School, Lake City High School, Trinity-Byrnes Collegiate School, Robert E. Lee Academy, Darlington High School, West Florence High School, Mullins High School, Creek Bridge High School, Marion High School and Conway Christian School.



McLeod Regional Medical Center Nurses (left to right) Leigh Wilks, RN; Tony Derrick, BSN, MSN, RN, Chief Nursing Officer; Tammy Turner, BSN, MSN; Emily Grantham, BSN, MHA, RN; Sharon Kirby, BSN; and Susan Rhea, BSN, RN, assisted with height, weight, vision and blood pressure assessments during the annual McLeod Sports Medicine High School Physical Clinic.

McLeod Nurses Give Back

In late November 2018, Warren Kennedy's 40-year-old wife was admitted to the Coronary Care Unit (CCU) due to hypothermia. For 16 days, Warren never left her side. Throughout their stay, staff nurses and physicians developed a strong connection with this young couple and their seven children. The staff learned that Warren and his wife adopted five siblings who were orphans as a result of Hurricane Katrina. Staff members gave Warren

meal tickets and even helped a couple of the children celebrate their birthdays during the hospital stay. Sadly, Warren's wife succumbed to her illness. In an effort to help this family through such a devastating loss, and with Christmas approaching, CCU staff members decided to adopt the Kennedy Family. Together, they raised \$1,000 and presented it to Warren and five of his children on December 15.



On December 15, 2018, McLeod CCU staff nurses, Vicki Thornton, RN, CCRN, CMC (at left) and Summer Avant, BSN, RN, and Marah Lynch, BSN, RN, (at right) present \$1,000 to Warren Kennedy (center) and his family after "adopting" them for Christmas.



Pictured left to right are: Emily Grantham, BSN, MHA, RN, Nursing Administration; Lori Stoke: RN, Catheterization Lab; Hope Tindale, BSN, RN, Medical Progressive Care Unit; Renee Atkinson, RN, Heart & Vascular Institute; Lauren Johnson, BSN, RN, Cardiovascular Surgery; and Lee Broughton, BSN, RN, CCRN, Cardiovascular Surgery.

McLeod Nurses Serving Their Community

Several McLeod Regional Medical Center Magnet Champions spent the morning serving breakfast at the Manna House in Florence. Patients are at the center of every nurse's work, and these opportunities for service allow nurses to observe the interaction and well-being of their patients, families and community.

Professional Nursing Practice Model and Care Delivery System

To achieve excellence in providing quality care to patients, families and community, the Professional Nursing Practice Model demonstrates how McLeod Nurses perform the art and science of nursing. The model demonstrates the expectations, roles, guidelines and support of the commitment by our nurses for the populations they serve.

The nurse profession is interested in the interaction and well-being of the *patient, families and community*. They are the center of our work.

The three corners of **Quality & Safety, Leadership** and **Care Delivery**are foundational elements the
organization provides as support for
growth in our nursing profession.

The circles have no beginning and no end, representing the movement, change and structure influencing the practice of nursing and creating the culture. The overlapping of the circles depicts the **shared responsibility** of the elements and their influence on the patient, family and community. The **diversity** of the circles represents the acceptance of cultural diversity by our nursing professionals for the populations served.

The hospital's *Mission*, *Vision* and Values, Nursing Philosophy and Theorists demonstrate the organization's priority of holding our staff to the highest standards in providing excellent customer care. Utilizing **Madeline Leininger's** Transcultural Theory, we believe everyone should be cared for based on respect and appreciation for the individuality and diversity of patient needs. Our nurses adopt Patricia Benner's Novice to Expert Theory, demonstrating their leadership and support of an environment of learning for the next generation.

We believe our nurses participate in **shared decision making and inter- professional collaboration** as a catalyst to remain key drivers for the highest quality care. This focus not only allows nurses to be **lifelong learners** and **critical thinkers**, but also promotes growth in clinical expertise.

Nurses remain competent in their work and in the advancements of technology by the utilization of evidence-based practices. The Nurse Practice Act guides nursing practice and creates an environment adaptable to regulatory compliance standards.



Care Delivery System

The Registered Nurse provides individualized, patient and family centric care as a part of the interdisciplinary team, as evidenced by: bedside shift report and hand-off in care, collaborative decision making through interdisciplinary rounds and primary focus on the patient's quality outcomes. Nurses are encouraged to think autonomously and critically about their patient's care plan, and are accountable for the care provided to the patient. Nurses have the ability to impact the work, role and influence of nursing through participation in shared decision making and engagement in their practice. The care delivery system at McLeod Regional Medical Center coincides with the Professional Practice Model and our culture of patient, family and community centric care.

Just Culture

In January 2014, McLeod Regional Medical Center established a Just Culture committee which focuses on an organization's responsibility for the systems they design and for responding to the actions and conduct of their employees fairly and justly. Employees are accountable for their choices and reporting both their own errors and the vulnerabilities of the systems.

One approach to Just Culture implemented at McLeod has been Nursing Peer Review. Leah Ploeg, former chair of the McLeod Nursing Peer Review, along with a team of nurses, investigated the first peer review case in January 2014. To date, the team has reviewed 44 cases.

Nursing Peer Review is a process by which a group of nurses at the peer level evaluate the quality of nursing care that has been provided by their peers. The findings of the investigation are measured against professional standards of practice. The individual's choices are evaluated, not the outcome of their actions. The goal of Nursing Peer Review is to promote patient safety through accountability, advancement of evidence-based nursing practice, collaboration and shared insights. Nursing Peer Reviews are triggered by adverse events, such

as lab or medication errors, or falls, for example, and the incidents are investigated and examined in detail.

The parties involved then speak with the Peer Review Team, and a Just Culture

Algorithm is used to determine the findings.

"We want to ensure that McLeod is a safe place for nurses and patients alike, and examining the system as well as the choices nurses make are equally important," says Pamela Harris, BSN, RN, CCRN, current chair of the McLeod Nursing Peer Review.

The nurse profession is interested in the interaction and well-being of the patient, families and community. They are the center of our work.



Nurses from McLeod Regional Medical Center attend the funeral of a fallen hero who died as a result of a tragic shooting last October. Pictured from left to right are: Ester Thomas, MSN, RN; Amber Coker, RN; Jessica Joint, RN; Stephanie Myers, BSN, RN; Lindsey Grainger, BSN, RN; Ashley Fowler, BSN, RN; Rabin Moody, RN; Alyssa Phillips, BSN, RN; Jennifer Watkins, BSN, RN; Kim Carter, RN; Megan Locklair, BSN, RN; Trish Taylor, MSN, RN; Elizabeth Stackhouse, RN; Deanna Parrott, BSN, RN; Stephanie Graham, MST; Melanie Cribb, RN; Misti Smith, RN; Linda Harwell, RN; and Vera Dubose, RN.

NEW KNOWLEDGE, INNOVATION & IMPROVEMENTS

Advancements in Nursing Research at MRMC

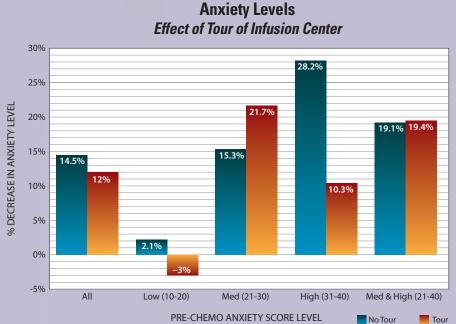
Results of two nursing-led research projects conducted in 2017 by McLeod Regional Medical Center staff were published in August 2018.

The first research project, entitled What is the Relationship of Chemotherapy Teaching by a Pharmacist, a Unit Tour, and the Presence of Support Person(s) on Outpatient Oncology Patients' Anxiety Levels? was led by Dorie Sturgill, RN, MS, OCN, CHPN; Jo Capotosti, RN, CCRP; and Brandy Reed, RN, OCN. During the study, 100 patients who were new to chemotherapy met with a cancer research nurse prior to and after chemotherapy teaching by an infusion center pharmacist. The cancer research nurse measured the patient's anxiety levels using the STAI-S short form, a commercially available validated questionnaire. One half of the patients also had a short tour of the infusion center prior to completing their post-teaching anxiety questionnaire.



Key findings of the research project were as follows:

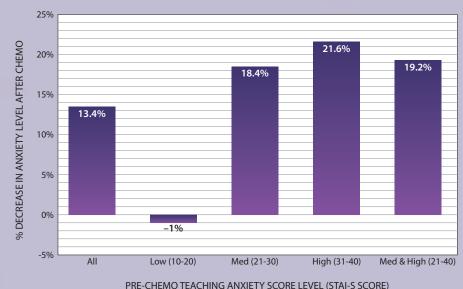
 With the exception of those with the lowest anxiety level, chemotherapy education by a pharmacist decreased patients' anxiety levels, with the highest impact being on those with the highest pre-teaching anxiety levels.



PATIENTS IN STUDY (100 Total)					
Anxiety Level Breakdown		Support Person Breakdown		Tour Participation	
	# PTS		# PTS		# PTS
Low	44	Support Presence	78	Tour	50
Medium	45	No Support		No Tour	50
High	11	Presence	22		

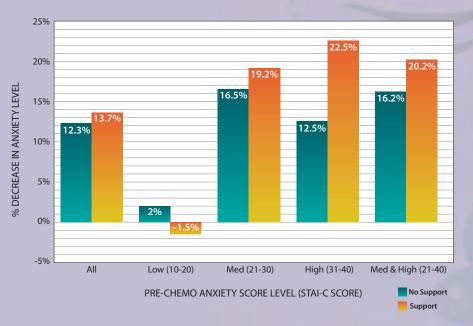
The addition of an infusion center tour increased levels of anxiety in all but those patients with a
medium level of anxiety prior to chemo teaching, with the most substantial difference occurring
in those with the highest anxiety levels. When patients with medium and high anxiety levels are
grouped together, the addition of a tour showed no significant improvement in patients' anxiety
levels.

Anxiety Levels Effect of Chemo Teaching by a Pharmacist



 The presence of a support person during chemotherapy teaching decreased a patients' anxiety levels in both the medium and high pre-teaching anxiety groups.

Anxiety Levels Effect of Support Person Presence during Chemo Teaching



These results led to two main recommendations:

- Encourage oncologists to order formal, pharmacist-led chemotherapy teaching (as compared to teaching by the IV therapy nurse on the first day of chemotherapy), especially for patients with moderate to high anxiety levels.
- Encourage patients to bring a support person with them to their chemotherapy education appointment.

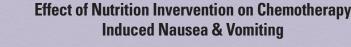
The second research project, entitled What is the Effect of a Nutrition-based Educational Intervention on Acute and Delayed Nausea and Vomiting in Outpatient Oncology Chemotherapy Patients? was led by Dorie Sturgill, RN, MS, OCN, CHPN; Jo Capotosti, RN, CCRP; Alexis Blandine, MS, RD, LD; Pam Worthy, RN; and Maureen Mulholland, MS, RDN, LD.

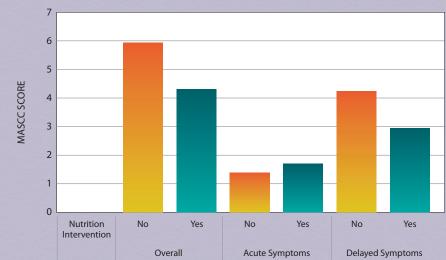
The study included 100 patients, 50 of whom received a visit from a McLeod Registered Dietician during their first chemotherapy treatment.

During the visit, the Registered Dietician and patient reviewed the handout, "Nutrition Tips to Decrease Nausea and Vomiting from Chemo" and answered any questions the patients had. All 100 patients received phone calls from a cancer research nurse to assess nausea and vomiting symptoms at 24 hours and at four days after chemotherapy (acute and delayed symptoms), using a validated tool made available by the Multinational Association of Supportive Care in Cancer.

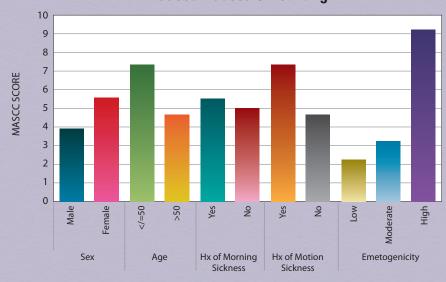
Key findings of the research project were as follows:

- The nutrition intervention decreased overall patient-reported nausea and vomiting symptoms by 28 percent and delayed symptoms by 30 percent.
- In agreement with outside literature, new chemotherapy patients at McLeod Regional Medical Center showed higher nausea and vomiting scores in female patients, patients age 50 and up, and those with a history of motion sickness. Modestly higher scores were also seen in patients with a history of morning sickness.
- 44 percent of all patients reported no overall nausea or vomiting (acute and delayed).
- 75 percent of all patients reported no acute nausea or vomiting.
- For patients on highly emetogenic chemotherapy regimens (33 percent of total patients):
 - 18 percent reported no overall nausea and vomiting
 - 64 reported no acute nausea or vomiting symptoms
 - 27 percent reported no delayed nausea or vomiting symptoms





Exploration of Factors Affecting Risk of Chemotherapy Induced Nausea & Vomiting



PATIENTS IN STUDY (100 Total)

Gender

	<u># P18</u>
Male	30
Female	70

Age (range 23-82)

	<u># PTS</u>
>/=50	83
<50	17

History of Morning Sickness

	<u># PTS</u>
/es	38
Vo	27
N/A	35

History of Motion Sickness

	# PTS
Yes	15
No	85

Emetogenicity of Chemo Regimen

	<u># PTS</u>
Low	10
Moderate	57
High	33

Working As One

As McLeod Health transitions to
Cerner Millennium, a team of nurses from
various departments and roles have
played an instrumental role in designing
and implementing efficient workflows with
this platform for nurses.

Ultimately, Cerner will improve many standard processes by streamlining the location of information and documentation for a nurse which saves time while also allowing several entities to view the same information quickly as it is charted. In addition, Cerner offers many patient safety checks; for example, double checking high-risk medications will be completed electronically. This expedited, improved communication allows the nurse more time for direct patient contact, thereby enhancing the overall patient experience.

Kathy Jenkins, BSN, MSN, RN, CCRN serves as a Subject Matter Expert for Critical Care. Through her Cerner journey, she has learned more about what is required to make an electronic medical record function properly. With a vast knowledge of policies and processes in various nursing care areas, Kathy identified one example of how Cerner impacts nursing innovation -- when PRN, or "as needed," medications are administered, a task should automatically be sent to the nurse's work list to allow documentation to be completed as a follow-up to the reason for the medication administration.



From left to right: Kimberly Biggs, BS, LPN; Sherita Crawford, BSN, MSN, RN; Jennifer Desai, BSN MSN, RN; Kathy Jenkins, BSN, MSN, RN, CCRN; Ashley Huggins, BSN, RN; Christie Martin, BSN, MSN, RN; Jennifer Amaker, BSN, RN; Lynn Conner, BSN, RN; and Thomas Aldridge BS, RN, CEN, CTRN, CFRN, NRP, FP-C, CCP-C.

Stephanie Pullis, MSN, RN is a Clinical Analyst in the Information Technology Department. In her role, Stephanie builds what is needed based on the workflows presented while also offering input based on her nursing experience. Throughout the Cerner project, Stephanie has seen firsthand how the platform makes nursing practices more standardized and evidence-based across the organization.

As the Cerner Team Lead for Case
Management, Carol Schultz, BSN, RN,
ACM-RN, IQCI, gathers data from the
current system, designs the workflow for
her department and implements ideas to
make that workflow more efficient. Case
Management and the Cerner Team
developed a custom workflow to allow
Carol's department to monitor Medicare
patients who do not spend more than two

nights in the hospital. This specialist work list is new to Cerner and has been an exciting challenge for both teams. The Medicare Short Stay list allows the Utilization Management Compliance Team and Physician Advisor to carefully review Medicare patients who meet specific criteria to allow for better compliance with the Centers for Medicare & Medicaid Services (CMS) guidelines.

"There is so much value in listening to the needs and desires of each other as we navigate through this incredible maze of healthcare," says Carol. "We are constantly challenged by rules, laws, best practices, demands, etc. and seeing how much work and dedication has gone into this, it gives me such a different perspective on the term 'Working as One."

Nurse Involvement in New Emergency Department

Construction is underway for an expanded and enhanced Emergency Department at McLeod Regional Medical Center, scheduled to open in December 2020. The new Emergency Department will include 73 rooms designed to serve 109,500 patients a year.

In the development and design phase, Emergency Department nurses were included in the physical layout of the patient care rooms. Nurses also provided input and insight regarding equipment storage outside of patient rooms as well as the location of utility rooms and work stations for staff.

This work has reinforced lean methodology to provide excellent patient care. The design of the Emergency Department will enhance team collaboration while streamlining patient flow and decreasing waste. For example, the new layout provides easy access to the resuscitation rooms directly off the ambulance bay entrance. The Emergency Department will also be in closer proximity to the operating room for emergency surgical cases.



Nursing Research Council

Established in 2017, the Nursing Research Council supports the conduction of clinical research and evidence-based practice by promoting awareness of nursing research, enhancing integration of research findings into nursing culture, and facilitating necessary resources for active nurse participation. The committee supports and encourages formal education, mentors nurses in research, and supports the growth and development of the advancement and utilization of nursing research.

The scope of the council includes, but is not limited to:

- Guide educational meetings that support nursing research activities
- Promote and support the dissemination of knowledge of the nursing research process
- Contribute to the growth of research utilization and evidence-based practice
- Assess and apply new evidence-based knowledge and innovations into practice
- Promote, support and assist in the dissemination of nursing research outcomes
- Promote and support shared decisionmaking

If you are interested in being a part of this committee, please contact Emily Grantham, BSN, MHA, RN, Magnet Coordinator.

Innovation at Work

Transcatheter Aortic Valve
Replacement (TAVR) is the first
minimally invasive valve replacement
procedure to be performed at McLeod
Regional Medical Center. The TAVR
procedure allows physicians to replace
a patient's diseased or damaged heart
valve without removing the old valve.

This procedure has dramatically changed the way nurses care for heart valve patients, who often have multiple medical conditions. As an alternative to traditional valve replacement, the TAVR procedure allows for a faster recovery and shorter hospital stay (usually one to two days).

An entire team of nurses were directly involved in the program's implementation. Nurses partnered with physicians to train for the procedure, visited other facilities with TAVR programs, developed a team approach with physician offices for pre-operative assessment, established a TAVR clinic in which two physician offices come together to see the patient, designed the workflow involved in scheduling procedures and assisted with training staff in the Catheterization Lab, Operating Room, Heart & Vascular Intensive Care Unit, and Floor nurses.



McLeod Regional Medical Center TAVR Nurses include: (Front Row) Adoria Hutchison, RN; Lee Broughton, BSN, CCRN; Chrissy Springs, BSN, RN; Jane Johnson, RN; Darby Morrison, RN; Kara Hanley, RN; Makala Broome, MST; Ashley Gaskin, MHA, MSN, CSC, RN-BC; (Middle Row) Kaitlyn Coker, BSN, CCRN; Lindsey Skipper, BSN, RN; Linda Ann McKenzie, BSN, RN; Lori Stokes, RN; Angie Campbell, BSN, CNOR; Meagan Blankenship, RN; (Back Row) Allen Denham, BSN, CCRN; Justine McLeod, BSN, PCCN.

The McLeod Heart & Vascular
Institute is the first division to
collaborate for the care of the patient
from more than just a nursing
perspective. It brought together severa
physician and staff specialties, and the

preparation of the patient involved a holistic approach with no one team being more important than the other. The nursing care, from pre-operative through discharge, is continually communicated between units. The

progress from intensive care to high acuity has resulted in decreased length of stay and increased trust and communication between units.

EMPIRICAL OUTCOMES

Nursing Units Honored for Service Excellence in 2018

In 2018, the following Nursing Units were recognized for their commitment to Service Excellence by improving patient satisfaction and HCAHPS measures.







McLeod Honored for Consumer Loyalty

McLeod received a 2017-2018 National Research Corporation (NRC) Health Consumer Loyalty Award in August 2018. McLeod is rated No. 5 in the nation for this inaugural consumer loyalty rating.

In 2018, NRC Health fully adopted the Loyalty Index as its single trackable metric and benchmark of healthcare consumer loyalty. This metric provides a 360-degree view of consumer loyalty

and recognizes top performers in the healthcare industry.

"McLeod is honored to be rated as the No. 5 hospital in the nation for Consumer Loyalty by NRC Health," said Jumana Swindler, Vice President of Communications and Public Information. "We understand that loyalty is only as strong as a person's most recent experience. We believe this is a reflection of our mission and core

values of caring, the person, quality and integrity of our nearly 9,000 physicians, medical professionals and staff as they seek to focus on every patient, every

NRC added that consumers have more choice than they have ever had when it comes to their health care and the Consumer Loyalty Award winners like McLeod are at the forefront of this shift towards a consumer-centered

approach to care. McLeod is also among the 71 percent of provider organizations citing patient engagement as a top priority

More than 310,000 households nationwide were polled from June 2017 through May 2018 as part of NRC's market insight survey.

Consumer

Loyalty

Empirical Measurements of Quality Outcomes

CARDIOLOGY	1,094 days
PEDIATRICS	1,094 days
PEDIATRIC INTENSIVE CARE UNIT	1,094 days
HEART & VASCULAR INTENSIVE CAR	RE UNIT 1,082 days
NEONATAL INTENSIVE CARE UNIT	934 days
ONCOLOGY	750 days
ORTHOPEDICS 485 days	

McLeod Regional Medical Center top performers with No Central Line-associated Blood Stream Infections (CLABSI's) since January 2016.

MISSION TO MAGNET

Shared Governance

Nursing Care Leadership Forum (NCLF)

The Nursing Care Leadership Forum (NCLF) is the first shared governance council at McLeod. NCLF is comprised of representatives from each nursing unit. Representatives have the ability to evaluate current nursing concerns and implement changes to improve the nursing work environment. Recent NCLF projects have included mislabeled blood specimen rates, retention and evaluating nursing workload concerns.



RN: Natalie Prince, BSN, RN: Leigh Dawson, BSN, RN: Samantha Brown, BSN, RN: and Shannon

Nursing Quality & Safety Division Councils

Our Nursing Quality & Safety
Division Councils are made up of staff
representatives from each nursing unit
in the service lines. The purpose of the
Nursing Quality & Safety Division
Councils is to provide an avenue for
collaboration and advocacy to improve
the quality of care provided to patients,
and the environment in which nurses
practice.

Improvement efforts completed or in progress include:

Surgical Council – Improved communication as a central component of the division's goals and activities.

Members established division newsletters and conducted an employee survey to measure communication. They then created a video that was shown to nursing leaders at department staff meetings which really encouraged communication between surgical services. They also enhanced communication through group activities such as kickball with other units. Every fourth Thursday, McLeod nurses volunteer at the Courtney Graham McInnis House of Hope Homeless Shelter. They often bring their children to this as well which has made this a family event.

Medical & Neuro Council – Improved process to standardize patient weights. Sometimes patient weights were being obtained in the bed without properly zeroing out the bed. The council piloted four different units in how to properly zero out a bed. There were specific items that were required on the bed before zeroing out, including: one fitted sheet, one draw sheet, one incontinence pad, one flat sheet, one bed spread, one pillow case, one pillow and one gown. Now orientation classes talk to Medical-Surgical Technicians (MST) about how to properly zero out

immons. RN.

a bed.

Observation/Clinical Decision Making Unit Council – Improvement of

telemetry application and removal times as well as the development and completion of plans of cares. A second supply room was also added.

Emergency Department Council –

Began an improvement process for reducing mislabeled specimens. Project is currently ongoing.

Cardiac Council – Began research to improve Cardiology and Cardiovascular Surgery HCAHPS scores for "Care Transition" with a concentration in the

sub group of "Medications." Research is ongoing with an anticipated pilot in 2019.

Oncology Council – Improve team building, morale, communication and education by planning and hosting the first division wide town hall meeting. During this meeting, staff from both inpatient and outpatient oncology services came together to enjoy refreshments while learning the latest updates in the Oncology department.

Endoscopy Council – Revised orientation packets and expectations as well as standard work for both nurses and scrub technicians to reflect new procedures, policies, equipment, and physicians. This was necessary due to our increased case load and patient volume. The council has also begun work to develop a system for preadmitting patients in an effort to decrease patient wait times.

APRN Council – The newly-formed Advanced Practice Registered Nurses (APRN) Council is comprised of advance practice providers who want to provide the highest quality care to their patients. Given the recent scope of practice changes for advance practice providers in South Carolina, the council focuses its efforts on implementing processes that improve patient care throughout the region.

Case Management Council – Case Management joined the council in 2018. Their first project focused on creating a Case Management 101 tab as a resource guide for nurses. The tab will contain information regarding the job description of the case manager, afterhours contacts, transfer/transport material and a directory. The Resource Tab will be available in 2019.

Below is an example of the improvement work conducted by the Women's & Children's Council:

September 2016

Pre-Survey

reveals poor

communication

FY 2016 Transfer rate 33% December 2016

Work begins on education and the original algorithm

May 2017
Revisions
made to
algorithm and
education to staff

September 2017
FY 2017 data
shows 37%
transfer rate,
more revisions

Post-Survey shows improved communication

July 2018
Revisions to
algorithm:
symptomatic vs
asymptomatic

FY 2018Transfer ra

32%

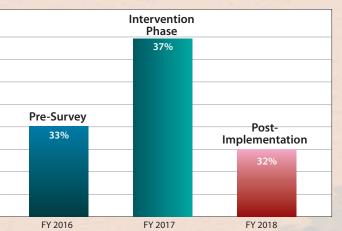
Plans to roll out

Dextrose gel
and further
revisions to staff

Women's & Children's Council -

Improved communication between departments during transfer of patients and revision of the Neonatal Hypoglycemia algorithm has resulted in more consistent management of infants with or at risk for neonatal hypoglycemia (see timeline and results below). Newest body of work takes a multidiscipline approach to improve the continuity of care for Hyperemesis patients.

Transfers to NICU for Hypoglycemia



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SURGICAL SERVICES COUNCIL: (Front Row) Betsy Harris, BSN, RN and Brittney Hinson, RN; (Back Row) Thomas Vidoni, RN; Kristin Cain, CRNA; and Ashley McLeod, BSN, RN



MEDICAL & NEURO COUNCIL: Chireen Hyler, MSN, RN; Olivia Jeffery, Departmental Secretary; Rose Gostlin, BSN, RN; Meredith Hickey, RN; Erica Miles, RN; Cynthia Olivos, RN; and Laurie Rotan, RN



OBSERVATION COUNCIL: Hannah Page, BSN, RN; Angela Lloyd, Departmental Secretary; Paula Ackermann, RN; Sally Hyatt, RN; and Brittany McNair, MSN, RN



EMERGENCY DEPARTMENT COUNCIL: Christina King, RN; Whitney Ard, RN; Jan Thompson, Departmental Secretary; Kirsten Tapen, RN; Dawn Shelley, RN; and Kelley McCormick, BSN, RN



CARDIAC COUNCIL: Renee Atkinson, RN; Rebecca Eubanks, RN; Teresa Harley, Departmental Secretary; Lyn Brasington, RN; Jane Johnson, RN; and Lance Crouch, BSN, RN

Not pictured: Michelle Powell, RN and Diane McGee, RN



ONCOLOGY COUNCIL: Carol Byrd, LPN; Beth Epps, BSN, RN; Lacey Polston, BSN, RN; and Lynn Miller,



ENDOSCOPY COUNCIL: Georgie Elswick, BSN, RN; Connie James-Profit, CST; Jennifer Hughes, RN; Cassie Walker, RN; Jessica Ward, RN; and Amber Lee, BSN, MSN, RN



APRN COUNCIL: (Front Row): Lisa Wallace, MSN, FNP-BC; Hillery Dolford, MSN, DWC, FNP-BC, WCC (Back Row) Mallory Chestnut, MSN, FNP-BC; Danielle Johnson, MSN, FNP-BC; Wesley Jacobs, MSN, DNP, NP-BC; Morgan Evans, MSN, FNP-BC; and Pamela Pritchard, MSN, MEd, AGACNP-BC, CWON



CASE MANAGEMENT COUNCIL: Yvonne McMillan, BSN, MSN, RN; Brittainy Starling, BSN, RN; Cornelia Davis, RN; and Lydia Fulton, Departmental Secretary



WOMEN'S & CHILDREN'S COUNCIL: Courtney Melton, RN; Heather Heape, RN; Kerry Anderson, MSN, RN, CMSRN, CNL, CPXP; Shelby Walters, RN; Lori Barfield, BSN, RN; and Teresa Brewer, RN

Mission to Magnet

Members of the South Florence High School Honors String Quartet attended a recent meeting for nursing leaders to illustrate the importance of teamwork as McLeod Regional Medical Center continues to work towards Magnet Designation.

Following the quartet's demonstration of playing in and out of unison, Emily Grantham, BSN, MHA, RN, Magnet Coordinator, explained the similarities between a nursing unit and orchestra.

The unit conductor, represented by the Orchestra Instructor, symbolizes the Director, Patient Care Supervisor (PCS), Clinical Nurse Manager (CNM), and Charge Nurse. The roles of these individuals is to present a clear vision, establish role responsibility, communicate, give effective direction, and offer line of sight (i.e., seeing the role one's unit plays in performance level for Magnet).

Members of the orchestra symbolize Nursing staff. Despite the different roles, personalities, values, skill level, and culture, members of an orchestra come together to sound as one.

Sheet music symbolizes the roadmap of learning and understanding Magnet standards as well as participating in the Nurse Directors Magnet Group activities to further develop one's knowledge level.

The sounds of music produced by an orchestra symbolize the harmony of teamwork, collaboration and engagement while the applause symbolizes the "wow factor" that stimulates these components.

Finally, the standing ovation symbolizes the achievement of nursing excellence at McLeod Regional Medical Center through Magnet Designation.



MISSION TO MAGNET

Kerry An Service and Emil Coordina at McLei and pror Model w

Kerry Anderson, MSN, RN, CMSRN, CNL, CPXP, Service Excellence Process Manager, at left, and Emily Grantham, BSN, MHA, RN, Magnet Coordinator, at right, visit various nursing units at McLeod Regional Medical Center to discuss and promote the Professional Nursing Practice Model with staff nurses during Magnet Week.

WELCOM

Magnet Champions Pamela Harris, BSN, RN, CCRN; Emily Grantham, BSN, MHA, RN, Magnet Coordinator; Lance Crouch, BSN, RN, ADON and Mekka Levy, BSN, RN, STC attend the 2018 Magnet Conference in Denver, Colorado.



Tony Derrick, BSN, MSN, RN, Chief Nursing Officer for McLeod Regional Medical Center, and Curt Keefe, BSN, RN, CCRN, Director of Nursing, participate in a dress-out Nursing Christmas celebration.

Magnet Champions



The Magnet Champions represent each nursing department who works to define, revise, implement and disseminate processes and information related to the Magnet Journey at McLeod Regional Medical Center. Pictured from left to right: (First Row) Lance Crouch, BSN, RN, ADON, Cath Lab; Lauren Snipes, RN, PCS, Pediatrics: Shantiqua Thomas, RN. **Emergency Department; Michelle** Beard, RN, Infusion Services; Mekka Levy, BSN, RN, Share-the-Care; (Second Row) Lindsey Smith, RN, Progressive Surgical Care Unit; Marie Bass, BSN, MSN, RN, Nurse Educator;

Pam McKenzie-Lawhon, RN, Home Health; Annette Beckham, MSN, BSN, RN, ADON, Day Hospital; Elizabeth Chestnut, BSN, Case Management; Marcella McCall, RN, PCS, Operating Room; Gail Brockington, RN, Share-the-Care: (Third Row) Lane Davis, RN. Cardiac Rehab; Patrick Mahoney, RN, Imaging Administration; Zac Greenwood, RN, Coronary Care Unit: Mary Deane Kilgo, RN, Oncology; Samantha Dutton, RN, Outpatient Day Surgery; Jenna Edwards, RN, Emergency Department; Karen Clark, RN, CCM, CHPN, Palliative Care; and Pam Warr, RN, Share-the-Care.

Goals for 2019

- Improve Outlook usage at the nursing level
- Maintain and grow Nursing Quality and Safety Councils
- Improve shared-decision making culture, giving nurses opportunities to lead, co-lead or play an active role in inter-professional committees
- Develop a cultural diversity platform for McLeod Regional Medical Center
- Conduct a performance review that includes a self-appraisal and peer feedback at the unit level
- Complete and evaluate the Continual Education Assessment
- Complete and evaluate the Employee Engagement Survey
- Outperform the National Mean in a majority of units for RN satisfaction
- Outperform NDNQI 50th percentile for eight active quarters in Nursing Sensitive Indicators

- Outperform the national mean in Inpatient and Outpatient Satisfaction
- Outperform nursing dashboard goals
- Mentoring/succession planning for staff nurses and nurse leaders
- Nurse involvement in recruitment and retention
- Disseminate completed nursing research studies to internal and external audiences
- Nursing community outreach
- Educate nurses on financial support for BSN and certification opportunities
- Increase "Success Pays" participants
- Increase overall number of BSN nurses
- Increase overall number of Specialty Certified Nurses

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McLeod Regional Medical Center

McLeod Nursing Administration McLeod Regional Medical Center 555 East Cheves Street | Florence, SC 29506 843-777-2549