

2019 NURSING ANNUAL REPORT

THE DNA OF NURSING



McLeod
Regional Medical Center

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 DNA of Nursing.

As healthcare continuously evolves, organizations and individuals alike are faced with multi-dimensional challenges. These challenges become pathways to innovation and discovery, and nursing leads the way in embracing new concepts while enhancing the patient experience. Relentless in their desire to make a difference,

our nurses remain motivated to transform, cultivate and model leading efforts.

This annual report serves as an expression of Nursing Excellence through the incorporation of art, science and selfless service, which we believe defines the DNA of Nursing. Nurses are strong, powerful, caring individuals as unique as the patients they care for. These characteristics are essential for creating a

culture that promotes Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovation, and Improvements.

Each component of this report reinforces our focus as we continue our journey to Nursing Excellence, 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.

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

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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 Quality



The Value of Caring



The Value of Integrity



The Value of the Person

Improving Newborn Care

In 2019, the McLeod Regional Medical Center Women's Services team conducted an improvement project to better manage the treatment of neonatal hypoglycemia.

Using an algorithm previously developed by the Women's & Children's Nursing Quality and Safety Council as the basis for the project, the team incorporated the use of oral glucose gel along with some additional changes to greater enhance the care of these patients.

The resulting algorithm is a nurse-driven protocol that guides interventions -- such as feeding, glucose gel administration, and frequency of blood sugar checks -- based on the at-risk or symptomatic infant's age in hours and blood sugar levels. This protocol is based on the recommendations from the American Academy of Pediatrics for neonatal hypoglycemia management and evidence-based practice from utilization of glucose gel in treating neonatal hypoglycemia.

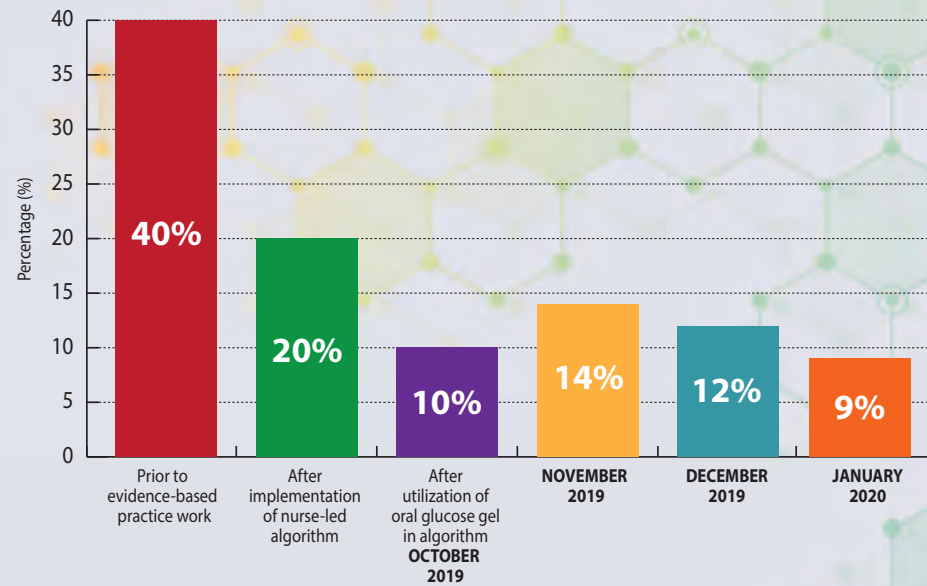
To accomplish this, an interdisciplinary team of nurses from Newborn Care and the Neonatal Intensive Care Unit (NICU) along with Neonatologists, Administration, Nursing Education, Pharmacy and Procurement, developed a process for having the glucose gel available in the Pyxis machine. It was also included in the physician order set as well as the Neonatal Hypoglycemia policy so that it could be administered to newborns suffering from hypoglycemia after birth. Staff was educated on the changes to the algorithm and how to administer the glucose gel.

This work increases the likelihood that newborns can maintain normal blood sugars while transitioning to extrauterine life without the need for IV glucose administration or a NICU admission. Other meaningful impacts include keeping mother and baby together, increased exclusive breastfeeding rates, and improved infant and family bonding. It also allows the NICU to focus on caring for premature newborns who cannot be cared for anywhere else in our region.

Elizabeth Patel, BSN, RNC-NIC, Director of Postpartum Care, led the initiative to implement glucose gel in the treatment of neonatal hypoglycemia, which has led to a reduction of admissions to the McLeod NICU.



% of Hypoglycemia Newborns Admitted to the NICU



Results of this improvement work have shown a decrease in a 40% admission rate to the McLeod NICU to 9% in January 2020. The higher percentages in November 2019 and December 2019 reflect an increased volume of at-risk infants. Newborns at higher risk for neonatal hypoglycemia include those who are born late preterm (35 to 38 weeks gestation), small for gestational age, large for gestational age or who have diabetic mothers.

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 2019 include:



January
Eugenia Evans, RN



February
Kristy Mounger, FNP-C



March
Natalie Prince, RN



April
Jane Jordan, RN



May
Miko Fulmore, RN



June
Kim Love, RN



July
Lisa Pate, RN



August
Beth Gleason, RN



October
Tiffani Beard, BSN, RN



November
Jeritza Graves, RN



December
Andrea Spears, RN

McLEOD NURSING HONORS

Merit Award Winners 2019

The McLeod Merit Award is given by McLeod employees who nominate their fellow co-workers for exemplifying the McLeod Values and reflect 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 2019 include:**



Lee Broughton, BSN, RN, CCRN



Beth Dalla Riva, RN



Edgard Sarmiento, RN



Mona Smith, RN



Tina Sikes, RN



Stacie Watford, RN



Angela McNeil, RN



Christina Sims, RN



Rebecca Miller, FNP



Kristin Dowling, RN



Caroline Smalls, 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 2019 included:*



Brandi Andrews, RN, NICU



Winnie Pigate, RN, Case Management

Nurse of the Year Award 2019

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 2019 were Chris Snead, Advanced Practice Nurse of the Year and Daryl Hammonds, Registered Nurse of the Year. Heather Buchner was the Medical Surgical Technician of the Year.

Pictured from left to right: Chris Snead, CRNA; Daryl Hammonds, RN; and Heather Buchner, MST.



Palmetto Gold Award 2019

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 it 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 2019 for McLeod Regional Medical Center included from left to right: Selina White, MSN, AGNP-C; Brittany McNair, MSN, RN-BC, CMSRN; Renae Matthews, BSN, RN; and Mekka Levy, MSN, BSN, RN.



Shared Governance

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 – The Surgical Council recognized a need to create a standard work process for transport staff on weekend shifts, and as a result, implemented a communication board that tracked transport call times and patient arrival times as well as a survey. The tracking data along with survey responses was used to identify trends in communication and delays and improve the transport process. The next body of work will focus on unplanned transfers.



SURGICAL COUNCIL: Thomas Vidoni RN, CFA, Operating Room; Brenda Raynor, BSN, RN, Director, Surgery; Lisa Anderson, RN, Day Hospital; Brittney Hinson, RN, Neurology; Patricia Taylor, MSN, RN, Director, Trauma Surgical Care Unit & Surgical Progressive Care Unit; Ashley McLeod, BSN, RN, Post Anesthesia Care Unit; Daryl Owens, LPN, Outpatient Day Surgery East; Kayla Pitts, RN, Surgery; Stephanie Markum, RN, PCS, Operating Room; and Ester Thomas, MSN, RN, Nurse Educator.



MEDICAL & NEURO COUNCIL: Elaine Rouse, Secretary, Nephrology; Cynthia Olivos, RN, PCS, Medical; Lindsey Gaffney, RN, Observation; Veronica Huff, RN, CMSRN, Share-the-Care; Brittany McNair, MSN, RN-BC, CMSRN; and Amy Faulkenmeyer, BSN, RN, PCS, Nephrology.

Medical & Neuro Council – The Medical & Neuro Council worked on refining patient discharge folders. We conducted surveys to gain a better understanding of the location in which they are kept as well as nurse and patient utilization and education. We looked at possible design change and grant funding. The council will continue this work in 2020 as well as improving procedure delays due to the administration of anticoagulants.



EMERGENCY DEPARTMENT COUNCIL: Jennifer Cutter, RN, Emergency Services; Dawn Shelley, RN, TNCC, Emergency Services; Gary Tod Sanders, BSN, RN, TNCC, Emergency Services; Kirsten Tapen, RN, TNCC, Emergency Services; Jan Thompson, Department Secretary, Emergency Services; and Kelley McCormick, BSN, RN, TNCC, Emergency Services.

Emergency Department Council – The Emergency Department Council worked on identifying trends in mislabeled blood specimens, piloting the use of the Kurin Lock® device with all blood culture collections and providing an educational fair for all employees to learn more about splinting.

Oncology Council – The oncology council worked to continue improving team building, communication and education by planning and hosting a division-wide town hall meeting. During this meeting, staff from inpatient and outpatient oncology services came together to enjoy refreshments while learning more about radiation from Dr. Virginia Clyburn-Ipock and taking a guided tour of the radiation department.



CARDIAC COUNCIL: Adriane McKeithan, BSN, RN, Cardiac Rehabilitation; Tyler Coker, RN, Heart & Vascular Intensive Care Unit; Jane Johnson, RN, Cardiovascular; Renee Atkinson, RN, Heart & Vascular Institute; and Diane McGee, RN, Cardiovascular Operating Room.

Cardiac Council – The Cardiac Council focused on establishing accurate Intake, Output and Daily Weight for patients on the cardiology floor. This will work continue in 2020.



ONCOLOGY COUNCIL: Kathy Jenkins, MSN-Ed, RN; Lacey Polston, BSN, RN; Elizabeth Epps, BSN, RN; Carole Burns, LPN; and David Poston, BS, Associate Vice President of Patient Services.

Endoscopy Council – The Endoscopy Council focused on two main goals: improving patient flow and implementing Cerner. The team identified the two areas which caused delays in the flow of patients throughout the day -- admissions and discharge. Efforts to improve this flow included: streamlining the charting process, creating roles for an IV start nurse and a vital signs technician, ensuring clear communication, adding an additional Medical Surgical Technician for removing monitors and IV's, creating a role for a float charge nurse, and mapping out the process of discharge for a patient.

To successfully implement Cerner, the Endoscopy team spent months training super users and staff as well as planning processes for Cerner go-live. In admissions and discharge, the team consolidated some of the charting into one place and created queues for notifications regarding inpatient procedures, discharge orders and outpatient follow-up appointments.

Moving forward, this council aims to focus on patient wait times and satisfaction, employee engagement and preparing for a move.



ENDOSCOPY COUNCIL: Cassie Walker, RN; Stacy Lee, RN; Yvette Muldrow, RN; and Jessica Ward, RN.

APRN Council – The APRN council worked to identify vital information to develop a sufficient orientation for nurse practitioners. With the recent expansion in the scope of APRNs in South Carolina, the team sought clarity on how to safely provide quality care and continue to positively impact healthcare.



APRN COUNCIL: Leah Ploeg, MSN, RN, Director, Credentialing; Danielle Altman, FNP-BC; Melissa Hamer, FNP-C; Wesley Jacobs, DNP, NP-C; Lindsey Timmons, FNP-C; and Segee Holley, FNP-C.

Case Management Council – The Case Management Council created an educational/resource guide titled "Case Management 101" to help improve communication between Case Management and the nursing units. The guide also includes resource forms and educational material for the units. The resource guide is located on the Compass under Case Management.

In addition, the council worked on Case Management Dashboards for the nursing unit in an effort to track metrics and show areas of improvement on each nursing unit. The metrics included operational metrics, observation patient management, avoidable delays, discharge planning/patient flow and extended stay reviews. As a result of the metrics, the council identified key areas of concern for each unit. The dashboard promotes a holistic approach to patient care by utilizing various areas of care through teamwork.



CASE MANAGEMENT COUNCIL: Cornelia Davis, RN; Wendi Miller, BSN, RN, CLC; Brittainy Starling, BSN, RN; Yvonne McMillan, MSN, RN; and Lydia Fulton, Secretary.



WOMEN'S & CHILDREN'S COUNCIL: Kerry Anderson, MSN, RN, CNL, CPxP, Facilitator; Kerriane Stone, BSN, RN, Nurse-Family Partnership; Kristin King, BSN, RN, Nurse-Family Partnership; Miranda Meyers, RN, Share-the-Care; Lori Barfield, BSN, RN-C, Postpartum/Gynecology; and Teresa Brewer, RN, CLC, Postpartum/Gynecology.

Women's & Children's Council - The Women's & Children's council worked on streamlining and standardizing the treatment of Hyperemesis Gravidarum (HG) patients to provide continuity of care and decrease length of stay. Efforts included forming a multidisciplinary team and researching best practice care for this group of patients. Patients experiencing HG often feel lost and hopeless in their healthcare journey. This council aspires to raise awareness of HG and provide assurance to patients that they can have a fulfilling, healthy pregnancy.

Nursing Care Leadership Forum (NCLF)

The Nursing Care Leadership Forum (NCLF), a shared governance council established at McLeod, 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 workload concerns, advocating for changes within the dress code policy and participating in a food drive benefitting the Harvest Hope Food Bank.



Members of the McLeod Nursing Care Leadership Forum include, from left to right: (Front Row) Rachael Ann Woodberry, BSN, RN, Surgery; Rachel Brown, BSN, RN, Trauma Surgical Care Unit; Melissa Bradley, BSN, RN, OCN, IV Therapy; Jennifer Conway, RN, Stroke Unit; Monica Holmes, RN, PCS, Nephrology; (Second Row) Augusta Bullins, BSN, RN, Cardiology; Jennifer Taylor, BSN, CMS-RN, Hemodialysis; Kelly Orton, RN, CCRN, Medical Intensive Care Unit; Pam Harris, BSN, CCRN, Heart & Vascular Intensive Care Unit; (Third Row) Leigh Dawson, BSN, RN, Cardiac Rehabilitation; Marlee McManus, BSN, RN, Neonatal Intensive Care Unit; Brantlee Kirven, BSN, CCRN, RNC, Observation; and Shelly Shedd, RN, Catheterization Lab.

Magnet Champions

Representing each nursing department, Magnet Champions work to define, revise, implement and disseminate processes and information related to the Magnet Journey at McLeod Regional Medical Center.



The Magnet Champions pictured from left to right include: (First Row) Amber Huggins, BSN, RN, Day Hospital; Mekka Levy, MSN, RN, Nursing Administration; Michelle Beard, RN, ONC, IV Therapy; Didith Montrose, BSN, RN, Nephrology; (Second Row) Ellen Horton, RN, Surgery; Tess Baquial, BSN, RN, CNN, Hemodialysis; Karen Clark, RN, CCM, CHPN, Palliative Care; Peggy Dobbins, RN, Case Management; Pam Warr, BSN, RN, Share-the-Care; Lauren Snipes, RN, Pediatric Intensive Care Unit/Children's; Brittany Johnson, RN, Orthopedics; Gail Brockington, RN, Share-the-Care; (Third Row) Zachary Greenwood, BSN, RN, CCRN, CMC, Coronary Care Unit; Madison Cooper, BSN, RN, Heart & Vascular Intensive Care Unit; Garris Amerson, RN, Observation; Kristina Brown, BSN, RN, Medical; Patrick Mohny, RN, Imaging Administration; and Emily Grantham, MHA, BSN, RN, Nursing Administration.



Magnet Champions Stephanie Hughes, BSN, RN; Sarah Roland, MSN, BSN, RN; Amber Lee, MSN, BSN, RN and Emily Grantham, MHA, BSN, RN attend the 2019 Magnet Conference in Orlando, Florida.

Empowering Nurses to Reach Their Goals Through Several Types of Scholarships

ASSOCIATE DEGREE IN NURSING

McLeod Health offers \$5,000 for tuition with an annual cap of \$2,500 to 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 Health. They must be employed two years to fulfill their commitment for the scholarship.

BACHELOR OF SCIENCE IN NURSING

McLeod Health offers \$8,000 for tuition with an annual cap of \$4,000 to 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 Health. They must be employed three years to fulfill their commitment for the scholarship.

RN TO BSN

McLeod Health offers \$5,250 annually for tuition to 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 Health. They must be employed two years to fulfill their commitment for the scholarship.

CERTIFIED REGISTERED NURSE ANESTHETIST

McLeod Health 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 Health. They must be employed four years to fulfill their commitment for the scholarship.

McLeod Health is committed to assisting students in attaining their healthcare career goals. The purpose of the McLeod Health Scholarship Program is to provide financial assistance to students who have been accepted into an approved program of study in an identified healthcare employment area of need. The scholarships available are for tuition only with amounts varying with respect to the area of study. We are recruiting motivated students whose core values align with those of McLeod to work at one of our eight locations following the completion of their academic program. The application and open enrollment information can be found by visiting: mcleodscholarship.smapply.org.

The Bachelor of Science in Nursing Scholarship

McLeod supports and promotes a variety of opportunities for its employees. McLeod offers \$8,000 for tuition with an annual cap of \$4,000 to students who have been accepted into an accredited BSN program and

requires a three-year work commitment. McLeod values advanced education. It plays an active role in promoting and providing opportunities to assure their employees have the most current

and up-to-date information available. Through this scholarship, McLeod supports the decision to pursue an advanced degree by financially investing in the staff. This support

ensures the 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 Pursuing a Nursing Career

Starting at a very young age, I was my grandmother's primary care giver. Caring for someone I loved dearly showed me how much other people needed someone to take care of them. It has always been in my heart to care of others, and that is the epitome of nursing.

While in nursing school, I had a wonderful experience during my Medical/Surgical clinical rotation and then began working as a Medical/Surgical Technician (MST) on the Oncology floor at McLeod. During my clinical, all of the nurses and staff had a huge impact on where I chose to work as an MST.

I continued working as an MST on this floor throughout nursing school and then later accepted a Registered Nurse (RN)

position upon my graduation. Being an MST and experiencing true camaraderie with my co-workers solidified my decision to launch my nursing career at McLeod. With the assistance of a McLeod scholarship, I obtained my Bachelor of Science degree in Nursing from Francis Marion University. Due to this being my second bachelor level degree, there were very few options for financial assistance. I had already exhausted my finances on a four-year degree in Healthcare Administration.

The McLeod scholarship is the only reason I could offset some expenses and obtain my degree on a full-time credit schedule and timeline. Without the scholarship, finances may have been a stressor that hindered me



Chandler Creech Larsen, BSN, RN, Oncology

from finishing my degree, it may have taken longer than anticipated on a part-time schedule, or I may have had to transfer schools.

I am so grateful to McLeod for this opportunity.

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

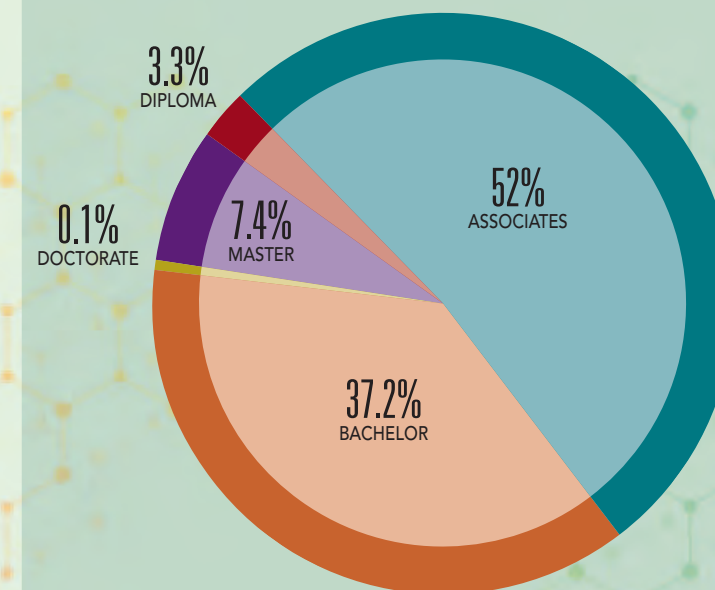
There are many degree options for the graduate level nurse. These include nurse educators, nurse leaders, nurse practitioners, certified registered nurse anesthetists and clinical nurse specialists.

DOCTORATE LEVEL EDUCATION

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

2019 Education Statistics (MRMC)

Number of Nurses



NUMBER OF NURSES

Diploma	50
Associates Degree in Nursing	798
Bachelor of Science in Nursing	572
Master of Science in Nursing	114
Doctorate of Nursing Practice	2
Total Nurse Volume	1,536
Total Specialty Certifications	162

Certified Registered Nurses at McLeod Regional Medical Center 2019

Tamara Abel, RNC-OB	Sabrina Capell, RNC-NIC	Mandy Grant, CLC	Robin Lewis, CFRN	Angela Putnam, CNOR
Courtney Albert-Scott, CMSRN	Lewis Carter, CRNA	Zachary Greenwood, CCRN, CMC	Nicky Littlejohn, NE-BC, RNC-NIC	Shannon Reece, CRNA
Bobby Aldridge, CFRN, CTRN, TCRN	Jill Caulder, CNOR	Sarah Griggs, CLC	Caleb Loveless, CCRN	Brandy Reed, OCN
Charles Aldridge, CRNA	Mallory Chestnut, FNP	Connie Grosick, SPEMT	Marah Lynch, CCRN	Patty Reis, CRNA
Lindsey Alexander, RLC	Lisa Childress, OCN	Deborah Gullledge, CCDS	Danna Maksin, CEN	Whitney Richey, NP
Mary Allred, CMSRN	Caren Chinich, FNP	William Hanna, CRNA	Douglas Maloy, CRNA	Laura Robertson, CLC, RNC-NIC
Justin Altman, CRNA	Karen Clark, CCM, CHPN	Michele Harris, CDE	Pamela Maloy, CRNA	Sharon Rogers, CCDS
Myra Alton, CRNA	Julie Coker, CLC, RNC-NIC	Pamela Harris, CCRN	Marylouise Martin, RNC-NIC	Albertina Sanders, RRT/RCP
Crystal Anderson, CEN	Tyler Coker, CCRN	Joshua Harrison, SCRN	Cynthia Matthews, CCDS, CDIP	Scott Saylor, CRNA
Stacia Andrews, OCN	Nichelle Coleman, CRNA	Elizabeth Haselden, FNP	Kimberly Matthews, CRNA	Phyllis Shearin, NCC:OB
Donya Baker, CRNA	Audrey Collins, CRNA	Linda Henry, IBCLC	Jacqueline McCabe, CCRN	Deborah Shoppell, SCRN
Julie Ball, OCN	Joy Coursey, CRNA	Melissa Herrington, AGACNP-BC	Marcella McCall, CNOR	Ernest Singletary, CRNA
Robert Barber, CRNA	Shellie Cox, WCC	Jason Hewett, NP	Linda McDonald, OCN, CBCN	Tammy Smith, CRNA
Lori Barfield, RNC-OB	Vanessa Cox, RNC-NIC	Jenny Hicks, CLC	Elizabeth McDowell, RN-BC	Dawn Spivey, CNRN, SCRN
June M W Barnes, CNOR	Barbara Crowley, CLC	Kimberlie Hitchcock, CRNA	Hope McLendon, FNP, OCN	Kittipong Srisuwan, CRNA
Tess Baquial, CNN	Denita Davis, CLC	Diane Howell, CCRN, TCRN	Kathryn McLeod, PCCN	Bobby Stephens, CCRN
Georgia Beasley, CLC	Christopher Deese, CRNA	Karyn Hucks, CCDS	Marlee McManus, CLC	Whitney Stillwell, CCM
Courtney Beattie, CRNA	Allen Denham, CCRN	Veronica Huff, CMSRN	Kimberly Metzger, CMSRN	Dorie Sturgill, CCRP, CHPN, OCN
Bryan Bird, CRNA	Nancy Dewitt, NCC:OB	Joann Hutchinson, SCRN	Kristen Miller, CLC	May Suen, CRNA
James Bobo, CRNA	Laura Donnell, CRNA	Chireen Hyler, TCRN	Wendi Miller, CLC	Crystal Taylor, CRT/RCP, RRT/RCP
Stephanie Boice, CRNA	Victoria Dozier, CNOR	Susan Jackson, CNOR	Melissa Mitchell, CRNA	Jennifer Taylor, CMSRN
Michael Bolick, CRNA	Heather Driggers, CRNA	Wesley Jacobs, NP-C	Johnathan Moody, WCC	Wendy Taylor, CDE
Paula Boyd, RNC-NIC	Annette Edwards, CCRN	Kathy Jenkins, CCRN	Shannon Moore, CCRN	Victoria Thornton, CCRN, CMC
Melissa Bradley, OCN	Teresa Ervin, RNC-NIC	Latrece Jett, CLC	Sondra Moseley, WCC	Keith Torgersen, CRNA
Teresa Simokat Brewer, CLC	Casey Evans, CLC	Cheryl Johnson, CNOR	Renee Neal, PCCN	Barbara Truesdale, OCN
Lee Broughton, CCRN	Yasma Felder, CST	Danielle Johnson, FNP	Cheryl Neuner, RNC-NIC	Jennifer Turner, CLC
Eileen Brown, CRNA	Carissa Floyd, WCC	Richard Johnson, CRNA	Mary Nickel, CRNA	Margaret Tyler, RNC-NIC
Rhonda Brown, CNOR	Amanda Fowler, CRNA	Diana Jones, CRNA	Kimberly O'Neal, CBCN	Marsha Ward, CRNA
Cynthia Burns, OCN	Jeremiah Fowler, CRNA	Kimberly Jones, CRNA	Kelly Orton, CCRN	Brent White, CRNA
Nakpangi Butcher, CNOR	Cydney Gandy, CLC	Stella Jones, RNC-NIC	Billie Parnell, CLC	Pamela Worthy, OCN
Madisyn Buxton, RNC-NIC	Ashley Gaskin, CSC, RN-BC	Curtis Keefe, CCRN	Elizabeth Patel, RNC-NIC	Janet Yarchever, CCM
Marvin Cagle, CRNA	Ashley Gerrald, CRNA	Anne Kelly, RNC-NIC	Hannah Pettigrew, CRNA	Eva Yeazell, CRNA
Kristin Cain, CRNA	Catherine Gilson, NCC:IO	Kristy Kethe, CRNA	Vickie Pigate, SCRN	
Karen Calcutt, IBCLC	Mary Gliarmis, TCRN	Brantlee Kirven, RN-BC, CCRN	Devin Watson Player, CRNA	
Elizabeth Campbell, CLC	Donna Granger, CRNA	Amber Lee, CNOR	Pamela Pritchard, AGACNP-BC, CWON	

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, May 4, 2019. More than 600 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, Robert E. Lee Academy, Darlington High School, West Florence High School, Mullins High School, Dillon Christian School, Mayo High School, Marion High School, and Conway Christian School.



Wesley Jacobs, DNP, examines an athlete during the McLeod Sports Medicine High School Physical Clinic.



Pictured left to right are: Lauren Snipes, RN, Children's Hospital; Elizabeth Patel, BSN, RNC-NIC, Postpartum; Nicky Littlejohn, BSN, RNC-NIC, MBA, NE-BC, Neonatal Intensive Care Unit; Madyson Buxton, MSN, RNC-NIC, Neonatal Intensive Care Unit; Dawn Spivey, BSN, RN, CNRN, SCRN, Neurology; Charity Gerald, BSN, RN, Medical; Emily Grantham, MHA, BSN, RN, Nursing Administration; and Angela Putnam, BSN, RN, CNOR, Nursing Administration.

McLeod Nurses Serving Their Community

Several McLeod Regional Medical Center Magnet Champions and Nurse Leaders spent time with Help 4 Kids Florence preparing weekend bags of food for elementary students within Florence County. Each Friday, children who are at risk of being hungry receive a bag of food for the weekend. The Help 4 Kids organizations aims to reduce the long-term consequences of hunger among children in our community.

Professional Nursing Practice Model and Care Delivery System

To achieve excellence in providing quality care to patients, families and our 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

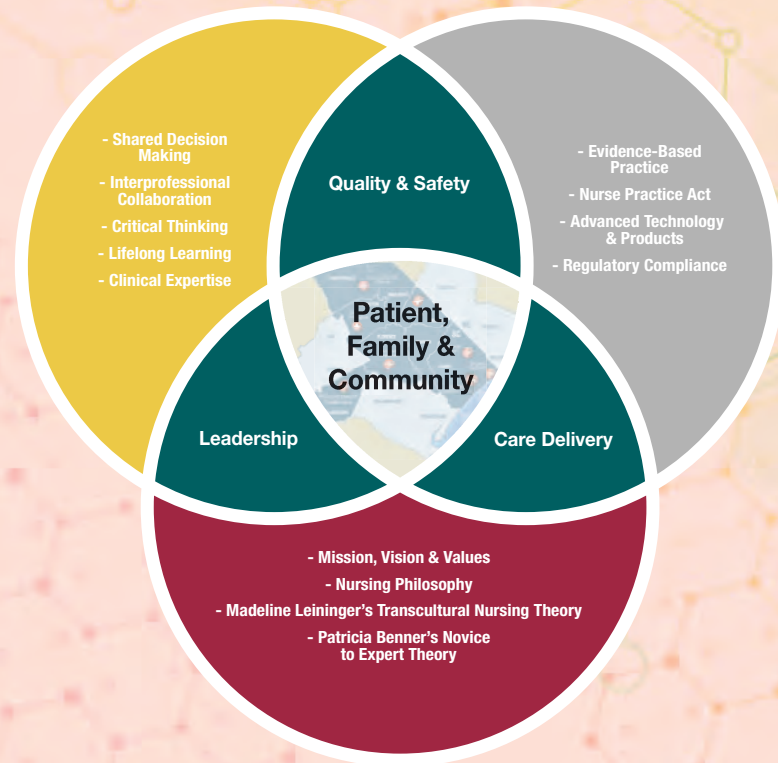
the acceptance of cultural diversity by our nursing professionals for the populations served.

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.

McLeod Regional Medical Center Receives Prestigious International Award

As part of its overall commitment to women's health and care for expecting mothers, McLeod Regional Medical Center has received prestigious international recognition as a Designated Baby-Friendly® birth facility.

Baby-Friendly USA, Inc. is the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative ("BFHI"), a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies. Based on the *Ten Steps to Successful Breastfeeding*, this prestigious international award recognizes birth facilities that offer breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies.

As a Baby-Friendly hospital, McLeod Regional Medical Center has demonstrated that their policies and practices meet the gold standard for mother/baby care related to breastfeeding.

This designation also indicates

that the hospital supports and promotes the importance of mother and infant bonding through skin-to-skin -- placing baby on mom's bare chest soon after delivery -- and rooming-in -- keeping the baby in the mother's room during the hospital stay. While these practices promote bonding, skin-to-skin and rooming-in also offer many health benefits to both the mom and her baby.

Achieving Baby-Friendly designation illustrates the hospital's commitment to patient and family-centered care. The mission of Baby-Friendly USA aligns closely with that of McLeod Health as the organization provides quality care that has been proven to reduce risks to the baby and mother.

For more than three years, a dedicated Women's and Children's team has worked to improve and enhance the care received by mothers who deliver at McLeod Regional Medical Center, and this designation demonstrates the hospital's ongoing dedication to quality and safety.

There are more than 20,000 designated Baby-Friendly hospitals and birth centers worldwide. Currently, there are 572 active Baby-Friendly hospitals and birth

centers in the United States and 15 in South Carolina. The "Baby-Friendly" re-designation is given after a rigorous on-site survey is completed. The award is maintained by continuing to practice the Ten Steps as

demonstrated by quality processes. In addition to McLeod Regional Medical Center, McLeod Health Dillon is also a Designated Baby-Friendly birth facility.



Janice Isaiah, a McLeod Postpartum Nurse, assists Amber Defee Legge as she bonds with her daughter, Melody, during skin-to-skin contact.

Advancements in Nursing Research at MRMC



Jenna Swindler, PharmD, BCPS-AQID, and Denise Allison, MSNEd, RN, presented the McLeod Opioid Utilization project at the Institute for Healthcare Improvement National Conference in December 2019. This work will also be featured in an upcoming issue of *The Permanente Journal*.

Nurses at McLeod Regional Medical Center were involved in two major research projects conducted in 2019. While both projects are ongoing and will continue in 2020, they are already having a major impact in accomplishing the mission of McLeod Health -- to improve the health and well-being of our patients by providing excellence in health care.

"Decreasing Opioid Utilization in Post-Surgical Opioid-Naïve Patients"
Craig Selander, MD; Denise Allison,

MSNEd, RN, Clinical Effectiveness; Jenna Swindler, PharmD, BCPS-AQID; Faith Brown, PharmD; and Brenda Raynor, BSN, RN, Surgery.

Opioid use imposes a significant burden on the healthcare industry in terms of opioid-related overdose, morbidity and economic costs. Opioid exposure in opioid naïve patients, specifically in the post-operative population, has been shown to increase the risk for progression to chronic use. Unnecessary prescribing

of opioids upon discharge also contributes to the unsecured availability of these agents in the community setting.

Perioperative pain management guidelines recommend using multimodal analgesia (MMA) to improve pain control and reduce the quantity of opioids administered perioperatively. Utilization of MMA is routine practice for many surgical specialties at McLeod Regional Medical Center though not adopted hospital wide.

As part of McLeod's commitment to healthcare improvement via the South Carolina Surgical Quality Collaborative, Clinical Effectiveness developed an Opioid Utilization Committee led by General Surgeon Dr. Craig Selander. The team -- composed of pharmacists, nursing staff, anesthesia, and

administration -- assessed whether a revision to the general surgery post-operative pain management order set that implements MMA and equianalgesic opioid doses would reduce opioid quantities required postoperatively.

Process changes included reviewing the preoperative acute and chronic pain patient assessment (Figure 1); developing preoperative and postoperative medication order sets with pre-selected, scheduled, non-opioid analgesia and non-opioid PRN (as needed) analgesia (Figure 2); posting discharge prescription guidelines at physician work stations; and developing patient education, to be provided at surgical consultations (Figure 3).



Targeting pain from multiple pathways is imperative to adequate pain control. Utilizing multimodal analgesia to target pain receptors is a guideline based recommendation from both the American Society of Anesthesiologists and the American Pain Society.

<input checked="" type="checkbox"/>	Pre-Op Pain Medications Short Set
<input checked="" type="checkbox"/>	Acetaminophen (Tylenol) 1000mg PO x 1 ON CALL TO OR
<input type="checkbox"/>	Celecoxib (Celebrex) 200mg PO x 1 ON CALL TO OR-F/D
<input checked="" type="checkbox"/>	Gabapentin
<input checked="" type="radio"/>	Gabapentin (Neurontin) ON CALL - 1200mg PO (CrCl ≥60)
<input type="radio"/>	Gabapentin (Neurontin) ON CALL - 600mg PO (CrCl <60)
<input type="radio"/>	Gabapentin (Neurontin) not ordered due to ESRD

Figure 1

<input checked="" type="checkbox"/>	Post-Op Pain Medications Short Set
Pain Medications if not on PCA or Epidural (Goal: maintain pain score ≤3 on 0-10 scale or patient's threshold)	
<input checked="" type="checkbox"/>	Post-op pain score goal: maintain pain score ≤3 on a scale 0-10 (or patient's threshold)
<input checked="" type="checkbox"/>	Must administer non-opioid pain medications before administering opioids
<input checked="" type="checkbox"/>	Acetaminophen 1000mg PO Q8H x 48 hrs mild pain, then Q8HP
<input type="checkbox"/>	Acetaminophen 650mg REC Q8H x 48 hrs, then Q8HP
<input type="checkbox"/>	Ketorolac (Toradol) 15mg IV Q6H x 48 hrs mod pain, then Q6HP
<input type="checkbox"/>	Celecoxib (Celebrex) 200mg PO BID x 48 hrs_F/D
<input checked="" type="checkbox"/>	Gabapentin
<input checked="" type="radio"/>	Gabapentin 600mg PO TID x 48 hrs, hold for sed ≥3
<input type="radio"/>	Gabapentin 300mg PO TID x 48 hrs, hold for sed ≥3
<input checked="" type="checkbox"/>	Moderate Pain
<input checked="" type="radio"/>	Oxycodone 5mg PO Q4HP mod pain (can give Toradol)
<input type="radio"/>	Morphine 2mg IV Q4HP for mod pain
<input type="checkbox"/>	Ketorolac (Toradol) 15mg IV Q6HP mod pain
<input type="checkbox"/>	Cyclobenzaprine (Flexeril) 10mg PO TIDP for muscle spasms
<input checked="" type="checkbox"/>	Severe Pain
<input checked="" type="radio"/>	Morphine 4mg IV Q2HP for severe pain
If allergic to Morphine	
<input type="radio"/>	Hydromorphone (Dilaudid) 0.5mg IV Q2HP for severe pain
<input type="radio"/>	Fentanyl 25mcg IV Q2HP for severe pain

Figure 2

Methodology:

The study utilized a retrospective and prospective cohort. Patients were included if undergoing non-emergent or scheduled general surgery procedures and classified as opioid naïve, determined through self-reported home medication lists. The primary outcome was the total quantity of inpatient opioids administered in opioid naïve patients. The secondary outcomes analyzed the safety and efficacy of the protocol through review of inpatient naloxone administration, patient reported pain scores, and the quantity of opioids prescribed at discharge. An extensive multidisciplinary education initiative was implemented. Benefits of MMA and current recommendations for opioid prescribing at discharge were covered.

The revised order set went live in March 2019, with the prospective data collection period lasting from April 2019 through June 2019.

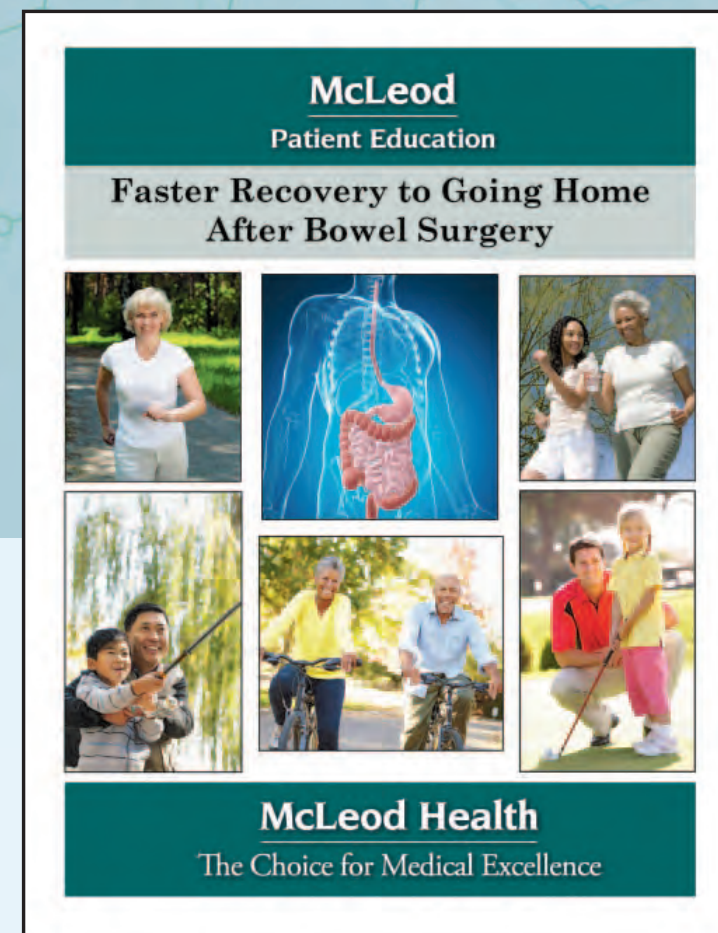


Figure 3

Advancements in Nursing Research at MRMC (continued)

Conclusion:

In summary, utilizing perioperative MMA reduces opioid consumption without increasing pain scores. The study yielded the following results:

- The quantity of opioids dropped from 35 doses to 9 doses.
- Pain scores did not increase as a result of the project.
- MMA implementation has been requested by other divisions throughout the organization.
- Patients are able to be discharged home with less opioids.

Moving Forward:

McLeod Health has been awarded a \$560,000 grant from The Duke Endowment to establish an Opioid Stewardship Program to drive this work throughout the organization.

Day of Surgery	Retrospective Oral Morphine Equivalents Post-Op	Prospective Oral Morphine Equivalents Post-Op
POD 0	28.9	19.77
POD 1	67.27	21.19
POD 2	73.34	21.38
POD 3	72.97	22.22

	As Is (CY 2018):	Current State (March 2019-present)
Quantity Opioids/Resource Case:	35.75	10.77
% MMA in OR/PACU:	29.7%	93.2%
% MMA in Post-Op Setting:	14.4%	97.7%

Day of Surgery	Retrospective Pain Scores (N=76)	Prospective Pain Scores (N=89)
POD 0	3.21	2.86
POD 1	2.76	3.05
POD 2	2.43	2.68
POD 3	1.93	2.76

After project implementation, the quantity of opioids per patient decreased from 35.75 doses to 10.77 doses within the General Surgery patient population. Furthermore, the multimodal usage setting increased from 29.7% to 93.2% within the Operating Room/Post Anesthesia Care Unit while the post-operative setting increased from 14.4% to 97.7%. Patient's reported pain scores also remained ≤3 (or at patient's threshold) while simultaneously decreasing opioids received.

"From Surviving to Thriving: Assessing Quality of Life Issues in the McLeod Breast Cancer Survivorship Population"

Pam Worthy, BSN, RN, OCN, IV Therapy; Michelle Gandy, RN, Cancer Research Nurse; and Angela McNeil, RN, Oncology Nurse Navigator

More people than ever before are living after a diagnosis of cancer and

now account for around five percent of the U.S. population (Mayer et al, 2017). There were an estimated 15.5 million cancer survivors in the U.S. in 2016 and this number is expected to increase to 20.3 million by 2026 (American Cancer Society, 2018).

Cancer impacts much more than a patient's physical health; it also impacts their financial, social, spiritual, and psychological well-being.

Patients focus on treatment side effects such as hair loss and nausea and are often unprepared for the impact that cancer (and treatment) has on their lives long-term. In addition, the conclusion of treatment is a time when predictable routines end, leaving survivors with a sense of loss and uncertainty (Kantor & Suzan, 2016).

The traditional focus of cancer care has been on the immediate treatments, including surgery, chemotherapy and radiation therapy. While these are absolutely vital, cancer patient care does not stop once treatment is completed. The target population for this investigation is patients who have been diagnosed with breast cancer and have completed their cancer treatment (with the exception of maintenance therapy or hormonal blockade). This study focuses on breast cancer since it is the most

common site of cancer in the McLeod oncology patient population, constituting 341 out of 1,445 total cancer cases in 2017 (McLeod Health, 2018).

There are currently 25 patients enrolled in this study; however, data collection will continue until 100 patients have enrolled.

Phases of Survivorship (Kantor & Suzan, 2016; Mullen, 1985)

While there are varying phases of survivorship, the focus of this nursing research study are patients in the extended survival phase.

The purpose of this study is to determine the predominant quality of life issues, particularly for breast cancer survivors in our local cancer population, which will aid in the design of future nursing research studies tailored to the needs of our cancer survivor population.

1 ACUTE SURVIVAL: Begins with diagnosis and continues through the active treatment period.

2 EXTENDED SURVIVAL: Starts when active treatment ends and includes the months to early years after treatment. This can include surveillance, maintenance, and/or consolidation therapy.

3 PERMANENT SURVIVAL: The patient moves to a time when it is unlikely the cancer will return. This phase begins several years after treatment and can vary depending on cancer type.

- Other 2019 Nursing Research Projects Included:**
- Nurses' Knowledge Level of Magnet Survey
 - Patient and Nurse Perception of Supplements
 - Pilot of the Kurin Lock® Device in the Emergency Department

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 decision-making

If you are interested in being a part of this committee please contact Emily Grantham, BSN, MHA, RN, Nursing Administration, Magnet Coordinator or Pam Worthy, BSN, RN, OCN, IV Therapy, Nursing Research Council Chair.



Members of the McLeod Nursing Research Council include (left to right): Maureen Mulholland, Clinical Nutrition Manager, Clinical Nutrition Services; Pam Warr, BSN, RN, Share-the-Care; Cindy Miller, BSN, RN, Nursing Administration; Mekka Levy, MSN, RN, Nursing Administration; Emily Grantham, MHA, BSN, RN, Nursing Administration; Pam Worthy, BSN, RN, OCN, IV Therapy; Tony Derrick, MSN, RN, Chief Nursing Officer; and Susan Breeden, MSN, RN, Clinical Effectiveness.

Working As One

As McLeod Health transitioned to Cerner Millennium in 2019, a diverse team of nurses from various departments and roles played an instrumental role in designing and implementing efficient workflows with this platform for nurses.

Kathy Jenkins, MSNEd, CCRN, served as a Subject Matter Expert for Critical Care during the transition. Looking back on that time, Kathy has gained a different perspective on what has to occur for nurses to document and administer medications in an Electronic Medication System.

"I am currently working with our Chief Nursing Officer on a project to improve the way medication drips are administered and the documentation that accompanies the care," says Kathy. "Much of what I have learned during participation in the Cerner project was used to educate staff about the proper way to manage this process."

Kimberly Biggs, BSEd, LPN, who currently serves as an Information Technology Educator and Clinical Application Instructor helped develop the education material and trained nurses, patient care technicians and hospital unit clerks on PowerChart Foundations during the Cerner transition.



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

"Prior to returning to Nursing, I was an educator for many years," says Kimberly. "My background in WorkForce Education proved especially helpful in my role of facilitating training and instructing personnel in the healthcare field."

Cerner has improved 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.

This is something Christie Martin, MSNEd, RN, knows firsthand. Her role in the Cerner conversion was extensive, including Subject Matter Expert for Emergency Services, Co-Training Coordinator and Testing

Coordinator. Christie, who now serves as a Patient Care Supervisor in the McLeod Regional Medical Center Emergency Department, realizes the true impact of the conversion.

"Cerner Millennium allows me to have more time at the bedside due to the streamlined charting, which is critical for the nurse," she explains. "My work on this project also enabled me to develop leadership and communication skills that I use every day in my new position."

Nursing Units Honored for Service Excellence in 2019



Oncology Team



Nephrology Team



Women's Services Team

Not Pictured: Outpatient Surgery, Hospice and Cardiovascular Surgery

McLeod Health Receives Healthgrades Distinction

McLeod Health – McLeod Regional Medical Center announced that it achieved the Healthgrades 2019 Outstanding Patient Experience Award™. This distinction recognizes McLeod Health – McLeod Regional Medical Center as being among the Top 10 percent of hospitals nationwide for patient experience for a third consecutive year (2017 - 2019), according to Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

Healthgrades evaluated 3,449 hospitals that submitted at least 100 patient experience surveys to the Centers for Medicare and Medicaid Services (CMS), covering admissions from January 2017 through December 2017, to identify hospital performance. Of those hospitals evaluated, 434 hospitals outperformed their peers, based on

their patients' responses, to achieve this distinction.

Healthgrades evaluated hospital performance by applying a scoring methodology to nine patient experience measures, using data collected from a 32 question experience survey from the hospital's own patients. The survey questions

focus on patients' perspectives of their care in the hospital. The topics of these questions ranged from cleanliness and noise levels in patient rooms to physician and nurse communication. The measures also include whether a patient would recommend the hospital to friends or family.

McLeod physicians, staff and teams received additional top honors in 2019 from Healthgrades for Neurosciences, Treatment of Stroke, Cranial Neurosurgery, Total Knee Replacement, Pulmonary Care, Treatment of Chronic Obstructive Pulmonary Disease, Treatment of Pneumonia, and Treatment of Sepsis.



McLeod Healthier You Program Honored as a 2019 LiveLifeBlue Winner by BlueCross BlueShield

The McLeod Healthier You Program has been recognized as a 2019 LiveLifeBlue Winner by BlueCross BlueShield of South Carolina. Each year, BlueCross recognizes South Carolina companies that set the bar for corporate responsibility in the area of health and well-being.

Recipients of the coveted "Blue Shoe" award have implemented corporate-level policies and programs. The LiveLifeBlue program encourages fellow South Carolina employers to play an active role in promoting health and wellness. The organization believes that companies have a responsibility and powerful opportunity to improve the well-being of the people at their company and in their community.

McLeod was honored for its effort to help employees who are dealing with chronic health conditions such as obesity, hypertension, diabetes and hyperlipidemia through the Healthier You program. Aspects of the program that BlueCross acknowledged include:

- A 12-week virtual program for weight loss. Employees receive encouragement and support with a focus on lifestyle changes. The program also aims to improve employees' blood pressure and cholesterol levels.
- A Diabetic Registry program that gives employees free access to certain diabetes medications and supplies as well as the assistance of a health care manager to help them make changes in their lifestyle.
- A Smoking Cessation program that pairs employees with a certified health coach to work with them over a 12-week period.



McLeod Health Receives 25 Zero Harm Awards

McLeod Health has been honored with 25 South Carolina "Certified Zero Harm Awards" from the South Carolina Hospital Association (SCHA) in recognition of the hospital system's excellent work in preventing hospital-acquired infections.

The following McLeod Health hospitals were recognized with Zero Harm Awards: McLeod Health Cheraw, McLeod Health Clarendon, McLeod Health Darlington, McLeod Health Dillon, McLeod Health Loris, McLeod Health Seacoast and McLeod Regional Medical Center. To earn a Certified Zero Harm Award, hospitals must experience no preventable hospital-acquired infections of a specific nature over an extended period of time.

The Zero Harm Awards showcase the hospitals who have had extended harm-free stretches in surgical site infections in major surgical procedures like knee replacements, hip replacements, colon surgery, and abdominal hysterectomy, or gone months without a Central Line-Associated Blood Stream Infection (CLABSI), MRSA or C. diff.

All hospital data used for the awards is independently verified by the South Carolina Department of Health and Environmental Control and recognizes the exceptional achievement the hospital or hospital unit has made to the safety and quality of care within their facilities.

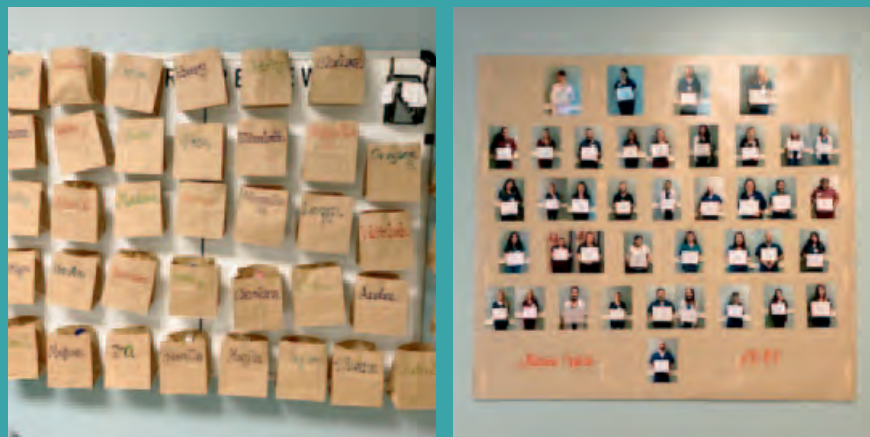
McLeod Regional Medical Center

CLABSI • HVICU **30 months**

CLABSI • NICU **30 months**

CLABSI • Oncology **24 months**

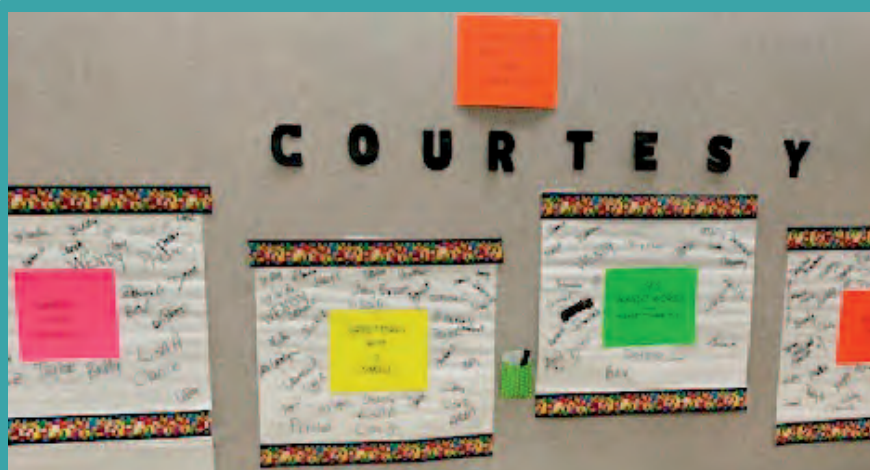
CLABSI • PICU **54 months**



During Nurses Week 2019, the Heart & Vascular Intensive Care Unit created a Wall of Appreciation, at left, and encouraged every staff member to write down their words of appreciation for each other and put one in the bags. Each staff member was also asked to fill in a board which read, "I am a nurse because..." to express why they chose a career in nursing, at right.



Nursing Leaders prepare for the Nurse of the Year Celebration during Nurses Week 2019. From left to right include: Michelle Powell, RN, Nursing Administration; Tony Derrick, MSN, RN, Chief Nursing Officer; Veronica Huff, RN, CMSRN; Elizabeth Wright, BSN, Nursing Administration; and Jessica Brigman, BSN, Nursing Administration.



In 2019, Day Hospital created a "Courtesy Wall," where each panel listed an attribute of courtesy -- such as greeting others with a smile, making eye contact, and going above and beyond. When a staff member recognized an individual displaying any of these attributes, they would write that person's name under the appropriate attribute(s). Eventually, patients and families began to participate as well as other departments, including the Operating Room, Post Anesthesia Care Unit, Anesthesia, Environmental Services and more.



Each year during Nurses Week, the Intensive Care Units at McLeod Regional Medical Center have a decorating competition. In 2019, the Trauma Surgical Care Unit chose the theme, "Alice in Traumaland."

Goals for 2020

Growth & Development

- Improve Outlook usage at the nursing level
- Develop a cultural health platform for MRMC
- Complete and evaluate the Continual Education Assessment
- Mentoring/succession planning for staff nurses and nurse leaders
- Disseminate completed nursing research studies to internal and external audiences
- Increase nursing community outreach opportunities
- Educate nurses on scholarship opportunities for four different nursing tracks
- Educate nurses about the "Success Pays" program
- Increase overall number of BSN nurses
- Increase overall number of Specialty Certified Nurses

Shared Governance

- Maintain and grow Nursing Quality and Safety Councils
- Improve the shared-decision making culture, giving nurses opportunities to lead, co-lead or play an active role in inter-professional committees
- Nurse involvement in recruitment and retention

Performance/Outcomes

- Conduct a performance review that includes a self-appraisal and peer feedback at the unit level
- Complete and evaluate the Employee Engagement Survey
- Outperform the national mean in a majority of units for RN Engagement
- 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

The Nucleus of Shared Governance



The 2019 Magnet Champions:

Pictured from left to right: (First Row) Amber Huggins, BSN, RN, Day Hospital; Mekka Levy, MSN, RN, Nursing Administration; Michelle Beard, RN, ONC, IV Therapy; Didith Montrose, BSN, RN, Nephrology; (Second Row) Ellen Horton, RN, Surgery; Tess Baquial, BSN, RN, CNN, Hemodialysis; Karen Clark, RN, CCM, CHPN; Peggy Dobbins, RN, Case Management; Pam Warr, BSN, RN, Share-the-Care; Lauren Snipes, RN, Pediatric Intensive Care Unit/Children's; Brittany Johnson, RN, Orthopedics; Gail Brockington, RN, Share-the-Care; (Third Row) Zachary Greenwood, BSN, RN, CCRN, CMC, Coronary Care Unit; Madison Cooper, BSN, RN, Heart & Vascular Intensive Care Unit; Garris Amerson, RN, Observation; Kristina Brown, BSN, RN, Medical; Patrick Mohney, RN, Imaging Administration; and Emily Grantham, MHA, BSN, RN, Nursing Administration Magnet Coordinator.

McLeod
Regional Medical Center

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