Providing the highest quality patient care through professional nursing practice, education, and research.
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Welcome to Mississippi Baptist Medical Center’s 2015 Nursing Annual Report. As Chief Nursing Officer, it is my pleasure to present to you a summary of our many accomplishments over the past year. In this report, you will see evidence of Baptist Medical Center nurses’ commitment to providing exceptional care to our patients and their families.

Our nurses, in collaboration with our multidisciplinary partners, have continued to make quality of patient care a priority. Our Unit Practice Councils, in coordination with our Clinical Improvement Committee and many other Task Forces, have focused on improving patient outcomes in alignment with our organizational strategic goals. These teams have continued to make clinical excellence, quality, and evidence-based practices a priority for being a part of the Baptist team. This past year, Baptist Medical Center was recognized by Healthgrades for being in the Top 2% of the nation for patient safety and experience.

I would like to thank all of our nurses and recognize their dedication to their profession and to Baptist Medical Center. Your passion for patient-and family-focused care has provided a positive impact on Baptist Medical Center and our community. I appreciate and respect each of you and I continue to be blessed with the opportunity to be a part of your accomplishments.

Bobbie K. Ware
Chief Operating Officer & Chief Nursing Officer
MISSISSIPPI BAPTIST MEDICAL CENTER

2015 Annual Nursing Report

Mississippi Baptist Medical Center Professional Nurse Practice Model

The Mississippi Baptist Medical Center (MBMC) Professional Nurse Practice Model (PNPM) emphasizes quality nursing practice based on standards of care that guide our knowledge, skills, judgment, and attitudes which are needed to practice nursing throughout the organization. The patient and family are at the center of all we do. The PNPM guides all nurses as leaders at MBMC in quality nursing practice, professional development, communication, and teamwork. During the past year, our nurses have consistently demonstrated commitment to professional nursing practice as depicted in this model.

Professional Nurse Practice Model

Baptist Care Delivery Model

The integrated delivery system, known as “Baptist Nursing,” is part of the professional practice model and focuses on teamwork, individualized care, therapeutic relationships, assessment, and hand-off communications from admission to discharge for the patient and family.
NURSING’S MISSION, VISION, VALUES

Our **Nursing Mission** is to provide care, comfort, and compassion while nurturing the mind, body, and spirit of our patients and their families.

Our **Vision** is to promote excellence in nursing by making a difference in the lives of others through quality and compassionate care.

**Commitment to Our Christian Healing Ministry**

Our passion is our patients, through a Christ-centered approach.
We are committed to serving the patients’ unique needs.
We are committed to quality care and nursing excellence.

**Ownership**

We are accountable for our judgments and actions.
We are devoted to upholding our ethical and moral responsibility.
We utilize our knowledge and skills to make decisions in our patients’ best interests.

**Multidisciplinary**

We believe the whole is greater than the sum of the parts.
By collaborating with other disciplines, we are better able to treat the whole patient.
We believe that each individual is essential to the successful functioning of the team.

**Professional Development**

We believe in professional growth.
We encourage continuing education, membership in professional organizations, and professional certifications.

**Autonomy**

We are empowered to participate in the decision-making processes pertaining to patient care.
We are permitted and expected to practice independently within the scope of professional standards.

**Support**

We support one another and treat each other with loyalty and respect.
We work as a team and recognize the unique contributions each individual brings.

**Stewardship**

We are called to be good stewards, to always do the right thing for our patients, families, community and each other.
We are committed to using our resources responsibly.

**Innovation**

We stay on top of emerging trends and continually embrace change.
Through evidence-based practice, we explore ways to improve patient care.

**Outcomes**

Anticipating patient needs is crucial to positive patient outcomes.
Outcomes are measured on each individual unit and department. We continually identify and implement opportunities for improvement.
We are problem-solvers and decision-makers.

**Nurture**

We treat the whole patient: mind, body, and spirit.
We build relationships by caring for our patients, families, colleagues, and self.
Transformational Nurse Leaders at Mississippi Baptist Medical Center (MBMC) create a culture of nursing excellence to lead people where they need to be in order to meet the many demands of the future in healthcare. These transformational leaders drive the enculturation of the nursing professional practice model so we can achieve the MBMC mission, “to provide the highest quality healthcare, guided by our Christian faith,” and our vision, “to be our community’s trusted healthcare system of choice, recognized nationally for outstanding employees and physicians, delivering high quality and exceptional service.”

At MBMC, all nurses are leaders and can influence change from any position. Through collaboration, trust, and strong relationships, a transformational culture is formed. Nurses throughout the organization are engaged in our shared mission “to provide care comfort, and compassion while nurturing the mind, body, and spirit of our patients and their families,” and our vision “to promote excellence in nursing by making a difference in the lives of others through quality and compassionate care.”

The following pages provide examples of transformational leadership from MBMC nurses this past year.
Mississippi Baptist Medical Center (MBMC) nurses embrace the organizational mission “to provide the highest quality healthcare, guided by our Christian faith.” The organization’s vision is to “be our community’s trusted healthcare system of choice, recognized nationally for outstanding employees and physicians, delivering high quality and exceptional service.” The MBMC nursing mission is to provide care, comfort, and compassion while nurturing the mind, body, and spirit of our patients and their families. Our nursing vision is “to promote excellence in nursing by making a difference in the lives of others through quality and compassionate care.” The nursing strategic plan provides a roadmap of our shared vision.

<table>
<thead>
<tr>
<th>Directional Strategies</th>
<th>Our Nursing Mission is to provide care, comfort, and compassion while nurturing the mind, body and spirit of our patients and their families.</th>
<th>Our Nursing Vision is to promote excellence in nursing by making a difference in the lives of others through quality and compassionate care.</th>
<th>Nursing Values – COMPASSION Commitment • Support • Ownership Stewardship • Multidisciplinary Innovation • Professional Development Outcomes • Autonomy • Nurture</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FINANCE</strong></td>
<td>• Efficient labor and supply utilization • Health reform readiness</td>
<td>• Supply reduction initiatives • Continuous Performance improvement • Performance reporting &amp; analytics</td>
<td>• Productivity • Controllable Expenses • Value Based Purchasing</td>
</tr>
<tr>
<td><strong>SERVICE</strong></td>
<td>• Patient Experience: First Choice of patients, representing the highest patient experience in the region.</td>
<td>• Relationship-based Care Model • Primary Care Nursing • Service Best Practices (AIDET, PATH, HEART)</td>
<td>• Patient Satisfaction (NRC &amp; CMS measurements)</td>
</tr>
<tr>
<td><strong>PEOPLE</strong></td>
<td>• Employer of Choice: First Choice of employees, attracting the best talent. • Professional Development: Advance staff competency and proficiency • Increase formal education and National Certifications for Nurses.</td>
<td>• Professional Development; Shared Governance Councils &amp; Baptist Leadership Institute, Continuing Education, Peer Review, &amp; New Graduate Nurse Program; Focus on the Future • Nursing Professional Development Ladder • Increase formal education of RNs by 5% from previous year %. • Increase national certifications by 5% from previous year %.</td>
<td>• Employee Retention Rate • Employee Engagement Survey • RN Satisfaction Survey • Nurse participation in Shared Governance, CNES, PNDL, &amp; Focus on the Future</td>
</tr>
<tr>
<td><strong>QUALITY</strong></td>
<td>• Quality Leader: First Choice for the highest quality of care and patient safety • Value Based Performance: Utilizing appropriate resources with quality care • Clinical Innovator; Adopt evidence-based practices and advanced technology</td>
<td>• Nurse Sensitive Indicators, Core Measures, Specialty Measures • JC Accreditation: NPSGs, Disease Specific Certifications; National Recognized Quality Distinctions • Readmission, Complication &amp; Mortality rates, Safety • Value Based: ALOS Reduction, Patient Satisfaction • Evidence-based Practice</td>
<td>• CMS Quality Metrics- NDNQI • Value Based Purchasing • Core Measures • Disease Specific Certification Performance Measures</td>
</tr>
<tr>
<td><strong>COMMUNITY</strong></td>
<td>• Community Stewardship: Extending and enhancing awareness of our local Christian healing ministry by supporting community health and vitality, also promoting volunteerism. • Affiliations with Schools of Nursing</td>
<td>• Community Health Status: Health promotion • Volunteerism • Schools of Nursing: Provide clinical and practicum time for students; Dedicated Education Units</td>
<td>• Health screenings and events • Nurse Volunteer Hours • Partnerships with Schools of Nursing</td>
</tr>
</tbody>
</table>
Nurses Leading Change

Nurses at Mississippi Baptist Medical Center participated in programs throughout the past year to enhance their leadership skills and knowledge, and to be leaders of change in their units. In January of 2015, over 75 nurses attended the Mississippi Baptist Medical Center Quality and Safety Summit. Each year Baptist offers training for leaders through the Baptist Leadership Institute (BLI). In August of 2015, approximately 40 nurses attended BLI to expand their leadership abilities. Also, 20 nurses (11 staff nurses, 4 managers and 5 directors) had the opportunity to attend LEAN training. LEAN is a cultural transformation that focuses on creating more value for our patients. At its core, LEAN minimizes waste and maximizes value for the patient throughout the entire healthcare process. These educational programs help enhance MBMC nurses’ skill set to lead change as part of healthcare reform and help to align the profession of nursing’s goals with the Institutes of Medicine’s Future of Nursing Recommendations.
As Mississippi Baptist Medical Center makes innovative changes in healthcare, several transformational leaders have assumed roles in organization operations and product line services.

**Dotti Simpson MHSA, BSN, RN, NE-BC**

Administrative Director of Women's Services

In April 2015, Dotti Simpson transitioned into the role of Administrative Director of Women's Services. Ms. Simpson is responsible for the women's service line as well as the nursing units. Ms. Simpson has been with Baptist for over 30 years serving as a clinical director in the operational side of the hospital. She has assumed the responsibility of developing strategies to increase service line volume and physician participation. She works meeting the needs of the community by achieving market leadership, both in volume and patient satisfaction. Ms. Simpson also supports and encourages the staff nurses to take an active role in the leadership of nursing. The units under her leadership have active unit practice councils with many of the staff serving on shared governance councils. Staff nurses under her leadership have been actively involved in orchestrating a successful Joint Commission survey in Prematurity Certification. The unit council also planned and organized the Neonatal Intensive Care Reunion for former patients and their families. Under the transformational leadership of Ms. Simpson, Vice President of Nursing, Brenda Howie, PhD, MSN, RN, NE-BC, and Chief Nursing Officer Bobbie Ware, MHSA, BSN, RN, NEA-BC, FACHE, women's services nurses will continue to increase professional development and contribute to the strategic transformation of MBMC.

**Deniece Ponder, MHSA, BSN, RN, OCN**

Administrative Director for Oncology and Neuroscience Services

Deniece Ponder, MHSA, BSN, RN, OCN, has been named Baptist’s Administrative Director for Oncology and Neuroscience Services. Ms. Ponder continues to have the responsibility of Oncology and Neuroscience Services and provides direction and oversight of the Hederman Cancer Center and inpatient nursing units.

Ms. Ponder has worked at Baptist for 23 years in various roles, including Home Health Branch Director, Pain Management Coordinator, Neuroscience Coordinator, and most recently as the Product Line Director of Oncology and Neuroscience services. Ms. Ponder received her Associate Degree in Nursing from Hinds Community College, a Bachelor’s of Science in Nursing and a Master’s in Health Services Administration from Mississippi College. She is certified as an oncology nurse (OCN). As a leader, Ms. Ponder is passionate about allowing nurses to have the opportunity to grow and develop as practitioners and leaders.
Mississippi Baptist Medical Center (MBMC) nurses have cultivated excellence in patient care and nursing practice this past year. Our nurses provide excellent patient care and contribute to the well-being of our patients, families, and community. Nurses have actively engaged in opportunities to learn and teach others and have developed their professional practice, knowledge, and skills by obtaining certifications and returning to school to advance their nursing degrees.

Through the shared governance structure at MBMC, nurses have participated and led many efforts to improve the patients’ experiences and outcomes. The Unit Practice Councils and Shared Governance Councils can be proud of their accomplishments. This section will highlight some of the individual and team accomplishments of our nurses.
COMMITMENT TO PROFESSIONAL DEVELOPMENT

Shared Governance Structure

- **Research/EBP Council**
  - Nursing Research
  - Evidence-based Practice
  - Innovation

- **Practice Council**
  - Policies & Procedures
  - Clinical Practice
  - New Products
  - Practice Model
  - Skills/Competency Fair
  - Patient & Family Education

- **Quality Council**
  - Performance Improvement
  - Nurse-sensitive Indicators
  - HCAHPS
  - Staff Safety
  - Patient Safety

- **Journey to Excellence**
  - J2E
  - Communicate and Educate Staff about the Magnet Journey

- **Nursing Coordinating Council**
  - Review and endorse work of all Councils
  - Communication Fair
  - Set Strategic Course for Councils
  - Assure Resources

- **Advanced Professionals Councils**
  - Credentialing
  - Peer Review & Approval
  - Competencies

- **Unit Councils**
  - Unit level quality, safety, patient and staff satisfaction, evidence-based practice, education, and multidisciplinary care.

- **Leadership Council**
  - Strategic Plan for PCS
  - Oversight for delivery of care, quality, safety, satisfaction, and nursing practice
  - Budget approval, recruitment/retention

- **Professional Development Council**
  - Council
  - Staff Satisfaction
  - National Certifications
  - Staff Education
  - Peer Review
  - Professional Nurse Development Ladder
## UNIT PRACTICE COUNCILS

### FY2015 Unit Practice Councils’ Projects

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<tr>
<th>UNIT</th>
<th>PROJECT</th>
<th>OUTCOMES</th>
</tr>
</thead>
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<tr>
<td>1N</td>
<td>Implement CAUTI prevention.</td>
<td>Ten out of 12 months (January-December 2015) with no CAUTIs.</td>
</tr>
<tr>
<td>3B</td>
<td>Focus on patient satisfaction.</td>
<td>Improved HCAHPS for patient satisfaction in seven of eight categories (from October 2014 to current 2015).</td>
</tr>
<tr>
<td>3N</td>
<td>Patient rounding sheet trial.</td>
<td>Removing yellow rounding sheets resulted in positive patient satisfaction scores on responsiveness of staff.</td>
</tr>
<tr>
<td>3S</td>
<td>Monitor weight by writing admission weight and daily weight on patient’s care board.</td>
<td>Available for the MD when making rounds. Encourages patients to be more active in their care.</td>
</tr>
<tr>
<td>4D</td>
<td>Decrease falls by ordering and using chair alarms.</td>
<td>Since February 2015, the fall rate has decreased or remained the same each month.</td>
</tr>
<tr>
<td>4G L&amp;D</td>
<td>Medication room organization - bins per room number.</td>
<td>Increased efficiency and safety.</td>
</tr>
<tr>
<td>4S</td>
<td>Create a Kardex system for the nursery.</td>
<td>Improved communication between the nursing staff and the neonatologists.</td>
</tr>
<tr>
<td>5A SBH</td>
<td>Focus on Falls - New action plans.</td>
<td>In the last two quarters of 2015 calendar year, falls decreased by 38% (8/5 quarter).</td>
</tr>
<tr>
<td>5C</td>
<td>Patient safety and fall injury prevention.</td>
<td>Ten consecutive months (October - July, FY 2015) with no fall-related injuries.</td>
</tr>
<tr>
<td>5D</td>
<td>Patient fall safety-all bed alarms to be plugged into the wall to ring at the desk if alarm goes off.</td>
<td>No falls with injuries since August 2015.</td>
</tr>
<tr>
<td>5N</td>
<td>Standardize dressing/line/tubing changes.</td>
<td>No CLABSI for past three months (September-December 2015).</td>
</tr>
<tr>
<td>5S</td>
<td>Increase the use of our safe patient handling equipment.</td>
<td>Eight out of twelve months with one fall (September 2015 - August 2015).</td>
</tr>
<tr>
<td>6A/6B</td>
<td>Standardize dressing/line/tubing changes.</td>
<td>Zero CLABSIs since February 2015.</td>
</tr>
<tr>
<td>6C/6D</td>
<td>Pressure ulcer education.</td>
<td>NO pressure ulcers since August 2015.</td>
</tr>
<tr>
<td>AICU</td>
<td>“Huddle” between shifts.</td>
<td>Improved morale, improved accuracy in deadlines being met, increased key driver “confidence/trust in my nurse” from 73.2% in July 2015 to 92% in December 2015.</td>
</tr>
<tr>
<td>SICU/CVR</td>
<td>“First Face” Program - Unit clerks help answer a lot of family questions while the staff are admitting their loved one.</td>
<td>Increased overall HCAHPS patient satisfaction scores (almost 20% from Q4 FY2015 to Q1 FY2016).</td>
</tr>
<tr>
<td>NICU</td>
<td>Enhance Discharge Checklist &amp; implemented the use on admission.</td>
<td>Made the discharge day a CELEBRATION day!</td>
</tr>
<tr>
<td>Cancer Services: OPIC/Rad Onc/ Breast Ctr</td>
<td>Improve Signage.</td>
<td>Patients expressed ease of locating destinations with improved signage throughout Cancer Center.</td>
</tr>
<tr>
<td>ED</td>
<td>Pull to full triage.</td>
<td>Decreased LOS/increased patient satisfaction.</td>
</tr>
<tr>
<td>PCU</td>
<td>Open visitation hours.</td>
<td>Improved patient satisfaction scores from 57% (May 2015) to 83% (November 2015).</td>
</tr>
<tr>
<td>Perioperative</td>
<td>Working on SBAR forms.</td>
<td>Improved communication between RNs and MDs.</td>
</tr>
<tr>
<td>Cath Lab/ CV Diagnostics/ Non Invasive</td>
<td>Increase radial access percentage.</td>
<td>Improved patient comfort - up from 53% (September 2014) to 60% (September 2015)</td>
</tr>
<tr>
<td>Float Pool</td>
<td>Create “cheat sheets” for the different floors they would be assigned to.</td>
<td>Improved communication between the unit RNs and Float Pool RNs.</td>
</tr>
<tr>
<td>ERC</td>
<td>Simulation Lab implementation for all new RNs.</td>
<td>Promotes confidence and empowers our nurses. Simulation Lab started on July 1, 2015. On a Likert Scale of 1-6, the rating average was 5.12.</td>
</tr>
<tr>
<td>IT</td>
<td>Enhance diet worksheet for RNs by adding: Morse fall scale results, Braden score, Accuchek orders.</td>
<td>Increased RN satisfaction.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Update orientation skills checklist.</td>
<td>Improved orientation process and job satisfaction.</td>
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COMMITMENT TO PROFESSIONAL DEVELOPMENT

Celebrating Mississippi Baptist Medical Center’s Certified Nurses in FY 2015

Mississippi Baptist Medical Center recognizes the registered nurses who are committed to their professional development, and to quality patient care through the attainment of an American Nurse Credentialing Center (ANCC) recognized professional certification. MBMC supports these registered nurses’ achievements as experts in their clinical areas.

Certified Nurse Practitioners
Adam Blanks, Hospitalist Program
Antonella Marchionna, Hospitalist Program
Brandi Smith, Hospitalist Program
Doretha Bournes, Hospitalist Program
KaTrevia Younger, Hospitalist Program
Michelle Wilburn, Clinical Specialty
Nora Bishop, NICU
Robert Ware, Emergency Preparedness
Shaylia Standberry, 5N
Shundra Wilson, NICU
Stevie Headley, Clinical Specialty

Certified in Maternal Newborn Nursing (RNC-MNN)
Diana Johnston, 4S
Lynda Ryan, 4S
Rachel Martella, NICU

Oncology Certified Nurse (OCN)
Brenda Hobson, Clinical Specialty
Carol Landwirth, OPIC
Deniece Ponder, Oncology Services
Kelly Gettins, OPIC
Lisa Honeycutt, OPIC
Tonya Ball, Oncology Services

Certified in Ambulatory Care Nursing (RN-BC)
Kimberly Little, SDS
Leslie Stoufer, SDS

Certified Ambulatory PeriAnesthesia Nursing (CAPA)
Christine Morrow, SDS

Certified Diabetes Educator (CDE)
Dianna Phillips, Clinical Specialty
Dawn Quayle, Clinical Specialty

Certified Coding Associate (CCA)
Kyra Barthel, HIM

Certified Bariatric Nurse (CBN)
Ron Permenter, Nutrition Center

Certified Radiology Nurse (CRN)
Maranda Eversoll, Radiology Diagnostics

Certified Professional in Healthcare Quality (CPHQ)
Carolyn Quarles, Risk Management
Rita Tierney, Quality Data Management
Vickie Gerrard, Accreditation Services

Certified Registered Nurse Infusion (CRNI)
Carolyn Thomas, OPI
Rose Anthony, Risk Management

Certified in Maternal Newborn Nursing (RNC-MNN)
Diana Johnston, 4S
Lynda Ryan, 4S
Rachel Martella, NICU

Orthopedic Nurse Certified (ONC)
Heather Anderson, 6C
Lorin Mrowczynski, 6C
Agnes Middleton, 6C

International Board Certified Lactation Consultant (IBCLC)
Diane Sims, 4S
Martha Blakely, 4S
Patricia Qualls, 4S

Vascular Access-Board Certified (VA-BC)
Sanana Williams, Clinical Specialty
Yolandia Davis, Clinical Specialty

National Registry of Emergency Medical Technicians-Paramedic
Michael Stephens, ED

Registered Cardiovascular Invasive Specialist (RCIS)
James Sims, CV Diagnostic Cardiac Stress

Registered Respiratory Therapist (RRT)
Choyce Diffey, Endoscopy Center
Kitty Pitts, CVR

Certified in Infection Control (CIC)
Erica Payne, Quality Data Management

Certified Surgical Technologist (CST)
Amanda Carr, WSC

Nursing Case Management (RN-BC)
Brenda Lyons, Discharge Planning

Certified Registered Nurse Anesthetist (CRNA)
Amanda Covault, Anesthesia
Eldridge Taylor, Anesthesia
Jackie Fortenberry, Anesthesia
Jason Butler, Anesthesia
Jason Shannon, Anesthesia
John Biddle, Anesthesia
Johnny Peoples, Anesthesia
Joseph Davis, Anesthesia
Karen Whitwer, Anesthesia
Kathryn Carter, Anesthesia
Lacey Whittington, Anesthesia
Leah Richards, Anesthesia
Michael Arnold, Anesthesia
Michael Roberson, Anesthesia
Regina Thompson, Anesthesia
Stuart Britt, Anesthesia

Certified Nurse Operating Room (CNOR)
Billie Long, Surgery
Carol Polk, Surgery CV
Keisha Pack, WSC
Kenneth Limbaugh, Surgery
Kristen Temple, Surgery
Lauren Riviere, WSC
Lisa Frascogna, Surgery
Marilyn Poole, WSC
Tammie Purvis, Surgery
Toni Lane, Surgery

Certified Stroke Registered Nurse (CSRN)
Nicole Jager, 4D

Certified in Medical Surgical Nursing (RN-BC, CMSRN)
Adriane Harvey, 5N
Anna Emory, Clinical Specialty
Belinda Emery, 6B
COMMITMENT TO PROFESSIONAL DEVELOPMENT

Bethany Hill, 5N/5S
Bonnie Mcgee, SDS
Camillie Hicks, 4S
Charlotte Hogan, Discharge Planning
Constance Taylor, 6B
Courtney Welch, Clinical Info Application
Deborah Doss, 1N
Elizabeth Lishman, 5S
Felecia Mikell, 6B
Ginetta Anderson, 5S
Heather Batte, 3B
Heather Bounds, Clinical Specialty
Jackie Stiff, 1N
JaLeesa Watts, 5S
Janice Fowler, 5N
Jennifer Breland, AICU
Jennifer Williams, 5N
Jordan Owen, 4D
Kasey Nutter, 5C
Kayla Boutwell, 1N
Kimberly Smith, 3S
Kimberly Tutllis, 3B
Lanie Sistrunk, 6N
Lauran Kanengiser, 3B
Lauren Boutwell, 5S
Lauren Mckee, Clinical Specialty
Leondrea Collins, 5N
Linda Slawson, 5S
Lisa Gilmer, 3B
Lisa Smith, Clinical Specialty
Mary Barnett, 5N
Meagan Roberts, 3B
Melanie Smith, 5S
Melissa Hill, SDS
Melody Burt, 1N

Kelly Johnston, Discharge Planning
Roselynn Middleton, 1N

Certified in Nurse Executive, Advanced (NE-BC)
Rebecca Davis, Nursing Administration
Bobbie Ware, Administration

CCRN Certified
Amanda Davis, Clinical Specialty
Amanda Hinkey, AICU
Ashley Wise, SICU
Cassandra Courtney, SICU
Debra Kelly, WSC
Janet Fortenberry, Clinical Specialty
Lisa Smith, Clinical Specialty
Lou Wells, Clinical Specialty
Mark Noblin, AICU
Chalon Huffman, ED
Melissa Myers, PCU
Nora Goodson, WSC
Jean Smith, AICU
Patricia Houston, Discharge Planning
Sue Lawrence, Quality Data Management

Certified Emergency Nurse (CEN)
Casey Holder, ED
Greg Hamm, Clinical Specialty
James Hutto, ED
Laurie Ferrell, Clinical Info Applications
Robert Ware, Emergency Preparedness
William Stoltzfus, ED

Progressive Care Certified Nurse (PCCN)
Ruth Travis, 3N

Certified Breast Patient Navigator (CBPN-IC)
Adrienne Russell, Oncology Services

Certified in Low Risk Neonatal Nursing (RNC-LRN)
Cynthia Spiers, 4S

Inpatient Obstetric Nursing (RNC-OB)
Amy Swales, L&D
Amy Windham, L&D
Beth Stevens, L&D
Cynthia Carey, L&D
Jamie Fuller, L&D
Julie Prisock, NICU
Kimberly Boolos, L&D

Morgan Wigley, L&D
Regina Jeffers, L&D
Stephanie Swilley, L&D
Victoria Bradly, 4S

Certified in Neonatal Intensive Care Nursing (RNC-NIC)
Brandy Bridges, NICU
Elizabeth Rainer, Clinical Specialty
Elizabeth Temple, Clinical Specialty
Heather DuBose, Clinical Specialty
Jacquelyn Wilson, 4S
Nancy Oberhausen, NICU
Penelope Booth, NICU
Sondra Finkbeiner, NICU
Tamarra Gillam, Clinical Specialty
Wren Fulton, NICU

Certified in Nursing Professional Development
Bobbi Ford, ERC
Erica Dupree, ERC
Tina Magers, ERC/PCS

Certified Gastrointestinal Registered Nurse (CGRN)
Janice Smith, Endoscopy Center
Karen Hughes, Endoscopy Center
Barbara Williams, Endoscopy Center

Clinical Nurse Leader (CNL)
Lisa Roberts, ERC

Legal Nurse Consultant Certified (LNCC)
M. Lydia Henry, ERC
Travis Boone, CVR

Registered Vascular Technologist (RVT)
Barbara Speights, CV Diagnostic Vascular Lab

Pain Management Nurse (RN-BC)
Tina Gelston, OPIC

Certified Healthcare Executive (FACHE)
Bobbie Ware, Administration

Certified Wound, Ostomy, Continence, and Foot Care Nurse (WOCN, FCN)
Racheal Davidson, Clinical Specialty
COMMITMENT TO PROFESSIONAL DEVELOPMENT

Mississippi Baptist Medical Center RNs: Achieving Exceptional Results for our Organization Nursing Degrees and Professional Nursing Certifications

Nursing Degrees

Figure 1. This graph depicts that our organization exceeded the strategic goal of 5% increase over the previous year’s percentages. Results for 2015 are on target to meet the 50.43% year end goal.

Mississippi Baptist Medical Center Professional Nursing Certifications

Figure 2: This graph depicts that our organization exceeded the strategic goal of 5% increase over the previous year’s percentages. Results for 2015 are on target to meet the 14.09% year end goal.
Recognizing Mississippi Baptist Medical Center’s Registered Nurses who advanced their Nursing Degrees in Fiscal Year 2014-2015

Nurses who attained Bachelor’s Degrees
Anderson, Heather
Anthony, Rose
Bell, Yolanda
Breland, Jennifer
Collins, Leondrea
Davis, Denisa
Doss, Deborah
Epting, Sharron
Fields, Wendy
Funches, Felicia
Harris, Stephanie
Harvey, Adriane
Halterman, Jessica
Henderson, Summer
Howard, Amanda
Hutto, Pamela
Johnson, Barbara
Keith, Carley
Lamm, Juletta
Lewis, Kurstin
McGrew, Martha
Mckee, Lauren
Newell, Julia
Presswood, Atika
Randall, LaShanda
Schmidt-Nelson, Meghan
Sellers, Joyce
Shows, Casey
Vaughn, Joy
Versell, Deidre
Watkins, Kellie
Welch, Daniel
Williams, Sanana

Nurses who attained Master’s Degrees
Boutwell, Kayla
Coleman, Robert
Diffy, Terri
Gelston, Tina
Headley, Stevie
Henderson, Judy
Hill, Bethany
Hill, Jamie
Hill, Melissa
Honeycutt, Lisa
Lane, Toni
Long, Billie
Mason, Fortenise

Middleton, Roselynn
Myers, Melissa
Owen, Jordan
Paige, Mozella
Ponder, Deniece
Prisock, Julie
Reedy, Mary
Sanders, Althea
Smith, Brandi
Thomas, Carolyn
Travis, Ruth
Turner, Alicia
Ware, James
Wilson, Shundra
Wise, Deborah
Young, Grenisha

Nurses who attained Doctoral Degrees
Chambers, Monica
Hales, Tangela
Howie, Brenda
Magers, Tina
**Mississippi Baptist Medical Center Professional Nurse Development Ladder (PNDL)**

Mississippi Baptist Medical Center developed the Professional Nurse Development Ladder (PNDL) to encourage, to support, and to reward nurses who are actively involved in their departments. The PNDL is designed to provide opportunities for nurses who strive for growth both personally and professionally, and to recognize nurses who give back to the organization and the nursing community. We acknowledge the following nurses who were successful in achieving PNDL in FY 2015.

<table>
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<tr>
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<th>Department/Unit</th>
<th>Date</th>
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<tr>
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**PNDL – Level I**

(181 Employees)
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COMMITMENT TO PROFESSIONAL DEVELOPMENT

Kirk, Angela H.  
Emergency Room  
09/01/2014

Manuel, Eric S.  
Clinical Specialty Area  
09/01/2014

Moses, April N.  
Surgery  
09/01/2014

Reeves, Doris E.  
AICU  
06/01/2015

Kirk, Leslie A.  
Emergency Room  
09/01/2014

Markey, Kathryn A.  
Clinical Specialty Area  
09/01/2014

Owen, Jordan L.  
4D Neuro Unit  
12/18/2014

Renicker, Cameron D.  
CVR  
12/18/2014

Knight, Yana S.  
5 South Surgical Unit  
09/01/2014

Massey, Dana  
Emergency Room  
09/01/2014

Padilla Haymer, Suyapa M.  
Clinical Specialty Area  
09/01/2014

Reynolds, Mollie S.  
4D Neuro Unit  
03/01/2015

Lessard, Rebecca Patterson  
3 South Nursing Unit  
09/01/2014

Massey, Sara M.  
3 South Nursing Unit  
12/18/2014

Parker, Morgan Michelle  
4D Neuro Unit  
09/01/2014

Robinette, Taylor B.  
Emergency Room  
09/01/2014

Levi, Chelsea Elizabeth  
SICU  
09/01/2014

McClelland, Angela L.  
4S Mother/Baby Nursing Unit  
03/01/2015

Peacock, Rebekah K.  
Emergency Room  
09/01/2014

Robinson, Christopher D.  
Emergency Room  
09/01/2014

Lewis, David B.  
Emergency Room  
09/01/2014

McFarland, Anthony C.  
Women's Center for Surgery  
09/01/2014

Peek, Alesia B.  
SICU  
03/01/2015

Sanderford, Michele Bell  
3 South Nursing Unit  
06/01/2015

Lewis, Kurstin P.  
6A Medical Nursing Unit  
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McKinley, William B.  
6C Ortho Nursing Unit  
09/01/2014

Pettus, Arlene B.  
Discharge Planning  
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Sellers, Joyce M.  
6D Ortho Nursing Unit  
09/01/2014

Lishman, Elizabeth C.  
5 South Surgical Unit  
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McLaurin, Monique M.  
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McMillan, Rachel L.  
NICU  
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Pleasant, Frances L.  
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09/01/2014

Shipp, Robin L.  
Surgery  
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Lofton, Teresa M.  
4A Pediatrics Nursing Unit  
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Melton, Trista L.  
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Shows, Casey Leigh  
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Lollar, Amanda H.  
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Moore, Janice L.  
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Sims, Heather A.  
Outpatient Cardiovascular Unit (OCU)  
09/01/2014

Lowery, Judith O.  
4S Mother/Baby Nursing Unit  
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### COMMITMENT TO PROFESSIONAL DEVELOPMENT

**PNDL – Level II**  
*(68 Employees)*

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<td>Henry, Mary Lydia</td>
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<td>Huffman, Martha C.</td>
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<td>Jenkins, Pamela D.</td>
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<td>Jimmerson, Carolyn J.</td>
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<td>Johnston, Diana R.</td>
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<td>McKee, Bonnie G.</td>
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**MISSISSIPPI BAPTIST MEDICAL CENTER**

*2015 Annual Nursing Report*  
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<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Position</th>
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<tr>
<td>Anderson, Heather R.</td>
<td>6C Ortho Nursing Unit</td>
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<td>Ball, Tonya M.</td>
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<td>Dupree, Erica L.</td>
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<td>Eversoll, Maranda G.</td>
<td>Radiology Diagnostics</td>
<td>Women’s Center for Surgery</td>
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<td>Kelly, Debra S.</td>
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<td>Lawrence, Sue S.</td>
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<td>Little, Kimberly C.</td>
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<td>Magers, Tina L.</td>
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<td>Mckee, Lauren B.</td>
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<td>Pack, Keisha Lashae</td>
<td>Women’s Center for Surgery</td>
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<td>Payne, Erica L.</td>
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<tr>
<td>Qualls, Patricia J.</td>
<td>4S Mother/Baby Nursing Unit</td>
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</table>

Approximately 27% of Registered Nurses at Baptist Medical Center participated in PNDL during FY 2015.
Reward and Recognition

Excellence in Nursing Award Winners
1st Quarter 2015

RN NURSE EDUCATOR
William Stoltzfus, BSN, RN, CCRN, CEN
Unit Education Coordinator-
Emergency Department

ADVANCE PRACTICE NURSE
Erin Green, MSN, NP
Nurse Practitioner
Hospitalist Program

RN ROOKIE
Laura Gunn Lang, BSN, RN
Staff Nurse
Inpatient Oncology Unit

RN CLINICAL PRACTICE
Sarah Ballinger, BSN, RN
Staff Nurse
Inpatient Oncology Unit

NURSE IN A NONTRADITIONAL SETTING
Ron Permenter, ADN, RN, CBN
Navigator Bariatric Services
Baptist Nutrition and Bariatric Center

RN MENTOR
Nancy Lamparty, ADN, RN
Staff Nurse
Inpatient Oncology Unit

RN TEAM AWARD
SICU and CVR Unit Practice Council:
• Drew Nagy, BSN, RN
  Chair-elect
• Sandy Stagg, ADN, RN
  Co-chair
• Christi Smith, BSN, RN
  Recorder

Excellence in Nursing Award Winners
2nd Quarter 2015

RN NURSE EDUCATOR
Keleigh Hanson, ADN, RN
Unit Education Coordinator
5 North Surgical Nursing Unit

ADVANCE PRACTICE NURSE
Regina Thompson, MSN, CRNA
Staff Nurse Anesthetist
Anesthesia

RN CLINICAL PRACTICE
Debra Jones, Diploma, RN
Staff Nurse
Same Day Surgery

NURSE IN A NONTRADITIONAL SETTING
Sheila Friedman, BSN, RN
Case Manager
Discharge Planning

RN ROOKIE
Saoli (Li) Sen-Shome, ADN, RN
Staff Nurse
5C Spine

RN TEAM AWARD
Carry the Baptist Torch Facilitators:
• Bobbi Ford, MSN, RN-BC
  RN Education Coordinator
  Education Resource Center
• Sue Lawrence, MSN, CCRN, RN
  Care Coordinator
  Quality Data Management
• Cynthia Rhaly, BSN, RN
  Nurse Manager
  Progressive Care Unit
• Mary Reedy, MSN, RN
  Director
  Service Excellence
• Greg Tisdale, BSN, RN
  Staff Nurse
  Inpatient Oncology Unit

Excellence in Nursing Award Winners
3rd Quarter 2015

RN CLINICAL PRACTICE
Ashihai Jones, BSN, RN
Staff Nurse
4 South Mother/Baby Nursing Unit

RN MENTOR
Cassie Courtney, BSN, RN, CCRN
Staff Nurse
Surgical Intensive Care Unit
NURSE LEADER
Amy Cross, BSN, RN
Nurse Manager
4 South Mother/Baby Unit, Well-Baby Nursery

NURSE IN A NONTRADITIONAL SETTING
Kyra Barthel, BSN, RN, CCA
Compliance Coordinator
Health Information Management (HIM)

RN TEAM AWARD
5 South Patient Care Nursing Unit
Staff Members

Excellence in Nursing Award Winners
4th Quarter 2015

CLINICAL PRACTICE NURSE
Kelli Potter, BSN, RN
Staff Nurse
6C Orthopedic Unit

NURSE MENTOR
Yana Knight, ADN, RN-BC
Staff Nurse
55 Surgical Unit

NURSE LEADER
Roselyn Middleton, MSN, RN, NE-BC
Nurse Manager
1N Women’s Surgical Unit and 3B Medical Unit

NURSE EDUCATOR
Sandy Stagg, ADN, RN
Unit Education Coordinator
SICU

NURSE ROOKIE
Blake Kennedy, BSN, RN
Staff Nurse
6C Orthopedic Unit

TEAM NURSING
6C and 60 Orthopedic Unit

2015 Nightingale Awards Winners

NURSING ADMINISTRATOR OF THE YEAR
Brenda A. Howie, Ph.D., RN, NE-BC
Vice President of Nursing Administration

OUTPATIENT CLINICAL PRACTICE NURSE OF THE YEAR
Adrienne S. Russell, RN, MSN, CBPN-IC
Breast Health Center Navigator
Center for Breast Health

NURSE EDUCATOR OF THE YEAR
Erica Lynette Dupree, MSN, BS, RN-BC
RN Education Coordinator
Education Resource Center

2015 Nurse of the Year

Meagan Millis Roberts, BSN, RN-BC
Unit Education Coordinator-3B Medical Unit

COMMITMENT TO PROFESSIONAL DEVELOPMENT
Community Involvement

Mississippi Baptist Medical Center nurses are committed to participating in and contributing to community events. Throughout the year, nurses gave of their time to help others in the community. Some of the events and activities nurses participate in are listed below:

- Educational seminars and participation in health fairs for CV, Cancer, Neurology
- Breast cancer awareness materials to various churches, schools and community organizations
- Screenings for cardiovascular, neurology, cancer, breast
- Skin screenings at primary care clinics
- Distribution of CPR Kits in area high schools
- Power of Pink – Mammogram Educational Campaign in October
- Hope Conference for Cancer Survivors – Provided speaker & educational materials
- Multiple Sclerosis Walk – Sponsor & Team
- March of Dimes Walk – Sponsor
- Brick Street Run at Healthplex in Clinton – Main Sponsor
- Bright Lights Belhaven Nights – Sponsor & Baptist Volunteers
- Walk to End Alzheimer’s – Sponsor & Team
- Cyclists Curing Cancer Century Ride – Main Sponsor
- Making Strides Against Breast Cancer Walk – Presenting Sponsor & Team
- American Heart Association Heart Walk – Premier Sponsor & Team
Nurses at Mississippi Baptist Medical Center demonstrate exemplary professional practice by understanding and practicing the elements of the professional nurses’ role and consistently practicing the elements with patients, families, interdisciplinary teams, and the community. Exemplary Professional Practice focuses on ensuring appropriate patient quality and safety infrastructures, promoting quality improvement, and cultivating shared governance and interdisciplinary relationships across the organization.
## EXEMPLARY PROFESSIONAL PRACTICE

### Nurses’ Publications & Presentations

#### FY2013-2015

### PUBLICATIONS

<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>TITLE</th>
<th>VENUE/DATE</th>
</tr>
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### PRESENTATIONS

<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>TITLE</th>
<th>VENUE/DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Reedy, MSN, RN</td>
<td>“MBMC Journey to Improving HCAHPS and Clinic Patient Satisfaction Scores.”</td>
<td>September 21, 2015 for National Research Corporation in Washington DC</td>
</tr>
<tr>
<td>Tina Magers, Ph.D., RN-BC</td>
<td>Mentoring an Evidence-based Practice Change - It’s a Marathon, Not a Sprint!”</td>
<td>February 2015 CTEP Webinar. Invited webinar presenter for Ohio State University’s Center for Transdisciplinary Evidence-based Practice; Columbus, OH.</td>
</tr>
<tr>
<td>Tina Magers, Ph.D., RN-BC</td>
<td>“Hear us roar: Designations and specialty certifications”</td>
<td>November 2014. iTigr Telehealth Conference, Orlando, Fl.</td>
</tr>
<tr>
<td>Tina Magers, Ph.D., RN-BC</td>
<td>“Integrating evidence into decision-making”</td>
<td>December 2014. Evidence-based Practice: Making it a reality in your organization, Center for Transdisciplinary Evidence-based Practice Immersion Workshop, Ohio State University College of Nursing; Atlanta, GA.</td>
</tr>
<tr>
<td>Tina Magers, Ph.D., RN-BC</td>
<td>“Introduction to critical appraisal of evidence”</td>
<td>December 2014. Evidence-based Practice: Making it a reality in your organization, Center for Transdisciplinary Evidence-based Practice Immersion Workshop, Ohio State University College of Nursing; Atlanta, GA.</td>
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<tr>
<td>Tina Magers, Ph.D., RN-BC</td>
<td>“The mentor role; Leading &amp; imbedding change”</td>
<td>December 2014. Evidence-based Practice: Making it a reality in your organization, Center for Transdisciplinary Evidence-based Practice Immersion Workshop, Ohio State University College of Nursing; Atlanta, GA.</td>
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## EXEMPLARY PROFESSIONAL PRACTICE

### PRESENTATIONS

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### POSTER PRESENTATIONS

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<th>AUTHOR</th>
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<tbody>
<tr>
<td>Tina Magers, Ph.D., RN-BC</td>
<td>“A comparison of critical thinking scores of new graduate nurses and experienced nurses in an acute care setting.”</td>
<td>October 2015. Poster presentation at MS Nurses Association Annual Convention 2015, Biloxi, MS.</td>
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### FY2015 Shared Governance Council Accomplishments

<table>
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<tr>
<th>COUNCIL</th>
<th>PROJECT</th>
<th>OUTCOMES</th>
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<tr>
<td>Journey 2 Excellence (J2E)</td>
<td>One day per month dedicated to Shared Governance. It was named COMPASS day (Collaboration of Multidisciplinary Professionals Applying Strategic Solutions)</td>
<td>Increased productivity; opportunity to collaborate with other councils; reduce costs; set dates one year in advance; best use of resources.</td>
</tr>
<tr>
<td>EBP &amp; Research Council</td>
<td>Reviewing Institutional Review Board applications from nurse researchers</td>
<td>Eleven research projects with the primary investigator as a nurse employee and one research project with the co-investigator as a nurse employee.</td>
</tr>
<tr>
<td>Advanced Practice Council</td>
<td>Orientation process for advanced practice providers.</td>
<td>Satisfied providers.</td>
</tr>
<tr>
<td>Quality Council</td>
<td>Isolation Signage</td>
<td>Better compliance with staff and physicians to utilize proper transmission-based precautions.</td>
</tr>
<tr>
<td>Professional Development Council</td>
<td>Mock code team</td>
<td>Improved staff confidence and patient safety. Positive feedback from physicians and staff.</td>
</tr>
<tr>
<td>Practice Council</td>
<td>Address challenges on Heparin and Insulin infusions related to MBMC Policy and Paragon (EMR) limitations.</td>
<td>Increased patient safety. Decrease in errors.</td>
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</table>
CULTURE OF SAFETY

In today’s increasingly competitive and complex healthcare environment, organizations are under pressure to achieve and sustain quality, safety, and efficiency. To provide exceptional quality care and safety for our patients, healthcare systems are adapting multiple performance improvement and quality models with the goal of creating positive patient outcomes. Nurses at Mississippi Baptist Medical Center (MBMC) use the following models to guide change: 1) Professional Nurse Practice Model; 2) Evidence-Based Practice Model and Research; and 3) Lean Theory for Performance Improvement.

MBMC has seven Joint Commission Disease Specific Certifications in the following: Acute Coronary Syndrome; Heart Failure; Coronary Artery Bypass Graft; Primary Stroke Center; Breast Cancer; Prematurity; and Advanced Inpatient Diabetes. Also, in 2015 MBMC received the HealthGrades Distinguished Hospital Award for Top 2% In the Nation for Patient Safety and Experience.

In an ongoing effort to assure patient quality and safety, the following areas showed significant improvement in calendar year 2015.

<table>
<thead>
<tr>
<th>PATIENT SAFETY MEASURE</th>
<th>CY2014 COMPARED TO CY2015</th>
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<tbody>
<tr>
<td>Falls With Injury</td>
<td>Last 12 months (4 Qtr. of 2014 &amp; 1-3 Qtr. of 2015) Outperformed the NDNQI benchmark mean 3/4 Quarters.</td>
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<tr>
<td>Influenza Core Measure (assessment and immunization) Increased</td>
<td>83.63% ↑ 88.54%</td>
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<tr>
<td>All Acute Myocardial Infarction Core Measures</td>
<td>Last 12 months (Oct. 2014 – Sept. 2015) Sustained 9/12 at 100%</td>
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</table>
At Mississippi Baptist Medical Center (MBMC), nursing practice is informed by scientific evidence. Practicing evidence-based care results in more efficient and effective care, which in turn results in better patient and family outcomes. At MBMC, structures exist to:

- Ensure that practice is evidence-based
- Develop innovations in nursing practice
- Continue to build nursing research

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<table>
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<tr>
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<tbody>
<tr>
<td>Evidence-based Practice Workshop</td>
<td>32</td>
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<tr>
<td>Research &amp; Evidence-based Practice</td>
<td>33</td>
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<tr>
<td>Poster Symposium</td>
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<tr>
<td>Innovation</td>
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</table>
EVIDENCE-BASED PRACTICE WORKSHOP

The Nursing Evidence-based Practice (EBP) and Research Council hosted an EBP Workshop on August 13, 2015, “Evidence-based Practice, Part 1: Making a Difference.”

The interactive workshop provided the fundamentals of EBP. The participants enjoyed the group work and opportunity to conduct searches on EBSCO with the tips provided.

The workshop provided 2.66 continuing nurse education hours per participant for a total of 18.62 CNE hours. Participants provided positive feedback.

*I feel more comfortable about evidence-based practice. I look forward to learning more about it.*

*Excellent workshop – love the way [it] made EBP concepts come alive. Looking forward to utilizing new knowledge.*

*Enjoyed the class, very much!*

*Was very informative; specifically forming a question (PICO question) and searching EBSCO.*

*Great workshop. Thank you!!*
## RESEARCH & EVIDENCE-BASED PRACTICE

### Table of Nursing Research (2014-2015)

<table>
<thead>
<tr>
<th>NURSE</th>
<th>TITLE</th>
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<tbody>
<tr>
<td>Kayla Boutwell Clinical Nurse 1N</td>
<td>Needs of Night Shift Nurses Who Pursue Higher Education</td>
<td>Quantitative quasi-experimental, Pretest-Posttest</td>
<td>Completed</td>
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<tr>
<td>Cassandra Courtney Clinical Nurse</td>
<td>Catheter-associated Urinary Tract Infection Prevention Through Education</td>
<td>Quantitative Quasi-experimental</td>
<td>In Progress</td>
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<td>EBP &amp; Research Council</td>
<td>Effect of Rounding Sheets on HCAHPS Scores</td>
<td>Quasi-experimental Pretest-Posttest Design</td>
<td>In Progress</td>
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<tr>
<td>Joan Elliot Clinic Administration</td>
<td>Creating a Healthy Work Environment In times of Critical Nursing Staff Shortage</td>
<td>Survey Design</td>
<td>Completed</td>
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<tr>
<td>Corrine Felton Clinical Nurse RCH</td>
<td>A Comparison Study of Perceived Stress in Registered Nurses Working in Long-term Acute Care Facilities and Registered Nurses Working in Adult Intensive Care Units</td>
<td>Quantitative with a Cross-sectional Design</td>
<td>In Progress</td>
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<tr>
<td>Bethany Hill Nurse Manager 5N/5S</td>
<td>Perceptions of Staff Nurses Regarding the Presence of a Just Culture</td>
<td>Quantitative quasi-experimental, Pretest-Posttest</td>
<td>Completed</td>
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<td>Jamie Hill Nurse Manager Float Pool</td>
<td>Central Line Associated Blood Stream Infection in an Acute Care Setting</td>
<td>Quantitative quasi-experimental, Pretest-Posttest</td>
<td>Completed</td>
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<td>Melissa Hill Clinical Nurse SDS</td>
<td>Nurses' Understanding of the Current Fall Prevention Initiative</td>
<td>Quantitative quasi-experimental, Pretest-Posttest</td>
<td>Completed</td>
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<tr>
<td>Brenda Howie VP Nursing</td>
<td>New Nurses’ and Experienced Nurses’ Perceptions of Caring Behaviors in the Acute Care Setting</td>
<td>Quantitative Descriptive Study Utilizing Survey Design</td>
<td>Completed</td>
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<tr>
<td>Tina Magers Nursing Excellence &amp; Research Coordinator</td>
<td>A Comparison of Critical Thinking Scores between New Graduate Nurse's Self-Evaluation and Experienced Nurses' Evaluations of the New Graduate Nurse in an Acute Care Setting</td>
<td>Quasi-experimental Quantitative Pretest-Posttest</td>
<td>Completed</td>
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<tr>
<td>NURSE</td>
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<tr>
<td>Pam McCollum PhD Student – William Carey University</td>
<td>Difference in Compassion Fatigue, Burnout, Patient Acuity-Workload and Intention to Leave Current Employment between Acute Care Medical-Surgical and Critical Care Nurses</td>
<td>Non-experimental Predictive Quantitative Design</td>
<td>In Progress</td>
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<tr>
<td>William McKinley Clinical Nurse 6C</td>
<td>Effectiveness of Fall Prevention Education for Male, Geriatric Total Knee Replacement Patients</td>
<td>Retrospective Cohort Study Design</td>
<td>In Progress</td>
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<tr>
<td>Roselynn Middleton Nurse Manager 1N/3B</td>
<td>The Effect of Mentoring and the Orientation Process on the Graduate Nurse's Intent to Continue Employment</td>
<td>Quantitative Survey Design</td>
<td>Completed</td>
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<tr>
<td>Melissa Myers Clinical Nurse PCU</td>
<td>Effectiveness of a HealthStream EKG Course</td>
<td>Quantitative Quasi-experimental, One-group, Pretest-Posttest</td>
<td>Completed</td>
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<tr>
<td>Ophelia Stewart Clinical Nurse Float Pool</td>
<td>Effects of Telephonic Health Coaching on the Rate of Hospital Readmissions of Patients with Diabetes and Congestive Heart Failure</td>
<td>Quantitative Research Design with Retrospective Chart Review</td>
<td>Completed</td>
</tr>
<tr>
<td>Deborah Wise Clinical Nurse ED Observation Unit</td>
<td>Improving Nurses' Knowledge on Effectively Educating Heart Failure Patients Based on Health Literacy Levels</td>
<td>Survey Design</td>
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</table>
The Nursing Evidence-based Practice and Research Council hosted its first Nursing Research Poster Symposium on October 8, 2015, in the hospital atrium. Eight nursing researchers presented their research studies. Six presenters were Baptist nurses and two were from the community at large.

**Baptist Health Systems Research Symposium on October 8, 2015, Presenters:**

1. **Dr. C. Denise Hancock**  
   “Leaving Academia: Work Experiences and Career Decisions of Former Nurse Faculty”  
   Faculty, William Carey University

2. **Dr. Brenda A. Howie**  
   “New Nurses’ and Experienced Nurses’ Perceptions of Caring Behaviors in the Acute Care Hospital Setting”  
   Baptist Health Systems, Vice-President of Nursing, Hospital Administration

3. **Dr. Angela Marie Jupiter-McCon**  
   “The Effects of Academic Job Experiences and Perceptions of Novice Nursing Faculty on Nursing Faculty Retention”  
   Faculty, William Carey University

4. **Bethany B. Hill, MSN, RN**  
   “Just Culture”  
   MBMC, Nurse Manager 5N & 5S

5. **Dr. Tina L. Magers**  
   “A Comparison of Critical Thinking Scores of New Graduate Nurses and Experienced Nurses in an Acute Care Setting”  
   MBMC, Nursing Excellence and Research Coordinator

6. **Roselynn Middleton, MSN, RN-NE**  
   “The Graduate Nurses’ Perceptions of the Mentoring/Orientation Process”  
   MBMC, Nurse Manager 1N & 3B

7. **Melissa Myers, MSN, BSN, CCRN**  
   “Effectiveness of a HealthStream EKG Course for Newly Hired Nurses”  
   MBMC, Clinical Nurse, Progressive Care Unit

8. **Debbie Wise, MSN, BSN, RN**  
   “Improving Nurses’ Knowledge on Effectively Educating Heart Failure Patients Based on Health Literacy Levels”  
   MBMC, Clinical Nurse, Emergency Department Observation Unit
Clinical nurses are encouraged and empowered to bring forth ideas that can improve nursing practice. The innovation highlighted for FY 2015 is Falls Prevention.

**Falls Prevention**

One of the main initiatives of the Quality Council for FY2015 was its focus on patient falls with and without injury. The Quality Council identified a need to create an aggressive action plan to implement due to recurring falls with and without injury as an organization.

In June of 2015, after benchmarking and researching best practices to prevent falls, meeting with multiple disciplines to evaluate why patients may be falling, and collecting data using our Riskman tool, the council created an aggressive action plan that was implemented in October 2015.

One of the main parts of this action plan was implementing a tactic called “Code Yellow.” This was a best practice seen nationally and the Quality Council wanted to see if it would work at MBMC.

The Code Yellow process includes:

- If a fall is witnessed or patient found on floor, the clinical staff person is to call x1710 to have “Code Yellow” announced overhead.

- This activates a pre-selected team of representatives from Pharmacy, Risk Management, Rapid Response Team (RRT), Nurse and PCA assigned, Charge Nurse, Nurse Manager, and House Supervisor.

- Once the team arrives, they are to complete an assessment of the patient, take vital signs, call MD, and assist patient back to bed/chair if no injury indicated.

- The team then performs a “huddle” to discuss what were the risks before the patient fell, how they could have been prevented, and what they could do going forward to prevent this same type of fall. The incident is then placed in Riskman and a paper form that has more specific questions is completed.

In September 2015, education was done for clinical staff via Healthstream, and mandatory in-services were done for each unit by the Unit Education Coordinators (UEC) to make sure clinical staff understood the new process. The Quality Council also updated the organizational policy on falls to reflect this change in practice.

Since the implementation and “pilot” period in October 2015, the Quality Council has seen this new process being used. The council did recognize some communication gaps with other support areas about what a Code Yellow was. To help with this, the Quality Council provided additional education to support areas that a Code Yellow may affect, such as, Security, hospital operators and Emergency Department (ED).

The Quality Council has seen staff engaged in this new process and a new awareness of the importance of fall prevention due to this initiative. This new process has helped increase needed documentation and tracking of falls and has brought different disciplines together to work on a common goal for patient care. The Quality Council is currently monitoring the fall data and Riskman data to make sure our fall rates start to trend down.
Mississippi Baptist Medical Center’s (MBMC) main focus is on Empirical Outcomes. We are committed to quality patient care based on proven, evidence-based practices in a context of patient-centered care. Another impetus for the increased focus on outcomes is the regulatory requirements from Medicare. The Value-based Purchasing mandate links a portion of the hospital’s Medicare reimbursement to patient satisfaction and clinical quality outcomes.

The following pages will demonstrate MBMC’s efforts and concentration on sustaining outcomes and commitment to excellence in patient care.
NURSE SENSITIVE CLINICAL INDICATORS

Nursing at Mississippi Baptist Medical Center (MBMC) benchmarks* our performance against the American Nurses Association (ANA) National Data Base of Nursing Quality Indictors (NDNQI) – Non-Magnet Medical Center mean for Falls with Injury, Hospital Acquired Pressure Ulcers (HAPU) Stage II & above, Central-Line Associated Bloodstream Infections (CLABSI), and Cather-Associated Urinary Tract Infections (CAUTI).

*CAUTIs & CLABSIs for 4S (mother-baby and L & D) benchmark performance against the National Healthcare Safety Network (NHSN).

Falls with Injuries:
The majority of inpatient units at MBMC (14/19) outperformed the NDNQI National Benchmark mean for the majority of the last eight quarters reported for Falls with Injury.

Hospital-Acquired Pressure Ulcers (HAPU):
The majority of inpatient units at MBMC (19/19) outperformed the NDNQI National Benchmark mean the majority of the last eight quarters reported for HAPU – Stage II & above.

Central-Line Associated Bloodstream Infections:
The majority of inpatient units at MBMC (11/20) outperformed the NDNQI National Benchmark mean the majority of the last eight quarters reported for CLABSI.

Catheter-Associated Urinary Tract Infections:
The majority of inpatient units at MBMC (10/19) outperformed the NDNQI National Benchmark mean the majority of the last eight quarters reported for CAUTI.

Core Measures:
For the Surgical Care Improvement Project (SCIP), Urinary Catheter Removed POD1 or POD2, MBMC outperformed the CMS Benchmark Top 10%, for 8/8 quarters.

For the Acute Myocardial Infarction Percutaneous Coronary Intervention (PCI) Received < 90 minutes, MBMC outperformed the ACS Action Registry mean 6/8 quarters and the last six were 100%.
At Mississippi Baptist Medical Center (MBMC), nurses focus on the individual needs of the patient and family. Nurses work with all disciplines in coordinating the care of the patient which has had a significant impact on the hospital’s satisfaction scores. Eight out of ten patients “would recommend” the hospital to family and friends. MBMC continues to be in the top ten percentile in the nation.

Reported in the graphs below are key composites for MBMC.
PATIENT SATISFACTION

Pain Management

Current
Good
High
Exceptional

91st PR

Responsiveness of Staff

Current
Good
High
Exceptional

84th PR
PATIENT SATISFACTION

Medication Communication

Discharge Information
Nursing at Mississippi Baptist Medical Center (MBMC) continues to provide the highest quality healthcare and exceptional service, guided by our Christian faith. At the beginning of each fiscal year the strategic plan is shared with the nursing staff. The strategic plan addresses five pillars of excellence: people, quality, service, community, and finance.

MBMC nurses embrace the organizational vision to be our community’s trusted healthcare system of choice, recognized nationally for outstanding employees and physicians, delivering high quality and exceptional service. MBMC nurses are committed to the organizational values of integrity, compassion, excellence, stewardship, and innovation.

With the many challenges in healthcare, we will continue to work on implementing the many mandates of the Affordable Care Act and other regulatory agencies. As healthcare evolves, nurses have the opportunity to be leaders and partners in the transformation. With the full engagement of nurses our organization will be assured of safe, effective, efficient, and quality patient- and family-centered care.

Nursing at MBMC is demanding and dynamic. Clinical nurses are the backbone of the organization and are to be commended for their efforts in providing quality, safe, evidence-based care to our patients. As we continue on our Journey to Excellence, our focus will be on improving our nurse sensitive indicators, increasing evidence-based practice and research, continuing nursing involvement in organizational committees, increasing BSN education and certification, and supporting Magnet initiatives.