



Mercy Navigator

Evidence-Based Practice and Research Model®

The Evidence-Based Practice and Research Model®, published by Sr. Maurita Soukup in 2000, drives nursing evidence-based practice and research efforts at Mercy. Since 2006, the model has been used in protocol/procedure revision by the nursing councils. It has also been used in nurse-led evidence-based practice implementations, such as the Keystone ICU project and the NICU improvements that are part of the national Vermont Oxford project.

Integration of these frameworks has increased care team collaboration, as demonstrated during daily interdisciplinary rounds in critical care units and other areas. Continued development of care coordination strategies – coupled with an ongoing re-dedication to Mercy's mission and values – deepens nursing's commitment to patient-centered/family focused care.

Mercy granted Magnet Site Visit



*Jackie Frost-Kunnen,
senior vice president
and Chief Nursing
Officer*

After three years of hard work and dedication – including monthly Magnet Steering and Navigator committee meetings and the recent submission of Mercy's Magnet document (3,000 pages of documentation) in March 2007 – it is with great excitement that I inform the entire Mercy Family that Mercy has been selected to receive a Magnet Site Visit!

Over the past three months, four American Nurses Credentialing Center (ANCC)-selected appraisers – comprised of nursing executives and administrators from around the country – read and scored our document within the “excellent” range, moving Mercy one step closer to Magnet status designation. The Magnet Site Visit is the third and final step in the process of applying for the Magnet Status designation from the ANCC.

Receiving the site visit is not an easy feat, and we should all be congratulated for this achievement. I am thrilled that we have been provided with an opportunity to highlight Mercy, our mission and values and our focus on quality, family-centered care.

The site visit will be conducted Sept. 11-13 and will include the Central, Capitol, Franklin and Hospice campuses. The goal of the visit is to provide the appraisers with experiences that will verify, validate and amplify the information that was detailed in the Magnet document. The site visit will also provide an opportunity for the entire Mercy Family to share the stories of excellence that occur here each day.

Following a site visit, the ANCC typically notifies an organization within two to four months of its final decision regarding Magnet Status designation. Please look for more information throughout the summer in the *Mercy Bulletin*, *MercyNet* and at your department/unit meetings.



Excellence.

Every Day in Every Way.™

In one sentence, “Magnet Status” is:

“Mercy’s journey to Magnet is another demonstration of its commitment to reverence, integrity, compassion and excellence. I am proud to be a Mercy nurse!”

Julie Doy, MSN, RN, director of Clinical Documentation

“Magnet is an award that showcases excellence in nursing. It validates that nurses are involved in all aspects of patient care and decision-making. The award is really an honor for the entire organization, as nurses certainly couldn’t do their job alone.”

Krista Simmer, RN, BSN, staffing coordinator and Magnet Steering Committee member

“Nursing excellence demonstrated by safe, quality nursing care that encompasses not just the patient and their family, but also the community.”

Kelsey Barber, RN, BSN, staff nurse, Maternity Triage and Treatment Unit

“Magnet is a recognition of the strength and ability of the nursing staff as a whole that will lead to excellent patient and nursing outcomes!”

Ashley Snodgrass, RN, staff nurse, 8 North

Mercy Nurses participate in the Family Festival at Jordan Creek



On Tuesday, June 26, the Mercy nursing team participated in the Jordan Creek Town Center Family Festival. The free family event, sponsored by Mercy, is held on Tuesday evenings through August at Jordan Creek and includes crafts, clowns, inflatables and more.

Examples of the 14 Forces of Magnetism at Mercy

In preparation for the Magnet Site Visit, please review the 14 Forces of Magnetism and their associated application at Mercy.

Force 1: Quality of Nursing Leadership

Quality nursing leadership exists and serves as a strong, knowledgeable advocate for staff.

Mercy examples: Jackie Frost-Kunnen, senior vice president and Chief Nursing Officer; McCloskey Mueller Nursing Satisfaction Survey; leadership with Sigma Theta Tau, The Association of Perioperative Registered Nurses (AORN) and Iowa Nurses Association (INA)

Force 2: Organizational Structure

An organizational structure is decentralized with strong representation from nurses.

Mercy examples: Flat structure and unit-based decision-making through Shared Governance and Councils

Force 3: Management Style

Management style invites participation and feedback.

Mercy examples: Participative and visible management team and the leadership style of Mercy’s President & CEO David Vellinga

Force 4: Personnel Policies and Programs

Personnel policies and programs are supportive, flexible and competitive.

Mercy examples: Salaries, benefits and scheduling options; unit staffing adjustments and the patient assignment process; Nursing Professional Development Ladder

Force 5: Professional Models of Care

Professional practice models give nurses responsibility and authority for the care they provide.

Mercy examples: Iowa Nurse Practice Act; staffing; patient-centered/family focused care; unit-specific policies for delivery of care; patient care managers

Force 6: Quality of Care

Quality of care is an organizational priority.

Mercy examples: Patient safety initiatives; customer service and satisfaction scores; ANA Code of Ethics and Nursing Policy; *Ethics at Work* booklet; evidence-based practice and research education and mentorship

Force 7: Quality Improvement

Performance improvement is ongoing, and nurses are involved.

Mercy examples: Hospital and unit-specific audits; national benchmarking/NDNQI; Six Sigma and Performance Improvement initiatives

Force 8: Consultation and Resources

Expert consultation and resources are available to support caregivers.

Mercy examples: Pain Clinicians; ET Nurses; Advanced Practice Nurses; CRNs; membership in professional nursing organizations

Force 9: Autonomy

Nurses have autonomy, which allows them to use independent professional judgment.

Force 9 cont'd – Mercy examples: Shared Governance Councils; professional nursing standards; MercyNet; nursing certifications; nursing protocols and competencies; peer review utilized for professional growth

Force 10: Community and the Health Care Organization

The hospital and the community it serves work together to improve health care.

Mercy examples: Mercy Nurse; Level One Heart Attack Protocol; community partnerships; Mission on the Move activities; personal volunteerism at church/school; awards/recognition received by our organization and staff

Force 11: Nurses as Teachers

Nurses function as teachers for patients, the public and one another.

Mercy examples: Patient education; nursing orientation and continuing education opportunities; Education Services programs; LEAD courses for management; Pain Management and Diabetes Preceptor Programs; job shadowing; practicums; mentoring; adjunct faculty involvement

Force 12: Image of Nursing

Nursing is held in high regard by other members of the health care team.

Mercy examples: Sisters of Mercy; Nursing Strategic Plan; CNO is a Senior VP; annual Nurses Week activities; *Bulletin* recognition; Magnet Moments; interdisciplinary teams; patient satisfaction scores

Force 13: Interdisciplinary Relationships

Interdisciplinary relationships are key, and there is a sense of mutual respect among all disciplines.

Mercy examples: Collaboration; committee/taskforce involvement; communication among many disciplines; East Tower planning and design; unit relationships with pharmacy, physicians, respiratory therapy, dietary, housekeeping and others

Force 14: Professional Development

Professional development is emphasized and supported.

Mercy examples: PBDS; annual Health Stream requirements; cultural and clinical competencies; continuing education offerings; in-services; tuition reimbursement policies; conference attendance

Theoretical frameworks stylized within nursing

Several theoretical and practice frameworks are evident among nursing staff at Mercy. A holistic approach is the basis for nursing practice, and each patient is cared for based on individual needs. The approach to nursing care is based on the patient-centered care theoretical framework as first described by Gerteis et al in 1993 in *Through the Patient's Eyes*. The following dimensions of **patient-centered care** are recognized in all nursing care settings:

- 1. Respect for patients' values, preferences and expressed needs**
- 2. Coordination and integration of care**
- 3. Information, communication and education**
- 4. Physical care**
- 5. Emotional support and alleviation of fear and anxiety**
- 6. Involvement of family and friends**
- 7. Transition and continuity**



Navigator Mendi Schmelzel dressed as a duck for the Mercy Nursing booth at the Excellence Fair. The fair attracted more than 900 attendees to view examples of how Mercy units and departments demonstrate excellence in their daily work.

Magnet Moment

On May 4, 2007, a 58-year-old man from Texas went into cardiac arrest while staying in an Altoona hotel. He arrived at Mercy as a Level One patient and was sent to the Cath Lab, where he arrested numerous times before being transferred to CCU. The patient's wife, a case manager at a large Texas hospital, was notified of her husband's condition and immediately flew to Des Moines. To ensure the patient's family was with him, Pam Behnke-Schaad, RN, Cath Lab director, picked them up from the airport and brought them to Mercy. By the time they arrived, the CCU staff discovered that the patient was Jewish and had brought a rabbi to his bedside.

Throughout the night, the patient arrested two more times. The family was faced with the decision of removing life support. Even though his wife is a nurse, she had a very difficult time understanding what was occurring, and was not ready to let her husband go. Joey Ballard, RN, BS, staff nurse, Emergency Department, offered support to the family throughout the night and returned to take them to lunch the next day. Due to life support, the patient was able to live for two days before he passed away. Ann Lawson, house supervisor, found rooms on the Mother/Baby Unit for his family to rest until their flight departed. The patient's wife had nothing but great things to say for the entire facility and couldn't believe how much we had done for her entire family.



After several years of decline, Marilyn Russell was admitted to Mercy Hospice – Johnston for end-of-life care. She had a generous spirit, and it didn't take long for the nurses to learn she was not only a nurse, but also a distinguished alumna of the Mercy College of Nursing. Marilyn had also received a master's degree from the University of Wisconsin and spent most of her nursing career as the director of Visiting Nurses in Des Moines. In addition, she was a past president of the Iowa Nurses Association.

Marilyn's education and career experience helped establish her as a visionary in her day. In the 1970s, she was active in the formation of the first volunteer hospice in Des Moines and a trusted member several boards. Many of the nurses who had worked under Marilyn came to visit her in her last days. She was very proud to be at Mercy Hospice and said she felt very peaceful while in their care. She also loved visiting with the students from Mercy College and enjoyed hearing about Mercy's Magnet journey.

When asked if she would participate in a photo shoot to help illustrate Mercy's strengths in the Magnet document, she was delighted to help. Cindy Peeler, RN, BSN, MHSA, Associate Chief Nurse, Professional Development and Flex Staff, and a photographer visited with Marilyn and took her photo for the document. She told the nursing staff at hospice how special that opportunity made her last days.

Staff Notice: Magnet Recognition Program® Site Visit

Your organization has applied to the American Nurses Credentialing Center (ANCC) for the prestigious Magnet designation. The Magnet designation recognizes excellence in nursing services.

You have an opportunity to participate in the evaluation process and are encouraged to do so. We will be coming to your hospital on Sept. 11, 12 and 13, 2007, for a site visit.

You may talk with the appraisal team when they arrive, or you may fax or e-mail comments to the Magnet Program Office. All phone comments to the Magnet Program Office must be followed up in writing. Your comments are confidential and never shared with anyone in your organization. If you choose, your comments may be anonymous, but must be in writing.

Your comments must be received by Sept. 6, 2007.

Phone: 866-588-3301 (TOLL FREE)

Fax: 301-628-5217

E-Mail: MAGNET@ANA.ORG

Write: American Nurses Credential Center
Magnet Recognition Program
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492

Your organization has submitted written documentation for the appraisal team to review. That information is available to you for review in the Levitt Medical Library.

Notice to Registered Nurse Staff

In addition, a staff nurse survey is located on the magnet website:
<http://www.nursecredentialing.org/MAGNET/snsurvey.html>

Although you are not required to identify the organization in which you work, doing so will provide the appraisal team with valuable information that can be considered in the evaluation. If you do choose to indicate your organization, rest assured your comments are received anonymously and the Magnet Program Office has no way of identifying you. (To assure complete anonymity, complete the survey from a home computer.)