

2005-2006 NURSING ANNUAL REPORT



VISION STATEMENT FOR NURSING AT MERCY MEDICAL CENTER

The nurses of Mercy Medical Center bring our Mission Statement to life in the practice of professional nursing that embodies our core values.

Reverence

Working together we create an environment that allows nursing to advance the mission of Mercy Medical Center through collaboration, mutual respect and trust. We will develop the next generation of caregivers and honor those who came before us.

Integrity

We are accountable for the practice of nursing at Mercy Medical Center, collectively and individually striving to continuously improve patient care and employee satisfaction. We commit to creating an environment that recruits and retains nurses that share and support these values.

Compassion

Our primary responsibility is to provide care to our patients and families that is safe, effective and sensitive to their faith, culture, developmental stage, and health status.

Excellence

Our defining characteristic is professionalism. We are empowered to use our collective wisdom and knowledge to make decisions about the practice of nursing at Mercy Medical Center. Our decision-making structure promotes the advancement of nursing, the development of leadership and the shared responsibility for nursing practice by nurses.

WELCOME FROM JACKIE FROST-KUNNEN



I am pleased to introduce Mercy Medical Center's premiere Nursing Annual Report. This report will put a face on the excellence of Mercy's nursing program, highlighting how the nursing staff demonstrates the core values of our mission—reverence, integrity, compassion and excellence – on a daily basis. In the past year, our dedicated nursing professionals achieved many accomplishments of which I am exceptionally proud. Not only were nearly 2,000 members of our nursing staff honored for their outstanding patient care, we also made great advances in patient satisfaction as well as significant progress on “Our Amazing Journey” toward the goal of Magnet Status.

Since the announcement of our Magnet journey in January 2004, several initiatives have taken shape, including the redesign of our Shared Governance structure and the formation of various staff unit councils. In addition, the Magnet Recognition Program GAP analysis was completed and our application has been accepted. Education and communication by our nursing staff will continue to occur throughout the organization. Although several challenges still lie ahead, we should celebrate these accomplishments and continue to look toward future improvements. Through our collaborative efforts and commitment, we are assured an amazing journey.

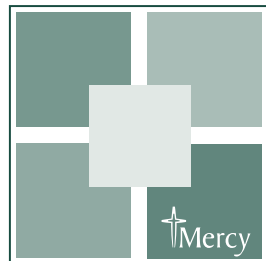
We have enhanced recruitment and retention through the introduction of system-wide measures that improve nurses' work environments and increase job satisfaction. Nursing Committees are promoting professional development by rewarding nurses who obtain formal education, certification and other hallmarks of clinical excellence. The nursing staff has led many quality improvement and patient safety projects. Some of these projects have been showcased in the Advancing Evidence-Based Practice program series. This series serves to strengthen learning partnerships with clinicians and academia and offers opportunities for replication across settings. In addition, many nursing-related achievements have also been shared at local, regional and national conferences as well as in numerous publications.

Mercy nurses also maintain a strong community presence. They volunteer their time to a variety of community programs such as Race for the Cure, diabetes clinics and mission trips to places such as Africa, India and New Orleans. Involvement in these programs supports improved health outcomes and the well-being of communities.

On behalf of the entire Mercy family, I would like to thank the Mercy nurses for their never-ending compassion and the breadth of their truly amazing accomplishments. I invite you to read on and experience “Our Amazing Journey” for yourself.

Jackie Frost-Kunnen, RN, MSN, CNAA
Senior Vice President & Chief Nursing Officer

ABOUT THE COVER



Nursing symbol – the design of the nursing symbol was created a few years ago by a team of nurses who redefined Nursing's Shared Governance structure. Each square originally represented the four nursing councils/committees – Senior Nursing Leadership Council, Unit Director Council, Nursing Education Council and the Magnet Steering Committee – with Nursing Practice Council in the center of the structure. This symbol was chosen to demonstrate the interconnectivity between the councils/committees that provide leadership to nursing. Today, the symbol is also used to represent nursing in many ways – including the core professional foundations of nursing: nursing practice, nursing leadership, nursing research and nursing clinical/professional development.

NURSING PRACTICE COUNCIL/SHARED GOVERNANCE TAKES IMPORTANT STEPS

Shared governance was an important step for Mercy. Shared governance gives nurses a voice and promotes a professional atmosphere for decision-making. On all levels, it fosters an environment for nurses to work together as a team and increase productivity house-wide. Shared governance is still in the early growth stages, and Mercy staff members continue to offer ideas to continue the journey toward maximum efficiency.

Nursing Practice Council

- Specifically brings nurses from all areas together around nursing issues within the system
- Offers more well-rounded thinking
- Increases productivity by capitalizing on strengths and eliminating duplication where possible

Erin Sutterer RN, BSN
Nursing Practice Council Chair

COMMUNITY INVOLVEMENT

In the past year, the nursing staff at Mercy Medical Center-Des Moines has been very involved with service projects within the organization and the community. Their involvement shows their dedication to Mercy's Mission and Core Values.

From collecting items for a canned food drive to volunteering time outside of work to promote safety in the community, our nursing staff has made an impact on many peoples' lives. They have helped beautify area churches and a neighborhood YMCA as part of the Mercy Mission on the Move projects. Nurses helped collect more than 20,000 pounds of food for the Combat Hunger project to benefit the Food Bank of Iowa. They helped buy necessary clothing items for more than 1,200 Des Moines area children. They also helped raise money as part of the American Red Cross relief drives for tsunami victims in Asia and the victims of Hurricane Katrina.

The aftermath of Hurricane Katrina showed what Mercy staff members are willing to give in order to help others. When the call came that volunteers would be needed to travel to the disaster areas, nursing staff eagerly volunteered to be part of Catholic Health Initiatives teams and Iowa state disaster relief teams. When word came that Iowa would be receiving some refugees, nursing staff helped staff the triage at the Iowa State Fairgrounds.

Besides contributing to the community service efforts of Mercy Medical Center-Des Moines, nursing staff members have been busy in their community. They have served tours of duty with their reserve or National Guard units locally and abroad, helping victims of hurricanes and fighting the war on terrorism. Pediatrics staff members offered their time outside of work to do car seat safety inspections and installations at local car dealers through the Greater Des Moines Safe Kids Coalition. Several nursing staff members have also been active on county disaster preparedness teams, taught CPR and remain involved with local chapters of professional organizations.



PATIENT STORIES

To the Mercy Hospice Staff:
Thank you so much for all your help and care. We will forever be grateful to you and your staff for seeing to Mom's comfort during her six weeks with you. You have made it possible for me to remember her, knowing that she did not endure ongoing pain. And, in the end, that is precious. I will also always remember how fresh and clean she always looked. Cleanliness and freshness seem so elemental, but during her weeks with you, I learned how much effort and time it really takes. My gratitude and appreciation are so heartfelt that they are beyond mere words. Overall, Hospice's care of my mother seemed to be flawless and I will always remember that. Thank you from the very depths of my heart.

- **Linda Van Loon**

From April 4 to May 13, 2005, my husband, Kenneth Cook, was a patient at your facility. During that time, he had three surgeries and was in Intensive Care three times. From the beginning, we were impressed with the nursing staff. The nurses in pre-surgery calmed our nerves, especially with the second and third emergency surgeries. They didn't rush either of us and respected that we needed a few minutes together.

When we arrived on each floor, we were all strangers to each other, but when we left, we knew that there were people who cared about what happened to my husband. Some of them were even like family and we will hold near and dear to our hearts as we felt that they went above and beyond their jobs.

Thank you for providing such high quality and compassionate nurses. Your facility should be very proud of these employees.

- **Julie Cook**

NURSING YEAR IN REVIEW

RAPID RESPONSE TEAM REDUCES "CODE BLUES"

Mercy's Rapid Response Team (RRT) was initiated at the Main Campus in 2005. The team consists of a critical care nurse, a respiratory therapist and a Mercy One flight crew member. Program development and pilot testing ran from July through October. Permanent staffing of the team began on Dec. 4, with nurses from the 6th Floor ICU assuming the nurse team leader role. Approximately 30 calls per month from the Med-Surg and Telemetry nurses bring the RRT to the bedside of patients who are in declining status. Implementation of the RRT is expected to reduce the number of "code blues" in Med-Surg and Telemetry.



MASTER OF SCIENCE IN NURSING PARTNERSHIP INCREASES OPPORTUNITIES

In 2003, 24 Mercy nurses began their graduate education in a special program between Mercy Medical Center and the University of Iowa College of Nursing.

The University of Iowa College of Nursing offered a variety of learning opportunities by increasing access to nursing education using a variety of media: live classes, the ICN and the Internet. Students led a variety of patient-centered projects that not only completed the expectations of the coursework, but also benefited the patients Mercy serves on a daily basis.

All 24 Mercy nurses graduated in December 2005 and continue to practice in the Mercy system as clinical specialists, nurse managers, nurse educators and in other leadership positions.

ALARIS® SMART PUMP PROJECT BENEFITS PATIENTS AND NURSES

A cooperative effort between nursing staff, physicians and pharmacy staff led to the implementation of the Alaris® Smart Pump IV technology for patients at Mercy in August 2005. Many hours of preparation and planning culminated in providing a leap forward in patient safety technology for nurses to use at the bedside. With nearly 650 IV pumps in the fleet, Mercy was the first hospital in Iowa to purchase such a system with advanced patient safeguards. The IV pumps promote the use of the best practices through a computerized decision support system at the point of care, including: standardizing medication concentrations, pre-defining drug dose limits and utilizing care-specific medication profiles for IV-administered drugs. These features help support safe nursing practice. Each nurse at Mercy received computer-based training followed by hands-on training. The initial CQI data will be analyzed by multi-disciplinary teams, including staff nurses, to suggest improvements to the system.

100 GREAT IOWA NURSES



Joan Beard



Mary Brown



Linda Hensley

Three nurses from Mercy Medical Center – Des Moines were chosen as one of the "100 Great Iowa Nurses for 2006." Receiving the recognition were: Joan Beard, Pain Management Center; Mary Brown, Clinical Practice Office; and Linda Hensley, IT Services. This achievement recognizes outstanding nurses whose courage, competence and commitment to patients and the nursing profession stands out above all others.

Recipients of the award in 2005 were:

Janis Adams, 9-North; Kim Carlberg, CHF Clinic; Jackie Frost-Kunnen, Administration; Susan Johnson Brown, Iowa Heart Hospital at Mercy; Ann Valdez, Birthing Center; and Deborah Willyard, CHF Clinic.

NURSING STAFF ACHIEVE CRITICAL CARE CERTIFICATION

Mercy recognizes the need for certified nurses and has fully supported critical care nurses in achieving this stature. To raise the level of certification in the adult critical care units, the leadership team assessed staff interest and offered strategies to promote certification. Offering these strategies included offering a CCRN review class, distributing course review books, taking practice test questions and current CCRNs assisting staff with core review. After the first few nurses obtained certification the theme of "I can do it" was palpable through the units. A luncheon recognizing the 13 newly certified nurses was held and speakers included physicians, directors, and administrators congratulating the group on their achievement. Each unit now displays a plaque with the names of the CCRNs in their area.

NURSING STAFF IMPACT PROCESS IMPROVEMENT

Mercy adopted the Six Sigma methodology in its continuous efforts for improvement and excellence. Many nurses from a variety of departments have been a part of multidisciplinary teams in at least 40 Six Sigma projects to date. These nurses are project team members and represent front-line employees in their respective departments. The projects enhance our patient focus and use statistical data to analyze the ability of a process to meet our patient's expectations.

Many of these process improvement projects impact patient safety as well. Evidence-based decisions are used to drive and sustain positive changes. Quality improvement tools and techniques allow the nurses on multidisciplinary teams to identify and eliminate root causes to problems in processes used to care for our patients.



HOSPITAL YEAR IN REVIEW

MERCY RECEIVES TOP HONORS IN HEART

Solucient® named Mercy Medical Center – Des Moines one of the nation's 100 top cardiovascular hospitals in 2004. The annual award measures performance on key criteria at the nation's top performing acute-care hospitals. Mercy's score was based on analysis of seven key performance areas, including risk-adjusted mortality, procedure volume and complications.

FIRST IOWA HOSPITAL TO RECEIVE CHEST PAIN CENTER ACCREDITATION



Mercy Medical Center – Des Moines was granted the designation of Accredited Chest Pain Center by the Society of Chest Pain Centers. Mercy is the first accredited Chest Pain Center in Iowa. The Iowa Heart Hospital at Mercy's Chest Pain

Center demonstrated its expertise and commitment to quality care by meeting or exceeding a wide set of criteria and completing on-site evaluations by a review team from the Society of Chest Pain Centers.

STRONG GALLUP SURVEY SCORES

The yearly employee engagement (Gallup) survey demonstrated many incredible improvements in employee satisfaction. Mercy's Grand Mean Score, which measures overall employee engagement at the workplace, jumped from 3.93 (with "5.0" as "extremely satisfied") last year, to an unprecedented 4.12. This achievement ranks Mercy at the 74th percentile of national Gallup participants. In addition, the Mercy nursing staff was highlighted in this year's results with having better overall satisfaction results compared to other health care organizations in the country.

CONSUMER CHOICE AWARD WINNER



Mercy Medical Center – Des Moines was recognized as the exclusive 2005/06 Consumer Choice Award winner by the National Research Corporation (NRC). The designation was

announced in the September 25 issue of *Modern Healthcare* and was based on the following favorable ratings received for the following questions: "What is your first choice hospital/facility for 1) best overall quality, 2) best image and reputation,

3) best doctors and 4) best nurses?" Researchers from NRC asked questions of local residents and based the award on the positive responses regarding consumer perception. Of the 3,000 winning hospitals named by consumers in the study, Mercy ranked highest in our metropolitan area.

ADVANCED CLINICAL INFORMATION SYSTEM (ACIS) IMPROVES MEDICAL RECORDS

Computer technology in nursing made advancements during 2005. ACIS, a collaborative project with five other CHI hospitals, brought vital clinical data to the bedside at the click of a mouse. In August, Mercy began scanning medical records at discharge. This allows medical records from previous hospital stays to be viewed without waiting for a paper record to be retrieved from the medical records department. Laboratory and medical imaging reports are now viewable online at the bedside, and healthcare professionals have access to their patients' records from any location where Internet access is available.

Looking forward, the ACIS project will continue to gain momentum with the addition of online nursing documentation, a new order entry system and the use of an electronic medication administration record (EMAR). Nurses from all clinical areas – from staff nurses to advanced practice nurses – will participate in the design of the system to ensure that it promotes excellence in nursing care and documentation.

MERCY ONLY IOWA HOSPITAL RANKED AMONG NATION'S BEST IN HARVARD REVIEW OF QUALITY DATA

Published research performed by the Harvard School of Public Health's Department of Health Policy and Management ranked Mercy Medical Center – Des Moines ninth in the nation for the quality of care for heart attack (Acute Myocardial Infarction – AMI), congestive heart failure (CHF) and pneumonia. The ranking, published in The Commonwealth Fund newsletter *Quality Matters*, is based on clinical data provided by 3,558 hospitals across the United States to the Centers for Medicare and Medicaid Services (CMS). CMS – along with the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), American Hospital Association (AHA) and healthcare consumer groups, including AARP, formed the Hospital Quality Alliance (HQA). The data reviewed in the Harvard study covered 10 indicators of quality care for

patients being treated for AMI, CHF and pneumonia. These indicators range from appropriately providing life-saving medicines to performing important diagnostic tests. The data and review showed Mercy Medical Center – Des Moines met, or significantly exceeded, the national and state average measures for care reported.



PERFECT CARE STANDARDS ESTABLISHED

"Perfect Care" for community acquired pneumonia (CAP) is now the new standard of care for patients at Mercy Medical Center. This means that the Joint Commission on Accreditation of Healthcare Organization's core measures for pneumonia are met on every patient admitted to Mercy with CAP.

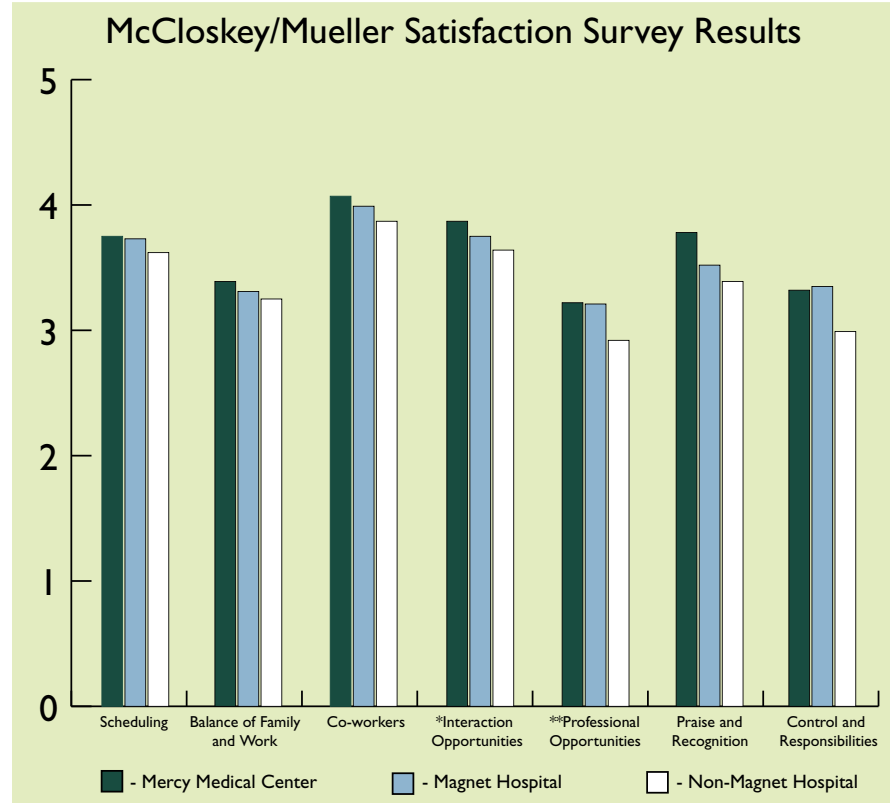
In an effort to improve vaccination rates, the Pneumococcal and Influenza Vaccination Standing Orders Program was developed to assess all adult patients admitted and determine if they meet high-risk criteria for influenza and pneumococcal disease. If the patient meets high-risk criteria and he/she has not been previously immunized, the nurse administers the vaccine prior to discharge without an individual physician order.

Through Shared Governance, the process of administering the vaccines on day of discharge was streamlined this year so that individual doses were kept in refrigerators on nursing units and checked out through the AcuDose medicine cabinets. This eliminated a phone call to pharmacy and waiting for the vaccine to be delivered. This change has resulted in compliance rates greater than 90 percent for pneumonia patients who were screened for influenza and pneumococcal status and vaccinated prior to discharge, if needed.

To the emergency room staff:
 During the season of Christ's birth, I have had time to reflect back to the night that my husband brought me to the ER while I was actively having contractions from a miscarriage. The pain I was experiencing, the reality of the contractions, my water breaking, passing the unviable fetus and experiencing the loss of a child were the burdens I was bearing on that particular day in my life. The comfort I felt in knowing that God had a better plan for my baby and our family helped to lighten that burden. The staff in the ER was wonderful and demonstrated the core values that the Mercy Mission embraces. Dr. Torstenson treated me and my situation with reverence and sincerity rather than purely a medical procedure. The two nurses who cared for me showed such compassion and excellence in their care. The chaplain who visited us prayed with us, gave us time to ask questions, and shared the options of choosing a final resting place for our baby. The number of people that pass through the ER is great and I'm sure some people and stories are more memorable than others. Please know that your kindness and sincerity made a wonderful and lasting impression on me.

Thank you and God Bless,

Diane DeWall
 Occupational Therapist
 Mercy Center for Rehabilitative
 Medicine



Job satisfaction is important in attracting and retaining employees. At Mercy Medical Center – Des Moines, our staff reported very positive numbers in comparison to Magnet and Non-Magnet hospitals. The McCloskey/Mueller Satisfaction Survey reports employee satisfaction in several areas, including: scheduling, balance of family and work, and opportunities available in the workplace.

*Interaction opportunities include delivery of care methodology, social contact at work, social contact after work, and interaction professionally with other disciplines.

** Professional opportunities include interaction with college, opportunities for committees, nursing research, and opportunities to write or publish. Sources: RN Satisfaction Survey 2004 and JONA

NURSING STAFF BY THE NUMBERS

While there are nationwide shortages in healthcare providers, Mercy Medical Center-Des Moines posted impressive staffing numbers for 2005. The chart below shows the total number of staff, average age and total tenure of staff members in the three nursing positions. In addition, turnover rates in nursing for 2005 were very good. The turnover rate at Mercy was 13.36% for nursing and 14.95% overall, compared with CHI organizations overall which averaged 16.18% for nursing and 18.05% overall.

Position	Total # of Staff	Average Age	Total Tenure (in Years)
RN	1,589	41	16,179
LPN	30	47	428.5
CNA	345	32	1,474.5
Total	1,964	40	18,082

NURSING STAFF RECEIVE CERTIFICATION

Mercy is proud of the 35 nurses who joined more than 270 Mercy nurses who have already earned their specialty certifications. Among the certifications awarded were: Maternal Newborn, Orthopaedic, Critical Care, Sexual Assault, Ergonomics, Hospice, Pain Management, Child Safety and Cardiac Surgery. Mercy nurses who received specialty certifications in 2005-2006 include:

- Maureen Allen** - Employee Health
- Karen Barker** - Care Coordination
- Joan Beard** - Pain Center
- Sandy Beidler** - CICU
- Beth Berg** - ICU
- Vicki Boelman** - Home Health
- Mary Brown** - 3 South
- Dee Bryant** - Hospice
- Lynne Chandlee** - Wound Care Service
- Ruth Criger** - PDC
- Rhonda DePriest** - 5 North
- Rhonda Gilbreath** - Flex Team
- Erik Hanson** - CICU
- Anita Hoch** - ICU
- Pam Juhl** - Capitol 4 West
- Lynette Major** - Main 3 North
- Robbin Mann** - Medical Imaging
- Kris McAreavy** - CTSICU
- Kristi Meller** - Main 3 North
- Arisa Miller** - Medical Imaging
- Jonna Norlin** - ICU
- Jen Owen** - ICU
- Jan Pickerell** - Hospice
- Kristin Platz** - ICU
- Moira Pyle** - Main Emergency
- Cyndi Rohert** - Hospice
- Natalee Roush** - Wound Care Services
- Jeff Safley** - Main Emergency
- Patty Schwanebeck** - CCU
- Sue Sevedge** - Medical Imaging
- Julie Shannon** - Iowa Heart Hospital
- Kim Smith** - CTSICU
- Ronie Stevenson** - ICU
- Jean Tingwald** - Main OR
- Julianne Yost** - Main Emergency

ADVANCING EVIDENCE-BASED PRACTICE

Evidence-Based Practice is a recognized concept and also a journey with interdisciplinary colleagues to nourish wisdom, strengthen critical thinking, integrate research knowledge and celebrate many outstanding contributions in leading best practices. Based on clinician interest from FY 2004 and 2005 Gallup and Nursing Surveys in research learning, interested clinicians formed a multidisciplinary team to guide this initiative. Advancing Evidence-Based Practice is a CEU-approved, bi-quarterly program series, designed for presentations by clinicians to showcase their team's initiative and outcomes, including a critical analysis for Best Practice using an Evidence-Based Practice Model[®]. This creates a setting that engages everyone to reflect about their practice and network with colleagues about what is important for clinical excellence.

Presentation Title	Presenter(s)	Presentation Title	Presenter(s)
Overview: An Evidence-Based Practice Model [®] for Clinical Practice	Sr. Maurita Soukup, RN, DNSc	Saving 100,000 Lives – Mercy's Contribution	Mary Brown, RN, MSN
12-Lead EKG Precordial Lead Placement – A Hospital-wide Initiative	Julie Koch, RN, BSN, CCRN-CCU Fred Gernes, CVRT	Integrating Evidence-Based Practice Into the Practice Environment	Sr. Maurita Soukup, RN, DNSc Joan McCleish, RN, PhD
Standardizing Thermometry Practice Using an Evidence-Based Model Approach	Julie Reis, RN, CCRN, RN-CCU Joan McCleish, RN, PhD	The Professional Socialization of Graduating Students in Generic and Two-Plus-Two Baccalaureate Completion Nursing Programs	Connie Clark, RN, PhD
Level 1 Heart Attack Protocol: Advancing Best Practice to Outreach Communities	Susan Johnson Brown, RN, MSN	Communicating Your Practice Change: Preparing and Critiquing Clinical Practice Abstracts Based on Evidence	Sr. Maurita Soukup, RN, DNSc Julie Shannon, RN, BSN, CCRN-CSC
Diabetes: JCAHO Disease Management Program Certification	Jackie Perkins, RN, ARNP, MSN	HealthGrades [®] 2006 Report: Implications for Clinical Practice	Sr. Maurita Soukup, RN, DNSc
Pneumonia: JCAHO Disease Management Program Certification	Karen Gamerdinger, RN, BSN	Chest Pain Algorithms: Utilizing Evidence-Based Tools to Promote Best Practice	Susan Johnson Brown, RN, MSN
CHF: JCAHO Disease Management Certification CHF Overview/CHF Infusion Clinic	Kim Carlberg, RN, BSN	Mercy's Infusion Program: A Contribution to Evidence-Based Practice	Elayne Penney- Timmons, RN, BGS, CRNI
CHF: Disease Management Program Certification CHF General/CHF Telemanagement	Deb Willyard, RN, BSN	Nursing Research at Mercy College	Andrea Addington, RN, MA
BSN Leadership Project: A Collaborative Effort Between Academia and Practice	Joan McCleish, RN, PhD	Code Blue: Applying Evidence-Based Principles in Promoting a Comprehensive Code Blue Program	Sr. Maurita Soukup, RN, DNSc Beverly Derby, RN, CCRN
Joint Camp: Using an Evidence-Based Model [®] for Results Reporting	Zoe A. Bishop, RN, BSN, ONC, TNC Candy J. Davey, RN, BSN, ONC, CCM	The Mind-Mapped Care Plan: Innovative Tool for Nursing Education	Carolyn S. Kern, RN, MSN, Joan McCleish, RN, PhD
The Keystone ICU Project – Evidence-Based Practice for Critical Care	Monica Gordon, RN, BSN	New Modalities in Depression Screening for Chronic Illness	Deborah W. Willyard, RN, MSN
The Relationship of HESI Exit Exam Scores to NCLEX RN Pass Rates at Mercy College of Health Sciences	Shirley Beaver, RN, MN, CNAA	Improving Patient Care in the NICU	Lee Hoover, RN, MSN, NNP
Understanding JCAHO Core Measures – Leading Outcomes Where Patients Do Come First	Sr. Maurita Soukup, RN, DNSc	Skin Marking/Site Preparation: A Contribution to OR Practice	Sonja Ranck, RN, MSN
Advancing Evidence-Based Practice Through the Eyes of a Certified Wound Care Nurse	Catherine P. Smith, RN, BSN, CRNI, CRNNH, CWOCN Barbara J. Rozenboom, RN, BSN, CWCN, COCN		
Comparison of Quality of Life Among Women Taking Synthetic Hormone Replacement Therapy, Bio-identical Hormone Replacement Therapy, or No Hormone Replacement Therapy	Laura Dankof, BSN, RN		



Thank you for taking the time to review this report outlining what our staff have done in the last year to reflect on our mission. I am so proud of all that has been accomplished at Mercy through hard work and dedication to the organization and the community. Our journey is just beginning and we have already made great strides. I look to the future with great excitement and look forward to another successful year.

Jackie Frost-Kunnen, RN, MSN, CNAA
Senior Vice President & Chief Nursing Officer

