SHARED GOVERNANCE
2015 NURSING ANNUAL REPORT

Shaping the future of healthcare in the Four States through innovative, evidence-based quality patient care

FREEMAN Health System
Message from the Vice President of Nursing Services

As you read through the following pages, we hope you will see the impact the nursing division has in many areas of quality and safety at Freeman Health System. Our nursing teams serve as the foundation in providing high-quality care and exceptional service. Hundreds of nurses and support staff members demonstrate compassionate, committed care to our patients each and every day.

The field of nursing can be extremely challenging, but it definitely comes with rewards. Providing life-saving treatment, our exceptional clinicians receive recognitions daily for the outstanding care and compassion they show to our patients. From their first day of work, all nurses pledge to follow Freeman’s Five-Star Promise highlighting ownership, compassion, professionalism, teamwork, and communication, which so many exemplify. While 2015 proved very successful, we look eagerly toward what 2016 has to offer in the areas of improved quality outcomes, increased patient and nurse satisfaction, and continued excellence in patient safety outcomes.

April Bennett, MSN, RN
Vice President of Nursing Services
Freeman Health System
Shared Governance Overview

Which comes first – employee satisfaction or patient satisfaction? For hospitals that practice Shared Governance, employee satisfaction and patient satisfaction go hand in hand.

Nurses are happiest when they can give the best patient care possible, and patients are happiest when they receive the best nursing care. Shared Governance gives nurses a voice to help them achieve the ownership and the motivation necessary to provide the best patient care, which improves patient and staff satisfaction simultaneously.

Shared Governance provides a structural model to help the bedside nurse work collaboratively with nursing leaders, giving them an equal voice in decision-making processes. It empowers nurses to take the lead and creates a decentralized method of decision-making. This empowerment allows nurses to control the content and implementation of their practices and outcomes.

For nursing staff, participation in Shared Governance means making a commitment to improving Freeman for staff and patients alike. Many benefits throughout Freeman have occurred in the last year because nursing staff have been empowered to take the lead, contributing to increased quality of patient care and improved outcomes.

**Shared Governance Goals:**
- Improve quality
- Recognize and promote the value of staff
- Support staff awareness and involvement in unit-based decision-making

**Shared Governance Benefits:**
- Shared responsibility and accountability at all levels
- Improved quality of care, resulting in increased patient satisfaction and improved outcomes
- Equally shared power, authority and decision-making
- Increased staff motivation
- Increased sense of ownership by nurses
- Nurse empowerment
- Development of new knowledge and skills
- Increased employee satisfaction, which helps with recruitment and retention

“They may forget your name, but they will never forget how you made them feel.”
Maya Angelou, Poet

“Shared Governance gives bedside nursing staff an opportunity to play an active part in process improvement and workflow changes in individual units and throughout a health system. Not all employers value employee input like Freeman does. Nurses, don’t miss out on this great opportunity!”
Kellie Arrasmith, RN, Advisor to Professional Development Council
A variety of models for Shared Governance exist. These include the Practice Model, in which all disciplines participate; the Unit Model, which comprises independent units; the Research/Development Model; and the Councilor Model, driven by nurses. Freeman uses the Councilor Model, as illustrated below.

**Shared Governance Model**

![Diagram of Shared Governance Model]

- **Unit-Based Councils**
  - Nurse Practice Council
  - Technology Council
  - Nurse Quality Council
  - Nurse Coordinating Council
  - Professional Development Council
  - Safety Champions Council
Shared Governance Hospital-Based Councils

**Nurse Practice Council**
- Implements and maintains standards of clinical nursing practice and patient care
- Reviews standards of practice, researches material relating to specific healthcare issues and reads articles about evidence-based practices

**Nurse Quality Council**
- Includes elected individuals from all hospital inpatient units
- Goals include:
  - Compliance with system policies and procedures
  - Making recommendations to enhance continuous quality improvement and safety
  - Developing action plans in collaboration with other councils to ensure quality patient outcomes
- Monitors the Core Measures Checklist to ensure core measures are met and staff complies with the checklist

**Professional Development Council**
- Focuses on recruiting and retaining nurses, demonstrating appreciation to nurses and providing education on best practices
- Plans and raises funds for a successful Nurses Week celebration
- Organizes an Employee of the Month program for the nursing units (see p. 7)
- Monitors and maintains The Advancing Professional Program (TAPP)

**Technology Council**
- Ensures technology and computerization meet the demands of the nursing staff
- Maintains a focus on the health system’s conversion to a new health information computer platform by playing an instrumental role in training and providing on-site help with the transition

**Nurse Coordinating Council**
- Provides leadership and direction to all councils
- Serves as a clearing house for issues
- Disseminates recommendations for action to the appropriate council
- Provides final approval for all nursing council recommendations

**Safety Champions Council**
- Implements and sustains processes and programs focused on safety to ensure exceptional care for our patients and our clinical team members
- Reviews precautions and protocols, like the heparin protocol, to improve clear communication among team members and improve safety for our patients

“The eyes and ears of our frontline staff are a direct line to our patients. With Shared Governance, patients now have a voice.”
Ashley McConnell, RN, Advisor to Safety Champions Council
Shared Governance Unit-Based Councils

Through the Shared Governance Councilor Model, each nursing unit or group of nursing units has a Unit-Based Council that works to develop, trial and implement initiatives specific to their unit and patient population. These Unit-Based Councils continue to provide great ideas and improvements in practice, such as, but not limited to:

- Implementation of safety huddles
- Improvement of staff morale and satisfaction
- Increased communication between bedside nursing staff and leadership
- Stronger focus on patient safety
- Improvement of patient flow through high volume areas
- Revision and creation of multiple policies, procedures and order sets for various clinical areas
- Updates to the orientation guidelines for new employees
- Development of mock bed alarms to improve response time to patients in need
- Selection and implementation of new white boards for updates to patients, families and visitors
- Education to patients regarding the process of “time outs” in surgical areas
- Implementation of numerous ideas from staff (Bright Ideas program), which improve processes and save time
- Organization of rooms and carts to make supplies more accessible to staff and decrease cost for supplies not routinely used
- Development and implementation of debriefing huddles after patient falls, and “code falls” to educate team members on steps to prevent falls

These are only a sampling of projects that have been successfully developed and implemented through the Shared Governance Unit-Based Councils. Comments from staff about feeling a “greater sense of belonging to the Freeman team” and “feeling more informed” also continue to demonstrate the success and benefit of Shared Governance. Freeman has seen improved staff morale and satisfaction, increased communication between bedside nursing staff and leadership and a stronger focus on patient safety. The teams have also strengthened relationships with other disciplines through recognition and team-building work groups.
Nurse Recognition – Employee of the Month

The Shared Governance Employee of the Month program began in February 2012 to reward Freeman nursing staff for exemplary service. While the program promotes participation in Bright Ideas, peer recognition, service recovery and discharge phone calls, it also encourages excellence in attendance and recognizes those who set a shining example for their coworkers through daily exhibition of the Freeman Five-Star Promise traits – communication, compassion, ownership, professionalism and teamwork.

Each nursing unit encourages its staff members to nominate fellow caregivers as Employee of the Month. Nominations, based on the Five-Star Promise, include descriptions of how the employee excels in practice. Submissions from each unit go to the Shared Governance Unit-Based Council, which selects the Unit Employee of the Month. Each Unit-Based Council sends its Employee of the Month nomination to the Professional Development Council for further review and consideration for Hospital Employee of the Month honors. During the Professional Development Council’s monthly meeting, council members anonymously evaluate all submissions and choose the Hospital Employee of the Month based on the descriptions provided and how well the candidates meet the nomination criteria. Caregivers receive recognition at both the unit and hospital levels. Those chosen as Unit Employee of the Month receive recognition from the Hospital-Based Council and the unit’s nursing leadership. A picture of the employee is posted on the unit’s communication board under the People Pillar. The Hospital Employee of the Month is recognized by a team from the Professional Development Council. Additionally, one caregiver receives recognition as Hospital Employee of the Year, an honor presented by nursing leadership.

2015 HOSPITAL EMPLOYEE OF THE YEAR
Keila Guzman
Orthopaedics/Neurosurgery
The Advancing Professional Program

The Advancing Professional Program (TAPP) was born at Freeman from collaboration between Shared Governance clinical staff and members of the administrative team. TAPP is an exciting opportunity that encourages professional development through continuing education, community service, active participation in Shared Governance and a commitment to the health system through involvement in process and quality improvements. Providing a shared method of investment to nurses and the health system, TAPP ultimately improves patient care and the nursing culture.

Nurses participating in TAPP may progress through three levels of advancement – Clinical Nurse I, Clinical Nurse II and Clinical Nurse III. At each level, the nurse is rewarded and recognized for his or her commitment to Freeman, the nursing profession, the community and patients. Those demonstrating the commitment it takes to apply, gain acceptance and progress through the program receive rewards. These include hourly increases in wages – $1.75 for Clinical Nurse I, $2.50 for Clinical Nurse II, and $3 for Clinical Nurse III.

Please note – this program is not like the clinical ladder from days past. TAPP is very competitive, highly selective and challenging. It promotes high-quality bedside nursing care by rewarding those who continually strive to be the best of the best.

“Shared Governance gives nursing staff a voice in what they practice and do each and every day.”
Coleen Cameron, BSN, RN, Freeman Chief Nursing and Regulatory Officer
## TAPP 2015 Qualifying Nurses

### Level I

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Christina Andro</td>
<td>Birthing Center</td>
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<tr>
<td>Mitzi Arnold</td>
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<td>Heather Brannin</td>
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<td>Diane Carlisle</td>
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<td>Kelley Miller</td>
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<td>Elizabeth Wright</td>
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<td>Milissa Folk</td>
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<td>Laura River</td>
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<td>Karen Stoner</td>
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<tr>
<td>Stacy Coleman Wood</td>
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The Right Thing to Do: Implementing Best Practice Standards

Leadership Rounding
Every nursing leader at Freeman is expected to assist with any questions or care needs patients may have, visit patients and families daily to recognize staff for providing exceptional care and service and identify opportunities for improvement.

Staff Rounding
The nursing leadership team is dedicated to setting aside time on a daily basis to visit the nursing teams. Through these rounds, nursing leaders receive valuable feedback on what is going well, opportunities for improvement and tools/resources needed for bedside teams.

Standardized Communication
Developed by Freeman Vice President of Nursing Services April Bennett, a standard template was created and implemented to share new or improved processes. The one-page template starts with the “why” and also includes the new or improved process, implementation date and who to contact with questions or suggestions for solutions.

Celebrate Success
Nursing leaders focus on always recognizing success of teams. Some methods of recognition include taking the time to round and personally thank team members for their efforts, passing out chocolate or candy, hosting a celebration at a staff meeting, and passing out snacks or drinks on a challenging shift.

First Impressions
Many nursing leaders attend new employee orientation every other week to welcome new team members and thank them for choosing Freeman.

Employee Engagement Meetings
Initially developed and implemented on the Cardiac Medical Unit and Transitional Care Unit in 2013, the value of employee engagement meetings was quickly observed and soon expanded to other nursing units. Employee engagement meetings are a best practice supported by research as a method to:
• Get to know team members better
• Identify career goals and outline a path to achieve those goals
• Understand values
• Elicit information on challenges faced by the unit
• Provide feedback on performance
• Recognize and celebrate team members for a job well done

Many nursing leaders have initiated employee engagement meetings with their teams on a quarterly basis, taking the time to sit down individually with each team member. Some units have developed creative names such as Growing and Glowing Interviews, SUTURES (Staff Unite Towards Unit Relationships, Engagement and Sharing), and PULSE (Promoting Unit Leadership and Staff Engagement). While topics vary from session to session and unit to unit, examples include:
• “What is going well on our unit? With our team?”
• “Are we fully utilizing your talents?”
• “What are some specific barriers to being successful and fulfilled at your job?”
• “What is a process issue on our unit you have identified, and what is a creative solution to this issue?”
• “What are your career goals in one year and five years?”

Team members throughout the health system recognize the value of these employee engagement meetings in building strong, trusting relationships to continue developing the culture desired at Freeman.
Renovations Completed in 2015

**Freeman Pediatric Unit**
The unit received a face lift in the hallways and at the nurses station featuring a Dr. Seuss theme.

**Freeman Maternity Center**
The department strategically renovated units to include transitioning to couplet care, a best practice model that encourages enhanced bonding for new mothers and their newborn and learning basic care techniques to allow them to be successful at home. The teams held planning sessions to discuss the model, training and educational needs, and steps needed for the transition. The renovation also provides a beautiful and relaxing atmosphere in each room for mother, baby and family.

**Inpatient Dialysis**
A brand new inpatient dialysis unit opened at Freeman Hospital West showcasing wall-to-wall windows in each treatment bay. The objective of the new unit was to provide a therapeutic setting for kidney patients undergoing treatment while increasing the capacity to meet the needs of the community.

**PACU/OR**
The addition of the ninth operating room at Freeman Hospital West allows for less wait time for patients when scheduling surgeries. The new OR has ample floor space, enabling physicians to use advanced technological equipment during surgery. In addition, the renovated post-anesthesia care area was completed with isolation areas and a glassed-in, more private section for children.

Enhancing the Patient Experience

**Level II Stroke Center Designation**
Through the support of the Freeman Board of Directors and Senior Leadership, a multidisciplinary team worked diligently to ensure Freeman earned designation as the best place to receive high-quality care following a cerebrovascular accident, also known as stroke. In April 2015, the Missouri Department of Health and Senior Services designated Freeman as a Level II Stroke Center. Freeman is the only Level II Stroke Center within an 80-mile radius of Joplin, which means local emergency responders bring stroke patients to Freeman unless the patient indicates otherwise. Nursing played a great role in the process of earning the designation – working alongside physicians, EMTs, therapists and support staff. To achieve Level II designation, bedside clinicians and physicians gained greater knowledge and training on quality care for stroke patients and implemented data collection systems to improve the unit.

**CLABSI Reduction**
A highlight of the Shared Governance Nursing Quality Council’s hard work in 2015 was the research, development, trial, and, ultimately, implementation of disinfectant caps for all central lines to prevent central line associated blood stream infections (CLABSI). During the three-month trial of disinfectant caps, Freeman patients experienced zero infections! Following trial use of the disinfectant caps, and with approval from the supply utilization review team and administration, use of the product was implemented.
Enhancing the Patient Experience Continued

Teachback
In the fall of 2014, the Cardiology Unit explored using the concept of Teachback with patients and quickly observed significant improvements in communication and education. Teachback is simply a way to communicate with patients that requires them to demonstrate or explain their understanding of the teaching/instructions, rather than just answering “yes” or “no” to whether or not they understood.

During summer 2015, other nursing units began using Teachback with their patients. After implementing Teachback, patients reported improved communication with nursing staff and a better understanding of medications and side effects!

Patient-centered Roundtable
Patient-centered Roundtable was initiated to discuss successes, opportunities for improvement and action items to make necessary, identified changes. The weekly roundtable, led by the Freeman Vice President of Nursing Services April Bennett, includes representatives from the Nursing, Environmental Services and Nutritional Services departments.

HPAHPs
Hospital Provider Assessment of Healthcare Providers and Systems (HPAHPs) survey was developed as a spinoff of the HCAHPs survey in an effort to help the bedside nursing staff better understand the patient’s perception of quality care. Wording of the original HCAHPs questions was reversed to provide self-reflection by staff on the care they provide. For example:

HCAHPs survey: “Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?”
HPAHPs survey: “Before giving a medication to your patient, how often do you describe possible side effects in a way your patient can understand?”

Quality/Safety Rounds
Quality/Safety Rounds were developed and implemented on some units and were completed every shift by nursing leadership, including charge nurses.

Every shift, the lead nurse visits patients’ rooms, providing an introduction and ensuring the patients were in a safe environment. The leader checks the room for hazards, such as cords or trash that could cause a fall, cleanliness and tidiness of the room, and correct positioning of the patient’s bed.

Inpatient Boarding Proposal
Nursing leadership and bedside clinicians have dedicated hours and hours to the recent development of the Inpatient Boarding Proposal, a recommendation proven a best practice. Patients left in the emergency department for inordinate lengths of time have a much higher mortality rate than patients moved to units with the appropriate level of care and appropriately trained staff. The proposal outlines the process to transfer and provide care for patients utilizing a team approach.
Patient Throughput Steering Committee

Patient Throughput Steering Committee, a team consisting of physicians, nurses, medical technologists, radiologists, administrators, emergency staff, admissions representatives and housekeeping staff, collaborated for several months to identify opportunities to improve the flow of patients through the Emergency Department (see graphs below). Freeman recognizes that patient safety is a concern when patients leave the hospital without being seen or have spent extensive time in the Emergency Department waiting to be transferred to a room. This committee meets weekly to review the previous week’s data, opportunities for improvement and successes; the team also brainstorms action items for the upcoming week.

2015 Left Without Being Seen

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<td>December</td>
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<td><strong>Total LWBS</strong></td>
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“I worked in Kansas City at a facility that didn’t have a way for the nursing team to have a voice. That’s why I am so excited about Shared Governance at Freeman.”

Brittany Schwartz, RN, ICU
Lean Six Sigma

Lean Six Sigma is a proven methodology that focuses specifically on the customer and attempts to continuously improve processes. The goal of Lean Six Sigma is to eliminate waste in everything an organization does.

In fall 2012, the Freeman Board of Directors and Senior Leadership supported the first round of Lean Six Sigma Green Belt leader training through Villanova University. These intensive eight-week sessions prepared Freeman leaders to organize and facilitate Lean teams, consisting of individuals from various areas of the health system, to improve processes and eliminate waste from the workflow.

Those at Freeman trained in Lean Six Sigma commit to leading or co-leading at least two quality improvement projects each year, as well as submitting monthly updates and reporting successes quarterly to Freeman Quality Council. Projects may be at the unit, division or system level and have the potential to make a significant impact related to patient care. Lean leaders help facilitate 30-, 60-, 90- and 120-day post-implementation update meetings to discuss ongoing successes or challenges with the process. Lean teams also perform Gemba walks to visualize the process in practice.

Significant and multiple culture and process changes stem from Lean Six Sigma. With a focus on culture change that involves staff from all levels and challenges the status quo, some of the benefits include:

- Reduced variation in processes system wide
- Increased patient satisfaction scores
- Reduction in the length of patient stays
- Increased throughput
- Increased cost savings for the health system
- Decreased mortality and infection rates

Multiple projects have been completed at Freeman using Lean Six Sigma methodology. Many of these projects include a patient-centered focus with the help of clinicians who work at the bedside every single day. Some examples of projects that have been completed include:

- ICU Patient Transfers – With a primary goal of focusing on our patients, the very first Lean team reviewed the process of patient transfers from the Intensive Care Unit (ICU) to the surrounding units. A team of clinicians and leaders dedicated two days to mapping out the current process, identifying waste in the process and developing best practices that supported patients and nursing teams. Success story? Absolutely! The result of this ambitious project included an increased focus on patient safety and ownership of the process by bedside clinicians. Within two weeks of implementation, the time it took to transfer a patient out of ICU dropped from an average of 72 minutes to 44 minutes (see graph above).
- Admitting Patients through ED – Similar in nature to the ICU Lean project, a Lean team was formed to focus on patients admitted through the emergency department (ED) to the inpatient units. The ED Lean Team strived to create a culture change of “pulling” patients through the system rather than “pushing” them. Implementation of this project went live in mid-June 2012, after exceptional efforts made by numerous bedside team members that focused on what was best for the patient.
• Staffing Documentation – In September 2013, the Staffing Lean Team combined forces with several newly trained Lean leaders with a goal of reducing the time spent on manual documentation and errors that resulted in a new electronic system.

• Patient Tracing – The Perioperative Lean Team completed multiple process improvement projects over the past few years with the primary focus on the patient. One project included tracing every step the patient had to make from admissions to the operating room and out to the receiving unit.

• Patient Monitoring – The Telemetry Lean Team focused on improving the process of initiating and monitoring of patients. The team includes bedside clinicians from all areas and levels of expertise.

• Hiring Process – In 2014, a team from Human Resources and nursing leadership gathered together as the Lean Hiring Team to improve the hiring process at Freeman. Through this team’s efforts, the system saw a sharp decline in the number of days it took to complete the hiring process beginning with the day candidates applied to the day of the new hire’s hospital orientation.

• Capturing Charges – The Lean Lost Charges Team worked as a multidisciplinary team in fall 2015 to improve the process of capturing lost charges. This team’s efforts helped the clinicians standardize the method of capturing charges on many of the units, allowing the unit to be more fiscally responsible.

**SHARED GOVERNANCE WANTS YOU**

Do you want the opportunity to receive formal training and education, grow professionally, gain leadership experience and have a voice in the decision-making process? Join Shared Governance!

- **Unit-Based Councils**
- **Nursing Coordinating Council**
  - Focus on Large Projects with Quarterly Rollouts
  - Super Users
- **Nursing Technology Council**
  - Professional Development Topics
  - Annual Staffing Review
  - Employee of Month
  - TAPP
- **Nursing Professional Development Council**
- **Nursing Safety/Practice Council**
  - Peer Review Team
  - Evidence-Based Practice
  - Medication Errors/Trends
- **Nursing Quality Council**
  - LEAN Team
  - Fall & Infection Rates
  - Policy/Procedure Review

“For what nobody else will do, a way that nobody else can do, in spite of all we go through; that is to be a nurse.”

Rawsi Williams, RN, Civil Rights Attorney

For more information, contact April Bennett, RN, MSN, at 417.347.3208 or email adbennett@freemanhealth.com
For more information about Shared Governance at Freeman, contact:

April Bennett, RN, MSN
Vice President of Nursing Services
Freeman Health System
Joplin, MO 64804
417.347.3208
adbennett@freemanhealth.com