Structure for Developing Educational Programs: Centralized-Decentralized

Riverside Medical Center has a centralized-decentralized approach to nursing education. Riverside's Educational Services Department is the centralized element of this model, with the department responsible for not only orientation training for all health system employees including nursing, but also:

- Provides follow-up and support for nursing unit orientations and preceptor training, including clinical documentation training
- Oversees, develops, or directly provide technology (both computer and clinical equipment) training, leadership development training, customer service/soft skills training,
- Processes student contracts and placements and shadowing experiences in addition to student's orientation,
- Conducts clinical documentation training for medical staff members' orientation,
- Coordinates and administers employee opinion surveys and patient satisfaction survey analysis and improvement efforts
- Oversees Joint Commission compliance for Human Resources standards
- Maintains and develops online elearning and OLIE, the learning management system for Riverside.
- Maintains CE records and licensure for various disciplines to provide CE sponsorship of programs.
- Coordinates notices of continuing education programs to health system from outside vendors and colleges
- Acts as a liaison with Corporate and Continuing Education at Kankakee Community College to request Nursing CE programs and topics of interest
- Provides performance coaching and consultative support on employee performance management issues and organizational quality issues.

Within the Education Department, there are two RN Educational Specialists, Andrea Cinnamon, RN, MSN with 20 years’ nursing experience in critical care and ob/gyn (primarily nursery), Abby Pfeiffer, RN, BSN with med-surg/telemetry and LEAN experience who officially transitioned to the Education Department in January 2010; and there is one Onboarding Coordinator, LeAnn McCormick, RN, BSN with over 30 years’ nursing experience in intensive care, med-surg, home care, and nursing leadership. LeAnn’s role is to provide nursing education and organizational education, but her primary focus is nurse preceptor and nurse onboarding duties to assure retention of top nurses at Riverside (particularly new graduate nurses). LeAnn is a BLS CPR instructor and certified HeartMath and CPI trainer. Andrea is a BLS CPR Training Center Faculty member and NRP-certified, in addition to being a certified maternal child nurse. Abby
will be completing her CPI and BLS CPR Instructor certifications in 2010 in order to teach these courses within the organization.

In addition to teaching and course development responsibilities, each of these nurses serves on various committees in order to identify educational needs and position resources to meet those needs appropriately and efficiently. Committees/Councils that the RN Educational Specialists and Director of Educational Services participate in currently to drive and identify educational opportunities are as follows:

1. Palliative Care Committee
2. Patient Care Forum (nursing/clinical leadership)
3. Going Green Committee (recycling)
4. Medication Safety Committee
5. Practice Council
6. Professional Development Council
7. Patient Care Council
8. Employee Safety Injury Prevention (ESIP)
9. Employee Recruitment / Retention
10. Peer Review
11. Patient Safety Technology Pull-Together
12. Patient Complaint-Grievance Committee
13. Emergency/Disaster Preparedness Committee
14. Environment of Care Committee
15. Magnet Steering Committee
16. Leadership Council
17. Employee Celebration Team
18. Patient Satisfaction Committee
19. Clinical Information Systems Steering Committee
20. Computerized Provider Order Entry Steering Committee
21. Restraints/Falls as a Never Event Committee
22. Positive Employee Relations Team
23. Horizon Health Summary Implementation Team-Clinical Documentation
24. LEAN Steering Committee
25. Handoff Communication Taskforce
26. Culture and Communication Committee – Nonpunitive Error Reporting Culture
27. Patient Safety Steering Committee
28. Stroke Committee
29. Joint Commission Chapter Chairpersons Team
30. Rapid Response Team
31. Anticoagulation
32. Medication Reconciliation Committee

And each nurse educator completes Education Representative duties with responsibilities as defined in the following policy.
Subject: 
Educational Representatives and Educational Program Requests

Policy: 
The Educational Services staff is available to coordinate with and/or assist any Riverside HealthCare department or unit with organization and presentation of staff development and continuing education programs.

Procedure: 
The Director of Educational Services, Onboarding Coordinator, and Educational Specialists serve as educational representatives (Ed. Reps.) to specific healthcare system departments. This provides a primary contact person for all departments’ educational needs. Ed. Reps. may rotate over time based upon expertise and customer requests.

Responsibilities of an Ed. Rep. include (along with other duties as assigned):

1. identifying competencies/annual education requirements and needs for each area they represent by conducting needs assessments including reviewing PI/quality data, employee opinion/turnover data, patient satisfaction data, TJC/IDPH/OSHA/ANCC (Magnet) guidelines/standards, and best practice guidelines from both healthcare and nonhealthcare facilities,
2. coordinating with all other Ed Reps. and the Director of Educational Services to determine the most efficient and effective method of delivering the Education to achieve the desired performance results and meet regulatory/accrediting standards/elements of performance/sources of evidence.
3. Ed. Reps. may also facilitate process/performance improvement teams and provide employee relations consultations for managers and staff. This includes responding to individual performance issues as may be delineated on performance appraisals.
4. Requests for facilitation, consultation, and delivery of educational programs will be channeled to the most appropriate education person by the Director of Educational Services in cooperation with the requesting department/unit and the Ed. Rep.

The Educational Representative assignments as of February 2010 are as follows:

Andrea Cinnamon - 4786

- Mother/Baby (OB, L&D, Nursery)
• 4Med-Peds/IV Team/Wound Care
• Cancer Treatment Center
• Radiation Therapy
• Diabetes Center

2 ICU
• 5ICU
• CVOR/SPD
• EPL/SPL
• OPS
• OR
• Anesthesia
• Medical Plaza (with LeAnn)
• EKG (with Abby)
• Cath Lab (with Abby)
• Cardiac Rehab (with Abby)
• Cardiac Administration (with Abby)
• Interventional Radiology

Abby Pfeiffer- 4764
• 5Tele
• 3 Med-Tele
• Respiratory Care
• EKG (with Andrea)
• Cath Lab (with Andrea)
• Cardiac Rehab (with Andrea)
• Cardiac Administration (with Andrea)

LeAnn McCormick – 4715
• Admitting
• Coordination Center Switchboard
• Greeters/Customer Serv. Assoc. (Labor Pool)
• Outpatient Center
• 4Med-Peds
• Medical Plaza (with Andrea)
• Housekeeping/Laundry (Env. Servs
• MHU
• Girls Specialty Unit-MHU
• Resolve Center
• Mental Health Outpt. (Visions)
• Oakside Clinic
• 2Med/Surg
• 3Ortho/Neuro
• 4Rehab

Decentralized Structures

The decentralized element of this model for delivering education to our nurses is provided by unit-based clinical nurse specialists or RN Educational Specialists or Educators (job title varies based upon the area) as described below:
• Riverside’s OR employs Jennifer Dolan, RN, BSN, a certified OR nurse, who provides AORN Perioperative 101 training to new OR hires, oversees OR competencies, and coordinates new equipment training within the OR. She scrubs regularly into cases and continues to work in the OR in addition to her part-time OR Educator duties.

• Cindy DeGroot, RN, BSN is the Senior Living RN Educational Specialist with over 30 years’ nursing experience in geriatrics, long term care, nursing education, and medical-surgical acute care. She is responsible for providing or facilitating educational needs and continuing education for our senior living facilities’ staff and nursing student placement within senior living.

• Tanya Huston, RN, BSN is the ER Nurse Manager. She is the Emergency Department’s pointperson and liaison with the Education Department for ER training needs.

• LaRee Shule and Margaret Ondrey are Riverside’s Clinical Nurse Specialists. Both Advance Practice Nurses, they bring decades of experience to Riverside, working directly on the units with nurses and physicians. LaRee is the Critical Care (primarily Cardiovascular and Neurosurgical) CNS—working with both 2ICU and 5ICU and serving as the nurse navigator for neurosurgical patients and heart surgery patients through our continuum of care. Margaret, a certified Palliative Care, BLS CPR, and ONS-certified Chemotherapy instructor, provides regular Chemotherapy Classes to certify our nurses in giving chemo, but also is unit based as the Med-Surg CNS to provide medical-surgical nursing educator support to 2Med-Surg, 3Ortho-Neuro.

• Vicki Haag, RN, MSN is the Magnet Coordinator and also reports to the Director of Educational Services. Vicki coordinates Nursing CE approvals as needed for the organization with Andrea Cinnamon in Education, coordinates nursing placement, and provides or facilitates nursing research training and Nursing Journal Club for the health system in addition to coordinating nursing student placements within the hospital. She also develops and provides training and elearning within OLIE on ANA guidelines, our Nursing Model, and training related to our nursing excellence journey to improve professional practice.

**Process for Developing Educational Annual Plan: Rossett, Mager and Dick and Carey all play a role!**

The staff listed above work very closely with Educational Services’ staff on an ongoing basis to address educational needs and wants, serving together on organizational committees that focus on patient safety, nursing practice, or clinical documentation-technology usage. In addition, requests for training are generated from the Patient Safety-Employee Health-Risk Management Department, or Quality Improvement. Both of these departments are neighbors to the Educational Services Department—making the coordination easy and accessible.

**Needs Assessment: Rossett and Mager Model Support Data Collection and Analysis**
Since 1998, Educational Services has worked to expand educational offerings to our employees as part of the organizational budgeting process. To that end, the Educational Representatives listed above help conduct an organizational needs assessment with direct care staff and their leaders no less frequently than annually to support organizational strategic goals and staff requests and provide access to lifelong learning opportunities. The theoretical model used for conducting needs assessments at Riverside is the Rossett model, which is explained in our Rossett model – Riverside Needs Assessment policy. In addition, to support solutions that drive organizational results and to avoid providing education when a knowledge deficit is not the issue, Educational Services uses consultative the Mager model for performance analysis and to provide direction to Riverside leaders on performance management, which is explained in our Mager model performance analysis policy and our Mager Flowchart Job Aid. Based upon these policies, the Educational Services’ staff develop and recommend an annual educational plan based upon a combination of interviews with nursing leaders, participation in meetings, analysis of strategic goals and regulatory/accrediting needs, along with a survey completed by direct care staff helps formulate the annual educational plan and supports justification within the budget process for training budget allocations and fluidity based upon challenges such as healthcare reform (labor expense associated with required training offerings vs. providing optional developmental opportunities). In addition, the number of projected required training hours is agreed upon and shared by Educational Services’ staff with nursing leaders so that they may budget for nursing labor expense to support what will be required organizational training the following year.

**Prioritizing Educational Resources to Develop a Plan in response to the Needs Assessment**

The guiding compass in developing educational plans is described below, in order of priority:

1. Items required within the organizational strategic plan or by accrediting or regulatory bodies are a must-do each year. New initiatives such as major clinical documentation software upgrades requiring training of all employees are centralized in a training budget as part of the major initiative. (For example, in 2007, when Riverside switched from QuadraMed to McKesson-Horizon clinical documentation software, all training hours were expensed to the Information Systems’ budget). In 2010, we will have another major upgrade to the McKesson-Horizon system (known internally as the HHS upgrade). This training is anticipated to take 2 hours for all nursing staff and again, is part of a centralized budget.

2. Items that are problem-prone as identified by Patient Safety-Employee Health or Quality Improvement, direct care staff or their nursing leaders, or by medical staff members or as topics related to addressing employee satisfaction survey-identified concerns. These types of training are budgeted by the individual unit/department where the issue is occurring.
3. Topics requested by more than 50% of nurses as a topic they want to know more about where there is no performance, safety or competence issue identified based upon any objective performance data. Again, these topics are budgeted for by the nursing unit or department.

4. Topics a minority of employees (less than 50%) suggested as topics of interest where there is no identified performance issue. These topics are generally offered as online training or selected as nursing ‘articles of interest’ by our Library Services Department to provide access to information due to resource allocation demands.

In addition, nursing leaders strive, based upon historical data, to budget a cushion for topics or educational needs that may appear during the fiscal year, and also budget for their standardized orientation and preceptor differential pay each year above and beyond the priority listing above.

Based upon this process of leader and staff input, Riverside’s Educational Services Department, Magnet Office, and Library Services Department have been able to expand resource offerings each year to provide more clinical nursing topics. In July 2007, online nursing CE training was expanded based upon nurse-requested topics to include (which are still offered today):

- Mosby’s Pediatrics Nursing CE Curriculum
- Mosby’s Medical-Surgical Nursing CE Curriculum
- Mosby’s Standards-Based Nursing which includes 108 classes on topics developed from ANA, AORN, ENA, AACN, etc. standards and guidelines
- Mindleaders Microsoft Office, Leadership and Working Wounded Curriculum
- PEARLS Nursing CE and Online Certification Review course curriculum.

In 2009, the Department of Library Services expanded their Online Library based upon Patient Care Council’s staff input to include Nursing@Ovid for online library resources in addition to the Cochrane Library, CINAHL, and Lippincott OnLine. And, with nursing’s support, UpToDate was also launched in December 2009 based on both physician and nurse requests as another online resource to support nursing practice at the bedside and remotely via the Internet in addition to our Micromedex resources.

This approach continues to serve us well in matching staff needs to available resources for education and professional development. For example, in 2010, we have been approved to add curricula for accessible to all health system nurses while maintaining the above listed resources, including:

- Apex Hemispheres Stroke in support of maintaining our Stroke Center accreditation to support our Stroke Team Nurses and ancillary staff
- Emergency Nurse Association’s Triage Curriculum for our entire ED nurses
- Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) Perinatal Orientation and Education Program
- Clinical Documentation Improvement
Continuing Education classes and opportunities are offered through many different resources and regarding many different areas of interest—not just via the pathways described above as explained in Organizational Overview #10. In addition to online topics and education provided by our organizational educators, programs and courses originate from: our medical staff members, webinars from IHI, Press Ganey, HCPro, and other organizations, and from community programs offered by our local community college or university.

Educational Services' staff and the Magnet Office have completed advanced training in competency and instructional design, and the Director of Educational Services has certifications and graduate degrees in instructional design to support this process. The Benner model is the foundation for competency modeling for nursing practice organizationally, and the Dick and Carey method, which is explained in our Dick and Carey Instructional Design policy, is used for developing and evaluating courses internally developed by the Educational Services' Department (whether job aids, instructor-led, or elearning) to provide training that drives desired competence and professional performance of optimal vigilance.

In applying the Dick and Carey model in coursework design, our employees’ learning preferences are considered in addition to the topic when teaching methods are selected. For example, Table SE5-1 Learning Styles and Teaching Methods Employed shown below demonstrates various topics provided in the past 24 months at Riverside and how different methods were used to support the desired performance.

*Table SE5-1 Learning Styles and Teaching Methods employed*

<table>
<thead>
<tr>
<th>Learning Styles</th>
<th>Teaching/Learning Methods</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory</td>
<td>Lecture/Discussion</td>
<td>Dr. Hermes Geriatric/Dementia Lectures</td>
</tr>
<tr>
<td></td>
<td>Teleconferences</td>
<td>Nursing Journal Club</td>
</tr>
<tr>
<td></td>
<td>Group discussions</td>
<td>HCPro Teleconference on Simplifying Nursing Documentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CPI/Code 99</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code CVA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code Stemi</td>
</tr>
<tr>
<td>Kinesthetic</td>
<td>Hands On Return Demonstration</td>
<td>Glucoscan/Point of Care Testing (POCT)</td>
</tr>
<tr>
<td></td>
<td>Role Playing</td>
<td>Minimal Lift</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CPI/Code 99 Response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Basic Life Support (BLS)</td>
</tr>
<tr>
<td>Learning Styles</td>
<td>Teaching/Learning Methods</td>
<td>Examples</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nurse to Nurse Hostility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preparing for the Challenging Appraisal or High-Middle-Low Performance Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HeartMath®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code Stemi</td>
</tr>
<tr>
<td>Visual</td>
<td>Simulation</td>
<td>Unit Based Mock Code</td>
</tr>
<tr>
<td></td>
<td>Visual Aids</td>
<td>Advanced Cardiac Life Support (ACLS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospira SmartPump</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code Stemi</td>
</tr>
</tbody>
</table>

Given a respect for our nurses’ work-life balance and as adult professionals, we increasingly use a blended learning approach for our staff to decrease instructor-led training. For example, since 2003, our Basic Rhythm Recognition course required for Telemetry, 2ICU and 5ICU, ER, Interventional Radiology and Perioperative Services’ nurses consists of 3 elements to move the nurse to competent based on the Benner model (and this is to be completed before taking ACLS):

- An online test to assess if the nurse already possesses the knowledge to identify and respond to various heart rhythms appropriately. If the nurse passes this training, she is then return demoed on recognition on the unit by a bedside nurse expert already deemed competent to expert.
- If the test is NOT passed, then the nurse is required to move on with in-house elearning, theory, and content and is scheduled for an instructor-led class to complete return demos with the simulator.
- Based upon passing return demos with the simulator, then the nurse is released to the unit under observation to return demo in actual clinical practice on rhythm recognition.

Another example of blended learning is related to our Minimal Lift training. Minimal Lift equipment at Riverside is used within the following areas: Emergency Department, OR/CVOR/SPL/OP Surgery, 2Med-Surg, 3Med-Tele, 3Ortho-Neuro, 4Rehab, 4Med-Peds, 5Tele, and 2ICU and 5ICU. To actually use the equipment in practice as a nurses requires knowing how, in our clinical documentation system to complete a patient assessment for what equipment to use with what patient, a documentation component related to patients’ mobility/ambulation needs for assistance and limitations, and requires hands-on usage of the equipment.
Thus, there is elearning developed in house that reviews assessment and documentation practices (and policies) and shows what equipment is used with what patient. This course is completed, and then an RN Educational Specialist demonstrates the equipment with the nurse, having the training culminate with the nurse completing a return demonstration lifting/transferring the Educational Specialist. This blended learning approach again reduces instructor-led time by presenting the theory, but provides an instructor to clarify and verify conceptual understanding in addition to providing hands-on training on equipment.

Training ideas are submitted on an ongoing basis to leaders and Educational Services’ staff. And anyone, regardless of job title or level within the organization may submit and idea that, if the evidence of a need supports it, may be offered to staff. In 2009 at a Quality and Safety Council meeting, the results of our Culture and Communication survey regarding nurse to nurse communication was discussed. One nurse on the Council requested that additional training be provided to address peer communication and conflict to support patient safety and professionalism given this was identified in her own experience and on the survey as an opportunity to improve. The rest of her Council members supported the idea so the suggestion was proposed to the nurse’s leader, Nursing Director, Sandi Viall and Deena Layton, VP of Nursing Services. Both nursing leaders were supportive of the idea as was Dave Duda, COO/CNO who suggested Priscilla Lynch, a nurse and experienced professional counselor provide the training. The nurse contacted the Magnet Office and the Educational Services Department who worked with the nurse and Priscilla to coordinate the program—and offered the training on assertive communication and conflict management to the entire health system with both lecture and role playing involved during the Nursing CE event. The sessions were conducted monthly for six months with an average of 10 nurses participating per month and rating the session a 5 out of 5 and ‘very helpful.’

In 2009, the AHRQ Culture of Patient Safety survey was administered internally, with benchmarking results being examined in April 2010. Based upon these survey results, Dave Duda has asked the Educational Services Department and Professional Development Council to recommend an educational program or strategy to help improve nurse to nurse hostility. The Professional Development Council, facilitated by the Director of Educational Services, has completed an analysis and interviews with staff and a review of existing literature and in May, will be recommending a class heavily emphasizing common situations, to be taught by Educational Services’ staff and nursing leaders. In addition, to support behavioral change, the Council is recommending to the COO/CNO that peer mediators be selected and trained to provide ongoing support and reinforcement of desired behaviors to their peers—before taking concerns up the chain of command. It is intended that this support structure will drive professional accountability to higher levels by providing the ongoing peer support to reinforce the desired professional behaviors and establish new habits of responding. This approach is currently being trialed on 4Med-Peds with some success, and was enthusiastically recommended by Jessica DeGroot, 4Med-Peds RN and Professional Development Council member.
Patricia Benner’s From Novice to Expert theory of nursing education has been selected by Educational Services and the Professional Development Council to drive the proposed Nursing Career Ladder for 2011 implementation and is embedded in how and when nurses are scheduled for training. Educational Services structures timing and content of certain courses to the nursing audience based upon such factors as experience, level of practice, and educational preparation. Table SE5 -2 demonstrates courses offered regularly by Educational Services and how they are sequenced using the Benner model of nursing expertise and knowledge. In essence, when the student is ready, educators need to know so the right course is available to drive continued development and lifelong learning.

<table>
<thead>
<tr>
<th>Beginner</th>
<th>Advanced Beginner</th>
<th>Competent</th>
<th>Proficient</th>
<th>Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Nurse Orientation and New Grad Boot Camp</td>
<td>Basic Rhythm Recognition</td>
<td>Advanced Cardiac Life Support Initial</td>
<td>Trauma Nurse Core Competencies</td>
<td>Advanced Cardiac Life Support Renewal</td>
</tr>
<tr>
<td>Clinical Documentation: Care Organizer, HED, HOM</td>
<td>Basic Chemotherapy Precautions</td>
<td>Pediatric Advanced Life Support Initial</td>
<td>Medical-Surgical Certification Course</td>
<td>Advanced 12 Lead Interpretation</td>
</tr>
<tr>
<td>Structured Unit Orientation</td>
<td>Basic 12 Lead Interpretation</td>
<td>Fetal Monitoring</td>
<td>Oncology Certification Course</td>
<td>Intra-aortic Balloon Pump</td>
</tr>
<tr>
<td>Point of Care Testing/ Glucoscan</td>
<td>Code 99/Restraints</td>
<td>Neonatal Resuscitation Program</td>
<td>Strong-PeriFACTS</td>
<td>Apex Hemispheres Stroke</td>
</tr>
<tr>
<td>Basic Life Support CPR</td>
<td>Perioperative 101</td>
<td>CPI Training</td>
<td>Peer Review/ Preceptor Training</td>
<td>Palliative Care Course</td>
</tr>
<tr>
<td>Venipuncture</td>
<td></td>
<td></td>
<td>Clinical Documentation Refresher</td>
<td></td>
</tr>
</tbody>
</table>

**Summary:**

As described in this story and as demonstrated in OO10, Riverside provides extensive technical, leadership, soft skills and clinical training via both internal and external elearning, instructor-led, and blended learning options.
Courses to be provided are determined based upon both leader and staff input to drive compliance with regulatory and accrediting bodies, improved performance, and in support of ongoing professional development and lifelong learning. As an organization, Riverside uses both a centralized and decentralized model of identifying and providing learning needs in order to support just in time training vs. organizational competing priorities. In turn, these needs (and wants) are supported by the assessment data in the budgeting process in order to provide fiscal resources to support purchasing or developing and delivering these training opportunities to our employees.

For example, under pursuit of the Stroke Center of Excellence accreditation, resources were approved for mandatory stroke training for all nurses internally to recognize and differentiate signs of stroke (CVA vs. TIA) along with the nursing response to these signs and symptoms and how to call a Code CVA so that tPA can be administered if appropriate. This training was reviewed in detail for completion and content during this separate Joint Commission survey, along with data reviewed for ongoing stroke response and treatment with our patients in the organization at the time of the survey along with historical data. The outcome? Our training was praised at the exit interview by the surveyor and the organization, based upon performance in caring for stroke patients, was named a Stroke Center of Excellence. And, to maintain and continue to grow our staff’s stroke treatment expertise, in 2010 we invested in Apex Hemispheres Stroke Training for our staff, launching in May 2010.

Training and the results of our training processes (described more specifically in SE5 EO) support our mission and our nursing model. Knowledge fuels our ability to provide the right care to our patients quickly and consistently; and this knowledge and performance in turn has led to numerous quality awards for our organization.

In March 2010, Riverside received notice that we had been recognized as a Top 100 Hospital in the nation by Thomson Reuters for the last 3 consecutive years and had received the Healthgrades Patient Safety Award for the fifth consecutive year. In addition to the Patient Safety Award, Riverside has received 5 star ratings in the following areas: Ortho, Spine, Stroke, etc. Finally, in March 2010, Riverside Medical Center also received notification of being named a Thomson Reuters Everest Hospital. This distinction was awarded to 23 hospitals nationwide based upon performance data showing financial strength, consistent quality and consistent and faster than average improvements over prior year’s performance. As an organization and as described throughout these stories, we have invested significant resources in developing our nurses because we believe (and it’s being reinforced with these distinctions) that more highly trained and educated nurses lead to safer care. The evidence is in our nursing practice!