Memorial Medical Center Nursing Mission
To use our knowledge, skills and compassion to make a difference in the lives of the people we serve.

Memorial Medical Center Nursing Vision
To be a national leader for excellence in nursing practice, education, leadership and research.

On the cover
Leigh Ann Standefer, BSN, RN, CCRN
3C Intensive Care Unit
Dear Friends,

Patients, families and communities across central Illinois rely on our nurses to be highly skilled and compassionate caregivers, partnering with multidisciplinary teams to carry out our mission of improving health. This year’s Nursing Annual Report highlights just a few of the many examples of the amazing work lead by our Magnet® nurses in their drive to provide optimal care for every patient, every day in every care setting.

2018 was a year of exciting facility upgrades on several of our nursing units aimed at meeting the changing needs of our patients and helping our nurses practice more safely and efficiently. With every renovation, it’s our goal to always be improving our unit designs in ways that standardize the care environment and enhance the effectiveness of caregivers working across the organization.

Our nursing staff possess a never-ending drive to ensure our patients receive the safest care possible. Several improvement efforts during 2018 focused on the prevention of hospital-acquired infections: Clostridium difficile, catheter-associated urinary tract infections, and bloodstream infections that occur as a result of the use of central lines. Over the past year, our Nursing Pain Resource Team researched and implemented a new patient sedation assessment tool to reduce the risk of dangerous side effects from opioid pain medications.

Caring for our caregivers continues to be another top priority at Memorial. We expanded our workplace safety efforts to improve the protection of our nursing staff from all forms of potential violence, abuse or harassment during the course of fulfilling their professional responsibilities. Nursing staff are serving as leaders within individual units and across the organization to help identify and implement activities to create a safer environment for everyone giving and receiving care at MMC.

In the pages of this report, you'll find many more examples of the exceptional work being led by our Magnet nurses which demonstrate their commitment to excellence in professional nursing practice. It is truly an honor and privilege to work beside them in the pursuit of improving the health of the people and communities we serve!

Warmest regards,

Marsha Prater, PhD, RN, NEA-BC, FACHE
Senior Vice President, Patient Care Services and Chief Nursing Officer
Memorial Health System

Edgar J. Curtis, MBA, RN, FACHE
President and Chief Executive Officer
Memorial Health System
Patient Safety—Decreasing Infections in the Hospital

In 2018, MMC nurses partnered with several hospital departments on initiatives to decrease the risk of contracting an infection during hospitalization.

One team sought to decrease the incidence of Clostridium difficile infections, an illness that results in abdominal discomfort and colon inflammation. After a patient is discharged, thorough cleaning of the patient’s room and environment are key to infection prevention. The team developed a trigger to alert Environmental Services to clean patient rooms with ultraviolet technology. Tru-D ultraviolet disinfection technology eradicates bacteria that may stay in the environment after chemical cleaning and is a healthcare best practice to eliminate possible exposure to C. difficile.

A second team of MMC nurses sought to decrease catheter-associated urinary infections among critically ill patients at Memorial. For patients requiring a urinary catheter, the team developed a new cleaning technique, which extends the area cleaned from the patients’ umbilicus to the knees using Chlorhexidine, a disinfectant designed to decrease infections.

Patients with central lines have a high risk of infection as a result of cross contamination, so a third team of nurses at Memorial sought to tackle this important patient safety concern. The team determined that environmental contaminants increase the risk of bloodstream infection through the central line. Improvements included routine hand hygiene for patients, enhanced equipment cleaning and increasing adherence to expectations for daily baths and linen changes for every patient. New kits were provided to the nurses to assure sterility when changing the dressing over the central line and patients now have special caps covering the IV sites to prevent contamination of the bloodstream.

The incidence of catheter-associated urinary tract infections decreased by 34% in 2018.

“Preventing hospital infections is one of the most important things we do to reduce the spread and burden of disease, protecting ourselves and everyone around us.”

Gina Carnduff, MPH, BSN, RN, system director, Infection Prevention
**TAVR**

Transcatheter aortic valve replacement (TAVR) is a minimally invasive procedure for patients with aortic stenosis who cannot undergo extensive open heart surgery. This procedure allows cardiologists and surgeons in the Cardiac Cath Lab to replace the aortic heart valve with a small implant. Unlike open heart surgery, TAVR requires only a short recovery time and patients are often able to return home in a few days.

The TAVR program at MMC began in 2016 and consists of an interprofessional team that includes physicians, nurses and many other clinical experts. Nurse coordinators Kimberly Crawford, BSN, RN-BC, and Mandy Golembeck, BSN, RN, provide highly specialized and personalized care to patients. Upon referral to the program, patients are assigned to either Kimberly or Mandy, who follow them throughout the entire experience, including evaluation, treatment and follow-up.

**Breastfeeding Support across Healthcare Services**

Breastfeeding offers health benefits for both mother and infant. Breast milk contains the perfect mixture of carbohydrates, fats, minerals, proteins and vitamins for infant growth and development.

Breastfeeding can also decrease the likelihood of postpartum depression and can protect mothers against breast and ovarian cancers.

Breastfeeding mothers may require anesthesia for surgery or other procedures. In the past, healthcare providers recommended that mothers stop breastfeeding and pump and discard their breast milk for 24 hours while anesthesia clears their system.

After extensive research, Memorial Medical Center nurses concluded there is little risk to the breastfed infant after the mother receives anesthesia. Armed with this evidence and in support of breastfeeding mothers, MMC implemented a hospital-wide protocol for breastfeeding mothers who receive anesthesia. Clinical Informatics, Nursing and Pharmacy worked together to identify breastfeeding mothers and ensure appropriate recommendations to resume breastfeeding after a procedure or surgery. Clinical Informatics updated the admission assessment to include a question about breastfeeding. Once a nurse identifies a patient as a breastfeeding mother, Pharmacy, Level II Nursery and Lactation receive an alert. Pharmacy then reviews the medications used during the procedure or surgery. Once the review is complete, Pharmacy contacts the infant’s pediatrician, and recommendations are made either to discard the breast milk, continue to breastfeed or pump and save the milk. Nursing is informed of the appropriate measures to take with the breastfeeding mother.

Because of the efforts of these dedicated nurses and their colleagues, breastfeeding mothers and healthcare workers can make informed decisions about when it is safe to resume breastfeeding after anesthesia.

This program has achieved excellent outcomes, including low hospital re-admission rates and reported improvement in quality of life at 30 days and one year post-procedure.

Amy Skeeters, BSN, RN, manager CV Clinical Programs, Research and Quality Outcomes

More than 100 patients have benefited from this less-invasive and effective procedure.
Unit Reconstruction to Improve the Patient Experience

Over the last year, several patient care units have undergone reconstruction to improve efficiency, safety and quality outcomes for patients.

2E Medicine, 2E Oncology and the new 3C Intensive Care unit benefited from renovations that accomplished these goals. The medical and oncology units now have a new hallway that is wide and bright, allowing staff, families and patients to effortlessly navigate the units. Patient room numbers were streamlined to make it easier for families to find their loved one when visiting. Many patient rooms were enlarged to provide a better experience for visitors. Patient supply cabinets were built into each room to provide staff with easy access to medications and equipment. Nurse leaders leveraged the expertise of nursing staff to organize these spaces and determine which items to stock in patient rooms.

A new 15-bed critical care unit on 3C was designed to enhance safety and security for staff, patients and visitors. Again, input from nursing staff guided design decisions, such as storage of personal protective equipment and the location of monitors to easily view a change in the patient’s condition. Memorial Medical Center continues to pursue renovations that will improve the patient care environment in ways that increase staff efficiency and enhance the comfort and safety of patients and visitors.

Three Units Renovated

Unit renovations were designed to improve workflow so nurses could care for patients safely and efficiently.

- **70 renovated rooms**
- **186 employees working more efficiently**
- **15 monitor screens outside ICU rooms improve monitoring**
- **56 average patients served daily on these units**
SMILE Train

Jessi Williams, nurse manager of 2E Oncology, is a member of the Cleft Community Advisory Council as a part of SMILE Train, a national organization that provides surgeries to repair cleft palate to children across the world. Jessi serves on a committee that develops marketing materials for the organization.

Rotary Club

Carly Hinkle, nurse manager of 6B Cardiac, is a member of the local Rotary Club, which provides community support to women and children by giving literacy grants to District 186, donating toiletries and personal hygiene products to the Matthew Project and adopting Graham Elementary School as a school sponsor.
Since 2013, the Memorial Medical Center Magnet Nurse Awards have recognized exemplary nurses who reflect characteristics of the five elements of the Magnet Model. Awards were presented to the following registered nurses during the 2018 Nursing Excellence Week.

New Knowledge, Innovations & Improvements

Debra Mahan, RN, CNN
Debra demonstrates a thirst for new knowledge and improvements as chair of the Evidence-Based Practice (EBP) workgroup on 4C. She is the local chapter president of the American Nephrology Nurses’ Association. She consistently seeks out new information regarding current practice and identifies needed EBP changes. She updates and writes new policies for the Dialysis and Apheresis unit. She is a certified trainer for apheresis, and consistently seeks new information on apheresis treatments. She shares new ideas and practice improvement ideas with colleagues, engaging them in positive, purposeful discussion. Deb has a true passion for researching best practice and serving confidently and competently as an informal unit leader.

Structural Empowerment

Cordell Powless, BSN, RN-BC
Cordell is the type of nurse every manager dreams of hiring, every patient wishes was caring for them and every colleague hopes to work with every day. He does whatever is best for the patient every time, no matter how much energy or effort it takes. He has a passion for teaching fellow nurses through role modeling and education. He developed an entire psychiatric education program on care of the schizophrenic patient, including simulation activities for new staff. Due to his expertise in teaching, he was recruited by Organization Development to teach de-escalation classes and crisis management training to staff from across the hospital. In January 2018, he became the official unit educator for 5A/G. New employees rave about his teaching style and report that his patience, knowledge and enthusiasm have made them feel confident in their new role.
Exemplary Professional Practice
Maryann Van Ryn, BSN, RN

Maryann demonstrates exemplary professional practice on 3E IMC as a patient and family advocate. She expertly educates patients and families about the entire plan of care during their hospital stay. She consistently advocates for patients and truly does what is best for them. She not only has a good relationship with patients and families, but also has a great rapport with physicians. Maryann is a fabulous team player who can always be counted on to help out all the nurses and techs on the floor to ensure that the unit delivers great patient care. When Maryann functions as charge nurse, nurses on all shifts feel supported as she is willing to stay over her shift to help transport patients to other departments or assist with unstable patients. She is the designated neuro, fall and glycemic control champion for the unit. Her experience is a great asset to 3E, and she inspires co-workers with her dedication and work ethic.

Transformational Leadership
Stacey Apel, MSN, RN

Stacey is a transformational leader on 6B Cardiac, serving as UBC chair, charge nurse, lead night preceptor and unit mentor. She was chosen to participate in the 2017-2018 Nurse Leader Internship program to expand her knowledge and skill set for the various leadership roles within the organization. Stacey is an active member of the Nurse Practice Council and led efforts to change clinical practice regarding peripheral IV sites. By performing a literature search, finding evidence and questioning current practice, Stacey and a nurse colleague were able to help implement a house-wide change in clinical practice.

Empirical Outcomes
Kristi Zimerman, BSN, RN

As UBC chair, Kristi created a spectacular quality indicator board and spearheaded efforts to improve quality rounds with nursing administration. Kristi created a video demonstrating “what to expect” during quality rounds for the entire hospital. She created and coordinated 6E’s unit skills day and has assisted with house-wide skills days for several years. She has led several quality improvement initiatives including prevention of pressure ulcers, falls and hospital-acquired infections. In her role as patient care facilitator, Kristi has committed to attending morning safety huddles, where she shares information with team members about quality indicators, areas needing process improvement and patient educational needs. Kristi meets challenges head-on and takes feedback to heart, making improvements both personally and professionally to meet her goals for the future.
Peripheral IV Research Study

In 2017, the Nurse Practice Council began to question the customary nursing practice of changing intravenous (IV) sites every four days. This traditional practice had been in place for many years, despite evidence showing that routine IV replacement is not necessary. Nurses saw an opportunity to decrease painful intravenous sticks for patients. In December 2017, MMC adopted the new practice of allowing peripheral IVs to remain in place until the site showed signs that removal was needed.

In 2018, Nicole Brucker, BSN, RN, and Stacey Apel, MSN, RN, clinical nurses at MMC, launched a research study to determine the effectiveness of the new IV site practice, examining the length of time IV catheters stay in place and the infection rates pre- and post-practice change.

Research Study on the Effectiveness of IM Injections

Adult psychiatry patients sometimes require medication to induce calm and promote safety. In these cases, nurses have traditionally used the dorsogluteal muscle in the upper buttocks area for intramuscular (IM) injections. Literature shows that the safest injection site for adults is the ventrogluteal muscle located just below the hip bone. In spring 2018, nurses in Adult Psychiatry conducted education for nurses on the importance of using the preferred IM injection sites to improve patient outcomes.

Cordell Powless, BSN, RN-BC, clinical nurse on 5A/G Adult Psychiatry, serves as principal investigator of a study evaluating the IM injection practice change. A sample of patient records before and after the practice change will be compared. The study will also evaluate how patient gender and body mass index impact medication effectiveness. Results of the study will identify whether improvements in the effectiveness of IM medications leads to fewer restraint and seclusion events.
Infant Glucose Gel Research Study

Neonatal hypoglycemia is a common metabolic imbalance that infants experience in hospital nurseries. Many infants are vulnerable to hypoglycemia because of birth weight, age and having a diabetic mother. The American Academy of Pediatrics states that 37 percent of these at-risk infants often require intervention to treat low blood sugar. Traditional interventions such as formula feeding and intravenous dextrose often have a negative impact on infants, disrupting the establishment of breastfeeding and bonding between mother and baby. Family Maternity Suites at MMC adopted an evidence-based protocol for hypoglycemia screening and management of infants utilizing glucose gel. A research study will evaluate the impact of the new protocol on exclusive breastfeeding rates and resolution of blood sugar in infants.

Safe Use of Opioids

Opioid medications, sometimes called narcotics, are used to help manage pain symptoms. The side effects from these medications, however, can be severe and lead to respiratory depression and even death.

One of the earliest signs of complication is sedation, which can be identified and managed without impacting the patient’s ability to breathe effectively. Many hospitals watch for early signs of unintended sedation and implement routine monitoring of sedation levels among patients receiving opioids.

The Nursing Pain Resource Team (PRT) at MMC uncovered a best practice in sedation monitoring among hospitalized patients. The Pasero Opioid-Induced Sedation Scale, or POSS, is promoted by the American Society for Pain Management Nursing because it is easy to use and detects sedation specifically caused by opioids.

Based on the recommendation of the Pain Resource Team, the POSS scale was approved for implementation and integrated into nursing practice. Today, MMC nurses are electronically prompted to assess patients for sedation before every opioid is administered. If the patient is too sedated, the dose is held until it is safe to administer. Nurses also follow up 60 minutes after administration of opioids to verify that the patient has not developed sedation side effects from the medication.

“This initiative is a great improvement in the way we care for patients. Ongoing assessments of sedation assure early detection of unintended over-sedation and prevent the serious side effect of respiratory depression related to opioids.”

Jennifer Bond, MS, RN, NE-BC, director, Professional Nursing Practice
Safety for Suicide Risk Patients

In 2018, new national standards were established to help hospitals provide safer care to patients at risk for suicide.

In April 2018, the Emergency Department (ED) began screening patients for risk of suicide using the Columbia Suicide Severity Rating Scale. Based on the patient’s risk score, ED nurses develop a plan of care to keep the patient safe, modify the environment and provide one-on-one continuous visual observation.

Nurses in the inpatient units maintain the safety interventions until the physician determines that the patient is no longer in imminent risk of suicide. Clear communication during patient handoffs and bedside shift report is critical to keeping the patient and staff safe. The nursing team discusses potential safety risks in the patient room and identifies high-risk items that may be inadvertently left behind by other hospital staff and visitors. Additionally, the care team engages with social workers to create a safety plan for the patient to follow after discharge from the hospital. Implementation of national best practices in the care of patients at risk for suicide have helped MMC maintain safety as the highest priority for patients and staff.

Our new protocols make it easy to ensure our patients and staff are safe in a dynamic, changing environment.

Lindsey Petersen, BSN, RN, quality review nurse, Emergency Department

Workplace Violence Prevention

Workers in healthcare settings are more likely to be victims of violence in the workplace than their peers in any other industry. For this reason, organizations are developing and implementing new strategies to mitigate violence. These efforts protect patients, visitors and staff by addressing early signals of distress and reduce the potential for situations to escalate and cause harm.

Memorial has launched a Workplace Violence Resource Team. This multidisciplinary team monitors reports of violence and enacts changes that proactively address situations with high potential for violence. A Threat Assessment Team is also available to guide leaders and staff when a threatening or violent situation arises.

Plans are underway on high-risk units to provide resources and support to employees who feel threatened. Workplace violence committees in the adult psychiatric unit and Emergency Department are educating front-line staff on strategies to prevent violence, aiming to decrease the number of violent incidents. Employees from these high-risk units participated in “Safety First” de-escalation training in 2018. This training program is being made available to all MMC employees in 2019.
Lung Cancer Screening Program Adds Nurse Navigator

In 2014, lung cancer screenings became routine for patients who meet certain qualifications. The goal of this screening is to detect lung cancer before symptoms occur, making treatment options more effective and increasing the likelihood of a cure. Prior to this screening, lung cancer was typically diagnosed after the presentation of symptoms. At this point, the cancer had often already spread to other areas of the body, limiting treatment options and leading to a poorer prognosis.

To qualify for a lung cancer screening, a person must be between the ages of 55-77, be a current cigarette smoker or someone who quit within the last 15 years and have a significant smoking history of 30 pack-years or more. As insurance companies have approved the use of this exam to screen for lung cancer, the number of performed screenings at Memorial Medical Center increased from 28 in fiscal year 2014 to 550 in the past year.

In February 2018, Kristin Perucho, BSN, RN, was hired as the lung cancer screening nurse navigator by Memorial Medical Center Imaging to manage the lung cancer screening program. Kristin’s responsibilities include assisting physicians in screening eligible patients, helping patients navigate through the screening process, assisting patients with a new cancer diagnosis, counseling patients on the importance of smoking cessation and reporting this information to the national registry.

Lung cancer is the leading cause of cancer deaths for both men and women nationally. Bringing awareness to this screening tool for lung cancer is vitally important to the health of the patients and communities served by MMC.

“Safety First gives our employees the skills needed to de-escalate challenging situations by learning to listen and defuse a situation.”

Tamsyn Weaver, BSN, RN-BC, nurse manager, Adult Psychiatry
Enhanced Recovery after Bowel Surgery

In January 2018, the MMC 3G medical-surgical team implemented Enhanced Recovery after Surgery protocol (ERAS) for elective colorectal surgery patients in collaboration with physician partners at Springfield Clinic.

The ERAS protocol is an evidence-based approach to guide the patient and the nursing team during the preoperative, intraoperative and postoperative stages, focused on nutrition, activity, peristalsis stimulation, minimization of intravenous (IV) fluids and pain control using non-opioid pain medicine.

Robin McGownd, MS, RN, nurse manager of 3G, and Jessica Hashman, BSN, RN, patient care facilitator, 3G, led the implementation of the ERAS protocol on 3G. Nurses adapted to changes in traditional postoperative nursing care responsibilities, including earlier and more aggressive activity, fewer intravenous fluids, non-narcotic pain medicines to reduce IV opioid administration via patient-controlled analgesia (PCA), a full liquid diet order, gum and hard candy and chlorhexidine baths on postoperative day 2. The goal of the project was not only to reduce length of stay, but also to improve patient outcomes by reducing insulin resistance, bowel edema and surgical site infections.

The ERAS protocol resulted in patients initiating activity sooner, assuming oral intake sooner and bowel function returning a day sooner in 2018 compared to 2017. Patient-controlled analgesia usage for these patients decreased by 72 percent and their length of stay decreased from 5.5 days in 2017 to 4.7 days in 2018. Overall, patients are recovering and returning to lives outside of Memorial Medical Center sooner because of the implementation of Enhanced Recovery after Surgery.

Memorial Supports Nursing Students

Memorial Medical Center provided clinical rotations for 537 nursing students, a 12 percent increase from 2017.

73,000 clinical hours were provided.

7 undergraduate nursing programs use MMC units for clinical rotations.

SIUE undergraduate nursing students will return to MMC in fall 2019.
Inpatient Rehabilitation Discharge Planning Improvements

Inpatient Rehabilitation at Memorial Medical Center aims to discharge patients each day by 11 a.m. Achieving this goal can lead to improved patient throughput across the organization, decreased length of stay and improved patient satisfaction. A review of 166 planned discharges revealed that only 2 percent of discharges met the goal of patient discharge prior to 11 a.m.

A team consisting of clinical nurses; nurse leaders; physical, occupational and speech therapists and physicians identified significant barriers to achieving the targeted discharge time. Utilizing Lean Six Sigma methodologies, the team implemented several improvement strategies in May 2018:

- Communicate discharge time expectations to patients, families and staff.
- Schedule nursing patient education times.
- Schedule early therapy start times and family training times, especially on day of discharge.
- Share information from daily Rehab Team Huddles to the charge nurse.
- Launch the Rehab Discharge Checklist three days prior to discharge.
- Contact consulting physicians for discharge orders two days prior to discharge.
- Schedule necessary equipment to arrive the day before discharge.

Since implementation, approximately 76 percent of discharges from Inpatient Rehabilitation occurred before 11 a.m., and average time it took to discharge patients decreased by nearly three hours. Because patients discharge sooner, new patients are admitted to the unit and start their rehabilitation an average of 43 minutes earlier.
2019 IONL Fellowship

Jennifer Rebbe, BSN, RN, nurse manager, 3G Rehabilitation, and Cyndi Beck, BSN, RN, nurse manager, Baylis Day Surgery, were selected to participate in the sixth cohort of the Illinois Nursing Leader Fellowship Program.

The purpose of the year-long fellowship is to enhance competencies of individual nurses who are relatively new to formal leadership positions. Participants receive formal education on various topics, complete a project and have the opportunity to network with nurses throughout the state.

Special Procedures Recognition

The Special Procedures team was nationally recognized for the second time by the American Society for Gastrointestinal Endoscopy (ASGE) via the Endoscopy Unit Recognition Program. This honor is bestowed on endoscopy units across the country that demonstrate the highest standards of quality care and patient safety, staff training and competencies and a commitment to quality improvement activities.

Nursing Excellence Awards

Mentor of the Year

Jennifer Pierce, BSN, RN, CMSRN, 2E Medicine

Preceptor of the Year

Ashley Shipley-Lovekamp, BSN, RN, CMSRN, 2E Oncology

Nursing Partnership Award

Colin Frisch, EMS, Emergency Department
The DAISY (Diseases Affecting the Immune System) Award is sponsored by the national Daisy Foundation and co-sponsored by the American Organization of Nurse Executives.

Nominations come from Memorial Medical Center patients, families and employees who recognize the clinical skill and compassion that nurses provide throughout the year. The DAISY Award process is coordinated by the Nursing Recognition Committee. Each nurse chosen in 2018 was selected because of the relationship they built with patients and families. The DAISY Team Award was given to the Vascular Access Team during Nursing Excellence Week in May 2018 in recognition of the expertise and support they provide to nurses throughout the organization and the patients they care for.

DAISY Team Award
Vascular Access Team

DAISY Award Recipients

Christine Lehmann, MSN, RN, 3C
David Winters, BSN, RN, CCRN, 2C
Audra Craner, BSN, RN, FMS
Gail Spangler, RN, 2G
Will Burg, RN, 3B

Emily Hull, RN, 3E
Billie Brunk, BSN, RN, CVRN-BC, 1C
Tammy Bolyard, RN, 4E
Tracy Doering, RN, ONC, PACU
AHA Walk

The annual American Heart Association (AHA) Heart and Stroke Walk was held on Saturday, May 5, 2018, at Lincoln Park with an estimated 2,000 attendees, including MMC teams and volunteers. Memorial Health System was the top fundraising company with nine teams raising a total of $18,317. The funds raised go to support AHA’s mission to reduce heart disease and stroke by improving evidence-based patient care, advocating for better health in communities, raising awareness of the importance of prevention, helping children develop lifelong healthy habits and educating Americans about heart disease and stroke.

Transplant Walk

The 14th annual Transplant 5K Run/Walk took place Sept. 15, 2018, at The Hope Pavilion in Southwind Park. More than 250 people participated in the event, including patients, families and employees of The Alan G. Birtch, MD, Center for Transplant Services. The proceeds from the event benefit the Memorial Transplant Patient Assistance Fund, which provides financial assistance to patients to help with medical expenses and travel.
Stop the Bleed Campaign

On March 31, 2018, Memorial participated in the National Stop the Bleed Campaign, which teaches participants how to act immediately to stop life-threatening bleeding in the event of an unexpected injury. The event was sponsored by the MMC Emergency Department, the MMC Foundation and the Southern Illinois Trauma Center. Using hands-on simulation in the Memorial Center for Learning and Innovation, 71 participants learned how to use tourniquets and pack wounds to save someone from bleeding due to injuries. This educational event was also offered to the Williamsville School District and the Illinois Secretary of State Police SWAT.

Be Aware Women’s Fair

On Oct. 13, 2018, the ninth-annual Be Aware Women’s Fair was held at the Illinois State Fairgrounds. This all-day event is devoted to the physical, emotional and financial health of women. MMC nurses from 27 departments at MMC volunteered at this event to provide health screenings, education and health awareness activities to community participants.