Rush University Medical Center

2019 Nursing Annual Report

Excellence is just the beginning.
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I am proud to share with you the Rush University Medical Center Nursing Annual Report for Fiscal Year 2019 (July 2018 – June 2019).

The successes of FY19 are the direct result of Rush nurses’ commitment to improving quality, safety, and outcomes for our patients. Together, Rush nurses improved the patient experience, which is reflected in higher quality and satisfaction scores and in the positive feedback we get from our patients.

Several exemplary professional practice efforts are highlighted in this report, among them the reduction in hospital-acquired pressure injuries, increased use of call lights in the perioperative and prep areas, and completion of the RUMG nursing triage project.

The structural empowerment that we embrace ensures all Rush nurses can help bring about change where it is needed and improve how we care for the entire community: patients, neighbors, and colleagues.

This culture leads to innovative, collaborative improvements, which in FY19 included these successful initiatives:

- R-VAT, the Rush Vascular Access Team of nurses who proactively ensure timely line placements.
- A patient-centered discharge suite that improved comfort and enhanced the model of care by adding an RN to the staff.
- Adoption of the Cipher case management system to streamline calls to patients post discharge and ensure they have the information they need.

Rush’s 3,000 nurses are transforming health care through excellence in all of their roles – as clinicians, leaders, teachers, and researchers. Rush nurses investigate solutions to raise the standard of care and improve the quality of life of our patients, as well as our staff. The following are among the innovative, evidence-based research projects featured in this report:

- The effectiveness of one-to-one nursing care in photopheresis treatment.
- Whether physical activity reduces high-grade glioma patients’ fatigue.
- How learning mindfulness skills may reduce nurses’ stress levels.

By looking back at all we achieved, we can move forward proudly as we continue to fulfill our mission of improving patient outcomes and transforming health care now and into the future.

Your innovative thinking and collaborative work continue to advance nursing, raise standards, and define excellence. I am awed by your Magnet performance, which you deliver every day. Enjoy this report and take pride in our accomplishments.

I am proud to be a Rush nurse!

Angelique Richard, PhD, RN, CENP
Vice President for Clinical Nursing
Chief Nursing Officer
Rush University System for Health
Associate Dean, Clinical Practice
Rush University College of Nursing
Shared Governance

A Rush nurse knows that collaboration is key to continuous improvement throughout the medical center and the Rush system. When Rush nurses work together, their accomplishments are impressive. The Professional Nursing Staff continues to set the bar high and deliver results.
PNS President’s Message

FY19 Professional Nursing Staff (PNS) Accomplishments

I wanted to let you know all the exciting projects that were accomplished during Fiscal Year 2019. As your PNS President, I was busy this year in a variety of projects that impacted nurses here at Rush University Medical Center. My goals were centered on the pillars of People, Growth and Reach, and Quality and Safety.

In regards to the pillar of People, my first goal was to promote the Professional Nursing Staff through sharing of the new structure that was adopted at the end of FY18. I was able to promote the sharing of the new structure through visiting each of the Department Advisory Committee’s (DAC) to discuss the new PNS structure and answer any questions. The new structure was added to new nurse orientation and on the nursing SharePoint site.

My second goal related to people was to strengthen the composition of the DAC and standardize agenda items across all service lines. This was accomplished by making changes to the PNS Bylaws to have DAC co-chaired by a clinical nurse and the AVP, and standardizing DAC agendas to make sure the flow of communication between the Unit Advisory Committee (UAC) and PNS Executive committee is complete.

The second pillar of Growth and Reach goals were related to the revision of our PNS Bylaws and Integration. The PNS Bylaws are reviewed and revised every four years by the PNS Executive Committee. In FY19, we added the Nursing Operations Council into the PNS bylaws. The PNS President and PNS President-Elect are members of this committee. Other updates to the PNS Bylaws were updated to require clinical nurse co-chairs for all UAC’s and DAC’s.

We also updated the PNS bylaws to include electronic voting as an approved way of voting. All the changes/updates were voted and approved by the Professional Nursing Staff members.

The three Rush System of Health Hospitals shared governance are separate. Over the last two years we have worked with the three hospitals to see where we could integrate our shared governance to work together and form a stronger structure. I was able to complete a comparative analysis of the Shared Governance structures of the three hospitals: Rush University Medical Center, Rush Oak Park and Rush Copley. During FY19 the following PNS committees were integrated with Rush Oak Park and/or Rush Copley: Legislative and Patient Advocacy, Past President, EBP, and Research and Documentation.

The third pillar of Quality and Safety goals were developed based on the nursing engagement survey that was completed in Spring 2019. Nursing safety was a concern of the nursing staff, and as the PNS President, I was engaged in initiatives to promote safety within the Medical Center. The Safe Campus Committee, which includes clinical nurses as members, formed a Visitor Management System Governance Committee to look at ways to make the campus safer. I also worked on the new visitor policy to make one policy for the entire Medical Center.

Lastly, as the PNS President, we served others in the community by volunteering at two Trilogy health fairs, two Threshold health fairs and Senior Fest where we did B/P checks and discussed healthy eating.

As you can see it was a busy and productive year. I couldn’t have done it without the incredible nursing leadership and the dedication of the clinical nurses that make Rush University Medical Center known for Excellence.

Susan Nelson BSN, RN, CPN
PNS president
PNS Goals and Accomplishments 
FY 2019

Promoting PNS: Sharing of New Structure
• Visited DAC’s (Department Advisory Committee) to discuss the new PNS structure.
• Strengthened the composition of the DAC and standardized the agenda items across all service lines.
• Changed PNS Bylaws to have the DAC co-chaired by a clinical nurse and AVP.
• Standardized DAC agendas to make sure the flow of communication between UAC (Unit Advisory Committee) and PNS Executive committee is complete.

Revision of PNS Bylaws
• Reviewed and revised PNS Bylaws by PNS Executive Committee
• Added Nursing Operations Council into the PNS bylaws (PNS President and PNS President-Elect are members)
• Added Clinical nurse Co-Chair to DAC required
• Added Clinical nurse Co-Chair to UAC required
• Added electronic voting as approved way of voting

Community Outreach/Volunteerism
• Trilogy – 2 events held
• Senior Fest

Integration
• Completed a comparative analysis of the Shared Governance structures of the three Rush System of Health hospitals
• Integrated PNS committee with Rush Oak Park and/or Rush Copley
  • Legislative and Patient Advocacy
  • Past President
  • EBP and Research
  • Documentation

Quality and Safety
• Engaged in initiatives to promote safety within the Medical Center
• Member of Visitor Management System Governance Committee
• Worked on new visitor policy
• Nurse liaison on rollout of Visitor Management System

Additional Involvement
• Participated in onboarding/interview for new AVP
• Participated in assessment of new Baxter IV pumps
Recognition

A Rush nurse seeks to learn, to research, to acquire skills, to share. All with the goal of improving patient care and advancing nursing practice. Whether carrying out their nursing duties in an exemplary way, speaking at a conference, co-authoring a research paper, or presenting a poster, Rush nurses excel. This report recognizes and celebrates their achievements.
Awards

Daisy Award

July 2018 - Nicole Albold - MBU 8 Atrium
August 2018 - Ann Schafer - NICU 8 Tower
September 2018 - Rey Vela - Neurosurgery MSP Clinic
October 2018 - Kushvinder Chadha - Med-Surg Oncology 14 West
November 2018 - Danielle Miller - Surgical IMCU 12 East
December 2018 - Elizabeth Julian - MICU 10 East
January 2019 - Kathleen O’Neill - BMT 14 East
February 2019 - Patricia Last - General Medicine 7 North
March 2019 - Truc Erlain - MBU 8 Atrium
April 2019 - Ace Lacson - 9 Kellogg
May 2019 - Bethann Groot - ED 1 Tower
June 2019 - Amy Blackwood - NSICU 11 West

Marcia Pencak Murphy
Presidential Mentorship Award
Provided by Susan Nelson, PNS President
Sheila Levins, Unit Director, PICU

Annual Nursing Week Awards - May 2019

Mary Beth O’Holleran Mentorship Award

Additional Nursing Areas
*Lindsay Westphal - PNP

Ambulatory and Emergency Department
Alicia Dillard - Emergency Department
Meagan Fanning - RUMG Obstetrics & Gynecology
Mary Ann Heneghan - RUMG Rush University Internists
Bianca Judge - Rush University Cancer Center
* Karla Lebedoff - RUMG Pediatric Primary Care
Lavinia Tiran - RUMG Allergy
Mental Health
Victor Polk - 8 North JRB
*Natalia Rysmanowska - 13 Kellogg

Medicine, Oncology & Cardiology
Vicki Counts - Cardiac Intensive Care Unit
Arianne Jamison - 7 North Atrium
Cynthia Jeong - 14 West Tower
Katherine Masterton - 14 East Tower
Julie McMahon - 9 South Atrium
Sasha Molina - 9 Kellogg
*Jessica Walker - Medical Intensive Care Unit

Perioperative/Interventional
*Lisa Roskin - Endoscopy

Surgical, Neurological, Musculoskeletal & Rehabilitation

*Jessica Chakos - 12 East Tower
Beth Fernandez - Neurosurgical Intensive Care Unit
Brogan Hanzel - 12 West Tower
Sabrina Hornak - 13 West Tower
Kelly King - Surgical Intensive Care Unit
Fiona Lane - Rush Rehab
Henrietta Nkemeh - 13 East

Women’s & Children’s

*Danielle Lukowski - Labor & Delivery
Christine Murphy - Mother-Baby Unit
Selina Rodriguez - Pediatric Intensive Care Unit
Luther Christman
Clinical Excellence Award

Ambulatory & Emergency Department

Niki DelRosario - RUMG Rheumatology
Jessica Ellison - RUMG Transplant
Andrea Sanchez - Emergency Department

*Rona Tiglao – RUMG Pediatric Subspecialty Group
Edward Unruh - Rush University Cancer Center

Mental Health

Amy Campbell - 4 Kellogg

*Molly Jahrling - 8 North JRB
Erin Miller – 13 Kellogg

Medical, Oncology & Cardiology

Taylor Frahm - 9 North Atrium
Toni Kurian - 9 South Atrium
Linda McClintock - Cardiac Intensive Care Unit
Jaclyn Onstwedder - 9 Kellogg
Lisa Phalen - 14 West Tower
Dawn Scheuber - Medical Intensive Care Unit
Johanna Sprano - 7 North Atrium

*Eric Zack - 14 East Tower

Perioperative/Interventional

*Jillian Hanifin - Electrophysiology Lab
Brenda Williams - Endoscopy

Surgical, Neurological, Musculoskeletal & Rehabilitation

Mayra Barragan - 13 West Tower
Amy Blackwood - Neurosurgical Intensive Care Unit
Katherine Flens - Rush Rehab
Anastasiya Havrylyan - 12 West Tower
Agnieszka Hedberg - 7 South Atrium
Margaret Hough - Surgical Intensive Care Unit

*Natalia Marcinkowski - 13 East Tower
Christian Varquez - 12 East Tower
Women’s & Children’s
Patricia Blattner - Neonatal Intensive Care Unit
Daniel Cusyk - Pediatric Intensive Care Unit
*Melissa Daverin - Labor & Delivery

Excellence in Nursing Management
Christine Benitez - RUMG Pediatric Primary Care
Gia Crisanti - Cardiac Intensive Care Unit
Jennifer Grenier - Rush Rehab
Melissa Holland - Labor & Delivery
Michael Liwanag - 12 West Tower
Nicole Marcheschi - Rush University Cancer Center
Humberto Rodriguez - Interventional Services
Timothy Rog - Cardiovascular & Surgical Intensive Care Unit
*Blaine Stringer - 9 Kellogg - overall winner
Emily Vatannia - Rush University Internists
Jami White - Lisle Cancer Center
Megan Wojciechowski - Rush University Cancer Center
Stephanie Yohannan - Neurosurgical Intensive Care Unit
Teri Zimmerman - RUMG Primary Care

2019 Professional Practice Model (PPM) Awards

Critical Thinking
Abby Blasco - 14 West Tower
Maeve Bognanno - 14 East Tower
*Karla Cavazos - RUMG Bone Marrow Transplant
Mary Ellsworth - Professional Nursing Practice
Karen Fisher Doyle - 13 East Tower
Claire Florence - RUMG Pediatric Primary Care
Emory Golant - 7 North Atrium
Lauren Hadraba - Cardiac Intensive Care Unit
Elizabeth Hoppensteadt - Emergency Department
Niakisha Jackson - Neurosurgical Intensive Care Unit
Bridget Kern - Neonatal Intensive Care Unit
Bailey Kraft - Emergency Department
Nancy Lins - 14 East Tower
Bertha Lopez - 7 North Atrium
Merrell Misayah - Rush Community Health
Ana Rodriguez - Pediatric Intensive Care Unit
Amelia Snider - RUMG
Andrea Strong - RUMG Float Pool
Sarah Sweeney - Neonatal Intensive Care Unit
Allison Szudrowicz - 14 East Tower
Courtney Watkins - Labor & Delivery
Evidence-Based Practice

*Erica Bak - RUMG Cardiovascular/ECMO
Emily Brey - Professional Nursing Practice
Carri Feith - Cardiac Intensive Care Unit
Lacey Fournier - Interventional Radiology
Gretchen Ganther - 13 West Tower
Monique Gray - 14 West Tower
Tiffany Kucharo - 14 East Tower
Hannah Maher - Pediatric Intensive Care Unit
Ashley Manternach - Neurosurgical Intensive Care Unit
Natalia Marcinkowski - 13 East Tower
Gretchen Mitchell - 14 West Tower
Emilee Moeke - RUMG Bone Marrow Transplant
Geri Narsete-Prevo - Labor & Delivery
Stephanie Pearson - Medical Intensive Care Unit
Jessica Pflederer - 14 West Tower
Regina Piper - RUMG Neurology
Carley Psik - Neonatal Intensive Care Unit
Leslie Radz - 14 East Tower
Jamie Schanz - 14 East Tower
Emily Sermersheim - Professional Nursing Practice
Andrea Schrero - Neonatal Intensive Care Unit
Allison Zawaski - 7 North Atrium

Leadership

Nicole Baren - Cardiac Catheterization Lab
Yolanda Carmona-Harvey - Labor & Delivery
Andrea Deja - 13 East Tower
Kristen Fisher - Neurosurgical Intensive Care Unit
Taylor Frahm - 9 North Atrium
Janine Fromm - Emergency Department
Monique Gray - 14 West Tower
Patricia Gwaltney - Interventional Services
Cathy Heinzinger - Neonatal Intensive Care Unit
Stacey Hibler - 14 West Tower
Joana Hidalgo - 9 Kellogg
Nichole Houpy - Neonatal Intensive Care Unit
Christine Hull - 9 North Atrium
Lynna LaManna - 14 East Tower
Hayley Lesnik - 14 East Tower
Brittany Leydon - Surgical Intensive Care Unit
Elizabeth Mahuron - 14 East Tower
Nicole Marcheschi - Rush University Cancer Center
Natalia Marcinkowski - 13 East Tower
Colleen McAleer - 9 Kellogg

*Heather Miller - Rush Community Health
Susan Miran - Post Anesthesia Care Unit
Sasha Molina - 9 Kellogg
Christine Murphy - Pediatric Subspecialty Clinic
Brendan Namoff - Cardiac Intensive Care Unit
Daniel Nelson - 9 North Atrium
Susan Nelson - Pediatric Intensive Care Unit
Jennifer Novak - 14 West Tower
Lester Osano - Rush Rehab
Lisa Phalen - 14 West Tower
Kathryn Postupaka - Neonatal Intensive Care Unit
Victoria Pryal - 9 South Atrium
Dawn Scheuber - Medical Intensive Care Unit
Katie Schipfer - 14 East Tower
Sophia Shroff - Rush Rehab
Amanda Simo - Pediatric Intensive Care Unit
Nadine Slosar - Pediatric Intensive Care Unit
Johanna Sprano - 7 North Atrium
Kellie Tuley - 7 North Atrium
Kimberly Vavra - RUMG Pediatric Infusion
Maura Waldron - 7 North Atrium
Brittany Wells - Critical Care Outreach Team
Eric Zack - 14 East Tower
Michelle Zumstein - Rush University Cancer Center

**Relationships and Caring**
Soraida Alonso - RUMG Family Practice
Andrew Babochay - 13 East Tower
Lisa Beveridge - Neonatal Intensive Care Unit
Abby Blasco - 14 West Tower
Mary Brinckerhoff - 7 North Atrium
Brenda Chavez - 13 East Tower
Courtney Crocker - Cardiac Intensive Care Unit
Raisa Daguman - Emergency Department
Joi Evans - Rush Rehab
Katherine Freund - Neonatal Intensive Care Unit
Hannah Garippo - 14 West Tower
Dana Goodin - 9 North Atrium
Kathryn Goss - 14 East Tower
Cherie Hopkins - Labor & Delivery
Elizabeth Hoppensteadt - Emergency Department
Ofelia Jaczko - 13 East Tower
Martha Kem - Neonatal Intensive Care Unit
Tiffany Kucharo - 14 East Tower
Fiona Lane - Rush Rehab

Hayley Lesnik - 14 East Tower
Amy Levin - Neonatal Intensive Care Unit
Ann Lieb - 7 North Atrium
Erinn Lyons - 9 South Atrium
Joseph Martucci - 14 West Tower
Lois Means - Rush University Cancer Center
James Mielenkowski - 7 South Atrium
Emily Moeke - RUMG Bone Marrow Transplant

**Julia Nash - 14 East Tower**
Sandra Oblade - RUMG Gyne Onc
Tahanie Omar - Rush Rehab
Karin Organ - 7 South Atrium
Regina Pagaduan - 9 Kellogg
Jesika Palmer - Interventional Radiology
Ronaldo Parungao - Post Anesthesia Care Unit
Christine Pawlowski - 14 West Tower
Guadalupe Perez - 7 North Atrium
Pam Phipps - Interventional Services
Christina Praedel (Shui) - Neurosurgical Intensive Care Unit
Cassandra Raymond - Pediatric Intensive Care Unit
Katharine Ruestow - Rush University Cancer Center
Elizabeth Saavedra - 9 Kellogg
Maryam Said - 9 North Atrium
Jasmine Shannon - 9 North Atrium
Nicole Torres - RUMG Pediatric Subspecialty Clinic
Catherine Turner - Labor & Delivery
Ursula Walaszek - 13 West Delivery
Karelle Webb - 13 East Tower

**Technical Expertise**
*Colleen Bruen - RUMG Bone Marrow Transplant*
Melissa Burt - Neurosurgical Intensive Care Unit
Liliosa De Leon - 7 North Atrium
Mary Ellsworth - Professional Nursing Practice
Angelica Fierro - Pediatric Intensive Care Unit
Lindsey Heffron - Clinical Staffing Office Float Pool
Mikayla Hermsen - 14 East Tower
Jordan Johnston - 14 West Tower
Chelsea Justice - Neonatal Intensive Care Unit
Amy Keleher - 14 East Tower
Esther Kim - Rush Rehab
Erin LaHood - 7 South Atrium
Catherine Larson - Pediatric Intensive Care Unit
Hillary Laughlin - Labor & Delivery
Lois Means - RUMG Infusion Center
Tina Miller - 9 Kellogg
Jessica Morton - 14 East Tower
Erin O’Leary - Cardiac Intensive Care Unit
Meghan Perez - RUMG South Loop Pediatrics
Lisa Phalen - 14 West Tower
Nicole Presta - RUMG Pediatric Subspecialty Clinic
Maria Rusnaczyk - Emergency Department
Lorena Sandoval - 7 North Atrium
Tiffany Via - Medical Intensive Care Unit
Hannah Welch - 14 East Tower
Sara Young - 14 West Tower

*Section winner

The Jane Llewellyn Advancing & Leading the Profession Award

Jasmine Andrews - 9 North Atrium
Anna Candoleza - Emergency Department
Courtney Carlisle - 13 West Tower
Marianne Corrieri-Alaniz - Labor & Delivery
Katherine Djuric - Neonatal Intensive Care Unit
Erin Dowding - 14 Tower
Judy Friedrichs - Professional Nursing Practice
Maura Hoyt - RUMG Hematology
Maryn Kamin - Emergency Department
Mallory Kelly - 7 South Atrium
Rachel Kriz - RUMG Pediatric Primary Care
Kari Lucero - Pediatric Intensive Care Unit
Nicole Marcheschi - Rush University Cancer Center
*Kathryn McAndrews - Pulmonary Critical Care Medicine
Colleen McDevitt - Rush University Medical Group
Lindsay McDowell - Neurosurgical Intensive Care Unit
Susan Nelson - Pediatric Intensive Care Unit
Jennifer Novak - 14 West Tower
Stephanie Pearson - Medical Intensive Care Unit
Jasmine Shannon - 9 North Atrium
Amanda Simo - Pediatric Intensive Care Unit

*Winner

Gayle Fewer Award (Ambulatory)

*Jacqueline Erickson - Neurology

Kristin Friker - Rush University Cancer Center
Colleen Hallock - Rush University Cancer Center
Maura Hoyt - Rush University Cancer Center
Molly Moran - Rush University Medical Group
Ana Rubio - Rush University Family Physicians
Jennifer Spencer - Rush University Cancer Center
Andrea Strong - RUMG Clinical Staffing Office
The Beth Joksimovic Oncology Professional Development Award

Karine Otten - 14 East Tower
Jennifer Spencer - Rush University Cancer Center
*Michelle Stamp - Infusion Center
Jennifer Sunnquist - 14 East Tower
Karen Tamulonis - Pediatric Subspecialty Infusion
Sara Young - 14 West Tower
Michelle Zumstein - Rush University Cancer Center
*Winner

The Evidence-Based Practice & Research Grant Nominees

Denise Hauser-Mizdrak - DHOC
Brittany Hohoff - RUMG Transplant
Cate Maidlow - Rush University Cancer Center
*Lisa Oslovich - Cardiac Intensive Care Unit
Stephanie Pearson - Medical Intensive Care Unit
Meghan Perez - South Loop Pediatric Primary Care

Magnet Course For Excellence Awards
August 2018

Individual - Coreen Asche - PICU

Team - 12 West Tower Neurosciences Fall Oversight Committee

Adriana Abeldano
Deborah Chun
Gabriella Dilworth
Katie Froio
Brogan Hanzel
Sasha Katele

Jordan Lavrencik
Joanna Novelli
Jenny Ruan
Brittany Ware
Kate Wu
Enrique Zaragoza

*Provided with grant funding through the Center for Clinical Research and Scholarship
February 2019

Individual - Katie Dato - Rush School Based Health Centers

Team - Critical Care Outreach Team (CCOT)

Ellen Elpern Voice of the APRN Award

Beth Bolick
Veronica Delgado

*Teri Dougherty
Kathleen Exner
Nicole Heller
Denise Kirsten
Kelly Kuligan
Daniel Maher
Erik McIntosh
Kathryn Perticone
Elizabeth Schrader
Kelly Sulo

*Winner

Power of Nursing Leadership Luncheon

Pinnacle Nurse Leader Awardees

Sarah Ailey – CON
Susan Buchholz - CON
Heather Cook - CCOT
Diane Gallagher - W&C

Illinois Nurses Foundation

40 under 40 Award

Tim Carrigan - RUMC
Heide Cygan - CON
Shannon Halloway - CON
Brandy Hatcher - RUMG
Karen Jennings - CON
Melissa Kalensky - CON
Kelsey Schmitt - RUMC
Founders Day Awards

John Sachs Award
Judy Friedrichs

Reginald Hats Award
Nicole Wynn

James Campbell Award
Renee Luvich

Manager of the Year
Gia Crisanti - CICU UD

Team of the Year
Food is Medicine
Jennifer Grenier
Nicole Wynn
Janice Phillips
David Ansell
Christopher Nolan
Taylor Janneck
Christine Hartney
Vivian Lee
Mary Keane


Gallagher, T., Moss, A. (June 2019) Connecting the Dots on Social Determinants of Health, The Hill

Geis, A. (December 2018) Engaging Integrated Health Teams to Decrease the Risk of Controlled Substance Use for Individuals with Serious Mental Illness, Journal of Psychosocial Nursing and Mental Health Services, 56(12):11-15


Grenier, J., Wynn, N. (September 2018) A Nurse-Led Intervention to Address Food Insecurity in Chicago, Online Journal of Issues in Nursing, 23


Julion, W., Reed, M., Bounds, D., Cothran, F., Gamboa, C., Sumo, J. (2019) A Group Think Tank as a Discourse Coalition to Promote Minority Nursing Faculty Retention in Academia, Nursing Outlook, https://doi.org/10.1016/j.outlook.2019.03.003


Phillips, J. (2019) If You Are Poor, Don’t Get Cancer, Scientific American


Presentations


Dato, K., Montes, S. (June 24, 2019) Integrating Behavioral and Primary Health Services in SBHCs: Moving from Mental Health Outputs to Behavioral Health Outcomes, School Based Health Alliance Conference, Washington, DC


Hossli, S., Gilland, D., Duncan, L. (May 2019) Nurse Executive Leadership in Ambulatory Care, American Academy of Ambulatory Care Nurses Annual Conference, Palm Springs, Calif.


McIntosh, E. (September 2018) Affecting Provider Knowledge, Preparedness, Attitude, and Behavior on LGBTQ Health, speaker, Midwest LGBTQ Health Symposium, Chicago, Ill.


Moss, A., Delaney, K. (September 2018) Embedded Primary Care Services for Formerly Incarcerated Persons, peer-reviewed podium presentation, Health Equity Idea Jam at the College for Behavioral Health Leadership Summit, Richmond, Va.

Moss, A., Rousseau, J., Gorenz, A., Mask, A., Finne, L. (April 2019) Ideas for Starting Your Own Faculty Practice Program, invited guest panelist, National Organization of Nurse Practitioner Faculties 45th Annual Conference, Faculty Practice Special Interest Group Pre-Conference, Atlanta, Ga.

Moss, A., Rousseau, J., Murphy, M., Gorenz, A., Mathieson, E. (April 2019) Leveraging Faculty Practice Infrastructure to Provide Community-based Primary Care to Formerly Incarcerated Men and Women, peer-reviewed podium presentation, National Organization of Nurse Practitioner Faculties 45th Annual Conference, Atlanta, Ga.


Racelis, M.C., Ganther, G., Jaczko, O. (May 18-21, 2019) Cold Therapy: Moving Practice Forward to Improve Care Compliance, Staff & Patient Satisfaction, podium presentation, 39th Annual Congress, National Association of Orthopedic Nurses

Senewo, E., Racelis, M.C., Schriver, K. (April 10-13, 2019) ICARE: Building Unit Level Infrastructures to Drive Outcomes, podium presentation, American Organization of Nurse Executives Annual Conference


Starr, T. (October 2018) Implementation of a Project to Reduce Unplanned Nasoenteric Removals in Adult Intensive Care Units, 15th Annual Evidence Based Practice Conference Edward Hospital, Naperville, Ill.

Posters


Dowling, L., Levitan, A. (Sept. 26, 2018) The Quality of Screening: Comparing Rush Lung Cancer Screening Program Results to the National Lung Screening Trial and the VA Lung Cancer Screening Demonstration Project, World Lung Conference, Toronto, Canada


Dowling, L. (Sept. 26, 2018) Lung Cancer Screening at an Academic Medical Center: Early Patterns of Practice, World Lung Conference, Toronto, Canada

Erickson, M., Yeow, M.E. (Oct. 2-5, 2018) Discontinuing ECMO Support: An Interdisciplinary Approach, 22nd International Congress on Palliative Care, Montreal, Canada


Fosler, L., Heitschmidt, M., Usha, B. (March 2019) A Trial of Altering Hospital Routines on a Stem Cell Transplant Unit, American Psychosocial Oncology Society

Friedrichs, J., McKinney, C. (Oct. 9, 2018) “S.O.S.” Support Our Staff: Responding to Distress with Care and Compassion, University of Chicago Nursing Research Symposium

Friedrichs, J., Levin, A., Lawrence, C., Schmitt, K. (May 1, 2019) Professional Boundaries: When Lines Blur Between the Nurses’ Power and the Patient’s Vulnerability, Honorable Mention, Rush University Medical Center Research Symposium


Heitschmidt, M., Carrigan, T., Shaw, P., Fullam, F., Fogg, L., Richard, A. (October 2018) Initial Impact of Nurse Leader Rounding Utilizing Point of Care Technology on Patient’s Safety, Care Coordination, and Overall Experience, University of Chicago Medicine, Nursing Research Conference, Chicago, Ill.


Modugno, K., Uzelac, D., Heitschmidt, M., Vondracek, H. (May 2019) A Retrospective Review of Photopheresis Treatment Completion Utilizing a One to One Nursing Care Model, American Society for Apheresis (ASFA) and Journal of Clinical Apheresis

Moss, A., Rousseau, J., Gorenaz, A. (January 2019) Leveraging Faculty Practice Infrastructure to Provide Community-based Primary Care to Formerly Incarcerated Men and Women, peer-reviewed, American Association of Colleges of Nursing Practice Leadership Conference, Practice Leadership Network Pre-Conference, Coronado, Calif.

Platt, L. (2018) An Intervention to Influence Providers in an Outpatient Clinic to Decrease Benzodiazepine Prescribing, Neuroscience Education Institute Congress, Orlando, Fla.


Schafer, K. (August 2018) Interprofessional Pediatric Hybrid Simulation: Enhancing Medical and Nursing Student Communication with “Parents”, 16th Annual Conference of the Chicago Simulation Consortium, Oak Brook, Ill.


Taylor, S., Odiaga, J., Miller, J. (2018) Implementing a University-Wide Interprofessional Course: Lessons Learned, AOTA Annual Conference & Expo, Salt Lake City, Utah


Additional Awards, Appointments and Acknowledgements


Ambutas, S. (September 2018) How Animals Heal, interview, Discover Rush


Catrambone, C. (November 2018) Chair, Global Nursing and Health Expert Panel, American Academy of Nursing


Dato, K., Montes, S. (June 24, 2019) Integrating Behavioral and Primary Health Services in SBHCs: Moving from Mental Health Outputs to Behavioral Health Outcomes, School Based Health Alliance Conference, Washington, DC


McIntosh, E. (September 2018) Affecting Provider Knowledge, Preparedness, Attitude, and Behavior on LGBTQ Health, speaker, Midwest LGBTQ Health Symposium, Chicago, Ill.

Moss, A., Delaney, K. (September 2018) Embedded Primary Care Services for Formerly Incarcerated Persons, podium presentation, Health Equity Idea Jam, College for Behavioral Health Leadership Summit, Richmond, Va.
Moss, A., Rousseau, J., Gorenz, A., Mask, A., Finne, L. (April 2019) Ideas for Starting Your Own Faculty Practice Program, peer-reviewed, invited guest panelists, 45th National Organization of Nurse Practitioner Faculties Annual Conference, Faculty Practice Special Interest Group Pre-Conference, Atlanta, Ga.

Moss, A., Rousseau, J., Murphy, M., Gorenz, A., Mathieson, E. (April 2019) Leveraging Faculty Practice Infrastructure to Provide Community-Based Primary Care to Formerly Incarcerated Men and Women, peer-reviewed podium presentation, 45th National Organization of Nurse Practitioner Faculties Annual Conference, Atlanta, Ga.

Moss, A. (Oct. 15, 2018) Creating a Proactive Healthcare System is Not Rocket Science, Rush University TEDx


Pop, H. (February 2019) Rising Stars of Research and Scholarship, Sigma Theta Tau

Racelis, M.C., Ganther, G., Jaczko, O. (May 18-21, 2019) Cold Therapy: Moving Practice Forward to Improve Care Compliance, podium presentation, Staff & Patient Satisfaction, 39th Annual Congress National Association of Orthopaedic Nurses


Starr, T. (October 2018) Implementation of a Project to Reduce Unplanned Nasoenteric Removals in Adult Intensive Care Units, 15th Annual Evidence Based Practice Conference, Edward Hospital, Naperville, Ill.
Transformational Leadership

A Rush nurse is dedicated to transforming the art and practice of nursing, from breathing new life into an underutilized discharge suite to developing a vascular access team to improve patient safety.
Reviving the Rush Discharge Suite

Sharon Schoenemann, MSN, APN, ANP-BC, Stephanie Yohannan, DNP, MBA, RN, NE-BC, CCRN, Aney Abraham, DNP, RN, NE-BC, Margie Swift, BSN, RN, Margie Swift BSN, RN, Tricia McGrath, BSN, RN, CMSRN, Juan Ortiz (transport), Shreya Gupta, MPH, Julie Merz (project manager)

The Rush Discharge Lounge was started in 2014 to provide a place for discharged patients to wait for their rides thus allowing the beds to open sooner for patients being admitted. This increases patient satisfaction and decreases the time patients need to wait in the Emergency Department and OR/PACU.

Although the Discharge Lounge remained open, the volume of patients who utilized the space was low. In 2016, a total of 107 patients used the Discharge Lounge and in 2017, the total was 73 patients. A multi-disciplinary group met in 2018 to review hospital throughput metrics and it was decided to rebrand the Discharge Lounge and give this intervention another chance to make an impact.

In April 2018, the Discharge Lounge became the Discharge Suite. The criteria for use of the suite was broadened and a clinical nurse was present to manage any patient needs that might arise. The nurse identified patients with discharge orders on the acute care units and began calling the floor nurses to pull patients to the suite. Additionally, transport services dedicated a full-time employee to serve as the primary transporter.

All of these efforts were fruitful. A total of 426 patients used the Discharge Suite in 2018.

Knowing more patients could use the suite and further increase hospital throughput, the Discharge Suite developed standard work for the floor nurses and the suite nurses. An escalation plan was established.

The Discharge Suite nurses created relationships with team members in other departments, such as the outpatient pharmacy, to facilitate patient transitions in the suite. Again, the payoff was great. There was a 144 percent increase in utilization of the Discharge Suite from 2018 with a patient volume of 426 to 2019 with patient volume of 1,040 patients.

Discharge Suite Utilization

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>100</td>
</tr>
<tr>
<td>2017</td>
<td>200</td>
</tr>
<tr>
<td>2018</td>
<td>400</td>
</tr>
<tr>
<td>2019</td>
<td>1,040</td>
</tr>
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</table>
In 2018, Rush leadership recognized increased patient length of stay (LOS) related to wait time for placement of peripherally inserted central catheters (PICC) and midlines in Interventional Radiology (IR).

There were 70 LOS avoidable days from July 2018 through October 2018.

In May 2019, nursing leadership collaborated with the nursing finance team to form a task force and create the nurse-driven Rush Vascular Access Team (R-VAT). The goals of the R-VAT are to improve patient safety, decrease the CLABSI rate and decrease LOS.

After a thorough patient assessment and review of evidenced-based practice in the literature such as INS standards (2016), R-VAT decided to use ultrasound and electrocardiogram (ECG) PICC tip confirmation for bedside PICC placement to improve patient safety and decrease radiation exposure.

The R-VAT team began placing lines on July 1, 2019. The R-VAT nurses round daily on all R-VAT placed central lines to monitor for breaks in the CLABSI bundle, while providing just-in-time coaching to bedside nurses to decrease CLABSI and increase central line maintenance. R-VAT daily rounding compliance is 98.7% and aligns with “Eyes on Lines” observation criteria.

From July 1, 2019 to Jan. 31, 2020, the CLABSI SIR was 0.36 with CLABSI SIR goal of 0.68. Avoidable increased LOS days attributed to R-VAT were zero as patient discharges were prioritized. A total of 89% of R-VAT patient consults were assessed on the same day that orders were placed.

Furthermore, R-VAT avoided 13 inpatient admissions by assessing, troubleshooting, or replacing malfunctioning PICCs or midlines in the emergency department or observation units. R-VAT has placed 398 PICCs and 295 midlines with a success rate of 96.3%. Lastly, R-VAT has decreased patient radiation exposure by 89.2% by utilizing the ECG PICC tip confirmation system.

R-VAT provides ongoing education on line selection and additional CLABSI reduction strategies to bedside nurses and providers.

Using evidence-based practice, innovative technology, and collaboration, the R-VAT team has superseded goals of decreasing LOS and the CLABSI rate while increasing patient safety.
The Development of a Vascular Access Team

Impact of R-VAT Avoidable Length of Stay (1 Quarter)

Impact of R-VAT Radiation Exposure with PICC Line Insertion Percentage

Impact of R-VAT on CLABSI

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>SIR Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8</td>
<td>0.7</td>
<td>0.6</td>
</tr>
</tbody>
</table>
Structural Empowerment

A Rush nurse is empowered to solve problems and find better ways to get things done. From reducing nursing turnover rates in the NICU to extending the care continuum to patients’ homes, Rush nurses find ways to provide improved patient care while also taking care of each other.
Extending Care Coordination to Home: A Collaborative Intervention to Decrease Readmissions and Improve Patient Satisfaction

Kathleen Egan, MSW, LCSW, ACM, Jane Krivickas, BSN, LSSBB, Vanessa Roshell-Stacks, CHFP, MHA, Lynn Kasmer, MSN, RN, CNL, Sarah Johnson, MSN, RN, Jacqueline Sandkuhler-Kiel, BSN, RN, Shreya Gupta, MPH, Iman Perkins, MHA

Cipher Voice was launched in December 2018. All patients discharged from inpatient units, the observation unit, and the emergency department receive an automated Rush Care Call 48 hours post-discharge with the exception of Women and Children’s, Pediatrics, and Psychiatry. Heart failure patients receive additional weekly automated calls for four weeks.

The automated call is a recording of Chief Nursing Officer Angelique Richard asking patients several questions about how they are feeling and whether they have encountered any potential barriers since discharge.

If patients identify any issues, a Cipher nurse calls them back to triage clinical symptoms and address these barriers. If necessary, the Cipher nurses can escalate the issues to partners in pharmacy and care management, as well as patient navigators and social workers.

Early on, the Cipher nurses identified a gap in outreach to heart failure patients. A portion of these patients were not receiving the automated weekly follow up calls. In response, the Cipher nurses created and maintained a log of these patients and provided weekly calls to them.

Additionally, the Cipher nurses identified a knowledge gap. Bedside nurses did not know about these calls, which prevented them from encouraging patients to take them. Therefore, the Cipher nurses presented to nursing leadership and visited the nursing units providing education on this program to increase the percentage of patients that take the call. This resulted in a 27% increase in the reach rate. Of note, the readmission rate is approximately 4% lower in the patients that the Cipher nurses reach compared to the patients that they do not reach.

Cipher nurses have a unique opportunity to capture valuable patient feedback. To support efforts to improve care delivery and recognize care excellence, this data is distributed in weekly reports to nursing leaders as well as the patient experience team.

Most patients are grateful for these calls and we have heard several positive statements from them. Additionally, the percentages of both the ‘rate my hospital’ and the ‘staff worked together’ (care coordination) top box scores have increased since implementation of Cipher Voice.

### Extending Care Coordination to Home

**RUMC Top Box Scored by Discharge Data**

- **Rate the Hospital**
  - Pre-outreach Percent Score: 73%
  - Post-outreach Percent Score: 79%

- **Staff Worked Together**
  - Pre-outreach Percent Score: 73%
  - Post-outreach Percent Score: 82%
Reducing Nursing Turnover Rates in the Neonatal Intensive Care Unit (NICU)

Kim Carmignani, MSN, RNC-NIC, PCN, NEA-BC, Debbie Gist, BSN, RNC-NIC, Andria Hatfield, BSN, RN, CNML, Sarah Sweeney, BSN, RNC-NIC, Rebecca Weber, BSN, RNC-NIC, Victoria Pierson, BSN, RNC-NIC, Velesha Holliday, MSN, MJ, Brooke Schwarz, MSN, CNL

Nurses in the Neonatal Intensive Care Unit (NICU) at RUMC provide the highest level of care for our critically ill neonates. The workload required to care for these patients is challenging both physically and emotionally, leading to high stress levels and increased turnover for nursing staff.

NICU nurses have been involved in multiple initiatives to improve staff engagement and job satisfaction to ultimately reduce nurse turnover.

One initiative was using the Schedule Advisory Committee (SAC) as a forum where nurses can discuss schedule concerns and implement changes to improve work/life balance. Through SAC, staff nurses created initiatives to improve PTO distribution and utilization, decrease weekend requirements, and move all rotating staff to day shift, which occurred in the fall of 2018.

Another initiative included peer support and increased recognition. Each new nurse in the NICU is paired with a mentor (in addition to their preceptor) to introduce them to the NICU environment after orientation. Mentor/mentee pairs meet several times a month to ensure a supportive environment and varied clinical experiences, as well as to assist with setting and achieving goals.

Based on staff feedback, the program was changed to focus on face-to-face meetings and goal-setting. The FRESH committee recognized the importance of meaningful recognition from colleagues, and they nominated nineteen nurses for hospital-wide awards in 2018 and 2019. Quarterly unit-based awards were created to recognize new and seasoned nurses who go above and beyond to meet the needs of the unit, their peers, and patients and families.

L. to R., Sarah Sweeney, Rachael Simoneau, Carley Psik, Katie Postupaka, Andy Schrero, Katie Djuric, Bridget Kern, Nicole Upp, Lisa Beveridge, Rebecca Weber
Exemplary Professional Practice

A Rush nurse sees opportunities for improvement wherever challenges exist. Examples in FY19 include a sustained decline in pressure injuries, improved patient satisfaction regarding delays, and increased effectiveness of ambulatory nurse triage calls, as well as intensive training prior to the reopening of the psychiatric units.
HAPI Reduction Plan: Flipping the Pyramid to Achieve a Nursing Quality Goal

Lisa Boudreau, MSN, RN, CWOCN, Laura L. Hernandez, BA, BSN, RN, CWON, Nicole Walkowiak, BSN, RN, CRRN, CWOC

In July 2018, with the support of nursing senior leadership (NSL), the wound, ostomy, and continence nurses (WOCN) utilized resources and processes to create a monthly incidence report for hospital-acquired pressure injury (HAPI) incidence that resulted in a sustained decline in pressure injuries. HAPIs are a key nurse-sensitive quality indicator. Historically, HAPI rates were assessed through quarterly prevalence surveys. With a Skin Oversight Committee (SOC) and individual unit SWAT teams, the HAPI goal was consistently met. In early 2018, there was a surge of HAPIs, resulting in a rate above the national benchmark. The trended data surge indicated that our current HAPI prevention plan needed to be reevaluated. The SOC leaders met with NSL and identified the following structural challenges: difficulty obtaining pertinent data, inconsistent SWAT team participation, and lack of unit follow up. Strategies to be implemented included the creation and distribution of a monthly HAPI incidence report in addition to the quarterly prevalence surveys. The SWAT teams now conduct a clinical quality case review for all HAPIs to identify gaps in practice and implement a corrective action plan. The first case presented occurred in July 2018 after months of gathering data. The cases are presented on a recurring monthly base by the SWAT members at the SOC meeting; they have within 30 days to follow up.

Due to the availability of the incidence data, 105 HAPI cases were identified over 16 months, from January 2018 to May 2019. The cases were presented by the SWAT members to SOC, and unit-based action plans were implemented within 30 days. In response to more timely data, the individual HAPI cases sustained a reduction from a peak of 2.49% to rates regularly below 1%. Rush’s HAPI rates have consistently exceeded our institutional goal and are below the national benchmark mean. Through NSL support, a plan was implemented that addressed unit HAPI trends in a timely manner. This achievement for the internal HAPI goal exemplified transformational leadership, providing resources to empower clinical nurses to complete HAPI case reviews and cultivate a plan for change.
Training to New Standards Following Extreme Change in Inpatient Psychiatric Units

Carrie Pike, MSN, RN-BC, Lisa Williams, MSN, RN-BC, Norah Vo, BSN, RN-BC

Following a national increase in suicide, regulatory bodies made changes to standards related to inpatient psychiatric environments. In order to expedite necessary changes, inpatient psychiatric units at Rush University Medical Center (RUMC) temporarily closed for construction. A prolonged closure created a need for robust staff re-education, both to provide training related to the new standards and to allow staff to refresh their skills while away from the units.

A two-day training course was created and implemented ahead of unit reopening. Content included regulatory and policy updates, operational changes, documentation, and hands-on skills including searches, restraints, and medical emergency response. Prior to this training, the team lacked a structured approach to a multidisciplinary rounding process.

A new structured process was employed. As a result, the entire multidisciplinary psychiatry team meets several times during the week to discuss the plan of care for each patient. This team works together to help patients achieve treatment goals.

All learning activities were group-based and incorporated game-based learning or technology. Groups included a blend of both clinical roles and primary units to encourage teambuilding and problem-solving across clinical areas.

A post survey revealed that staff found this training relevant, helpful, and effective to make practice changes. Staff shared positive comments about the training and highlighted that they enjoyed working together. Specific comments included:

- “the discussions were truly inspiring and I enjoyed the methods it presented”
- “the scavenger hunt was fun and the second day was more interactive”
- “I feel like it was good reminder of working as a team to keep patients safe”

It gave a team that had been through a very challenging few months a sense of cohesion, unity, and hope for positive change and innovation as we move forward.

Participating in this multiday training event gave staff a renewed sense of confidence and pride on the units, and has led to zero self-harm incidents on RUMC’s inpatient psychiatric units since reopening.
Use of Call Lights and Hourly RN Rounding to Improve Patient Satisfaction in PACU

Michelle R. Smith, MSN, RN, CAPA, Katrina Blade, MSN, RN, CPAN, Linda Lavine, BSN, RN, CPAN, Carmen Avila, BSN, RN, CPAN, Nora Trybula, BSN, RN, AMS, Angie Hannemann, BSN, RN, Arlene Gliane-Todd, CMSRN, BSN, RN, Brian MacGregor, BSN, RN, Melissa Ness, Project Manager

At the start of October 2018, the perioperative unit began monitoring factors affecting the Press-Ganey patient satisfaction scores in the category “information given about delays.” They had a score of 84.0 but a goal of 92.0. Based on written and verbal patient complaints, evidence-based research, and Press-Ganey’s Improvement Portal, new nursing interventions were initiated.

The first project was started, “Using the Call Light to Increase Patient Safety and Increase Information Given Related to Surgical Delays.” It involved the prep nurses making sure that patients had the call light within their reach. Equally important, the prep nurses were to instruct patients to press the call light for updates. Laminated posters were placed on all prep bays to remind the interdisciplinary team to place the call light within the reach of the patient.

Before the project was initiated, we conducted a random study in three of the different preoperative areas during a two-month period. The sample consisted of 100 patients undergoing elective and non-elective surgery. Data was collected focusing on maintaining the call light within a patient’s reach. This promotes a sense of empowerment in a situation where patients have no control of delays. The following weeks, this intervention led to increased patient satisfaction scores related to information given about delays.

Despite the data improving, they had not reached their patient satisfaction goal. Thus, one month later, the second project was initiated, “Updating Patients on an Hourly Basis to Decrease Patient Anxiety and Increase Patient Satisfaction.”

The prep nurses began providing hourly updates regarding whether patients were delayed or not and documenting the time. The prep nurses encouraged the patient to use the call light if an update was needed prior to an hour. For the following weeks, the Press Ganey scores increased from 85.8 to 92.0.

L. to R., Sirena Ambrose-Russell, Carlotta Topacio, Summer Jackson, Camille Brownlee, Arlene Todd
Improving Effectiveness of Ambulatory Nurse Triage Calls in Adult Primary Care

Joan Pohutsky, DNP, RN, Susan Hossli, MSN, RN, NEA-BC, Colleen McDevitt, BSN, RN, ACN, Molly Moran, MSN, RN, CCRN

In December 2017, Rush Ambulatory Nursing launched the use of evidence-based triage protocols housed in the electronic medical record. A review of the use of the evidence-based triage protocols between Dec. 6, 2017 and Jan. 5, 2018 found only 4% of completed nurse triage encounters were created utilizing the evidence-based protocols.

The Ambulatory Nursing Professional Development Committee identified a goal to increase utilization and adherence to the telephone triage protocol by ambulatory care nurses in adult primary care clinics.

In October 2018, all ambulatory care nurses working in an adult primary care position attended a 4-hour telephone triage education program which included didactic content and simulation lab content developed by Joan Pohutsky and ambulatory nursing leadership in conjunction with the Professional Development committee.

The didactic content included information on the telephone triage policy and review of the evidence-based protocol format. During the simulation lab portion of the program, RNs worked a scenario on the phone with actors participating as patients and responding to the RNs. A member of ambulatory nursing leadership led a debrief of the call after it was completed.

In December 2018, an evaluation of the telephone triage program was completed including participant pre and post knowledge, program evaluations, and use of telephone triage protocols. Continuing educational gaps of the participants were identified. Based on the educational gaps, the “Back to Basics of Telephone Triage” program was developed and conducted in February 2019 which included didactic and case study content.

In comparing the use of the evidence-based telephone protocols pre and post-delivery of the education program, there was a 27.3% increase in protocol utilization. These findings suggest that utilizing a continuous quality improvement framework to implement practice change significantly increased utilization and adherence statistics in primary care nurses employing evidence-based telephone triage protocols. Supportive leadership was crucial throughout the project to facilitate the practice change.
New Knowledge, Innovations, and Improvements

A Rush nurse is innovative and excited for the opportunity to take nursing practice to the next level, from transforming ED operations to preparing to become the first hospital in Illinois to utilize cerebral microdialysis. Nurse-led projects evaluated equipment, nursing care models, exercise and cancer-related fatigue, and the effects of mindfulness on nurses’ stress levels.
Cerebral Microdialysis in the NSICU

Kristen Fisher, DNP, APN, AGACNS-BC, CCRN-K, Valerie Musolf, DNP, RN, CCRN, CNRN, Sayona John, MD, FNCS, FAAN, Heather Guth-West, MSN, RN, CCRN, CNL, Stephanie Yohannan, DNP, MBA, RN, NE-BC, CCRN

The Neuroscience ICU (NSICU) became the first hospital in Illinois to utilize cerebral microdialysis (CMD) in October 2019. The advanced technology allows clinicians to get a more detailed clinical picture of complex, critically ill patients with subarachnoid hemorrhage in the brain.

While it is not a treatment, CMD can benefit patients by giving clinicians more data than can be acquired through standard labs and testing. Ongoing analysis of the data allows providers to create a very individualized plan of care to prevent secondary injuries associated with brain hemorrhages.

CMD is a collaborative partnership between nursing, the neurointensivists, fellows, NSICU APPs, residents, pharmacy, and neurosurgery. Each care team member plays a vital role in the implementation and interpretation of the technology.

Potential patients are identified by the NSICU team, and careful consideration of the patient’s status determines whether they would be a good candidate for the technology. Neurosurgery is responsible for placing the intracranial bolt and microdialysis catheter into the brain parenchyma.

Specially-trained NSICU nurses care for the patients with a 1:1 ratio, and obtain and run patient samples every hour for several days. The interdisciplinary team, led by the neurointensivist, reviews the lab values and plan of care each day during rounds.

The values obtained through CMD are reflective of microcellular changes occurring in the brain. Thus, the patient’s CMD values may change before clinicians would see anything during a clinical exam.

Analysis of the lab values prompts a discussion on potential interventions that may best benefit the patient, allowing for interventions to be implemented earlier and targeted directly at the specific needs of the patient.

CMD is particularly beneficial for patients who are comatose, since clinicians are unable to get a good neurological exam and pick up on subtle exam changes. The NSICU is hoping to expand the use of CMD, and is excited to learn more about what the technology can do for the critically ill neuroscience population.

Valerie Musolf and Lindsay McDowell
Transforming ED Operations to Better Serve Our Patients

Patricia Altman, MSN, RN, CEN, Chase Lodico, MBA, BSN, RN, CEN, Marites Gonzaga-Reardon, APRN, CCNS, CEN, Magdalena Nowakowski, BSN, RN, CEN, Galeta C. Clayton, MD

In May 2018, a team of ED physicians, nurses, and leaders came together to investigate root causes and brainstorm solutions to help improve the efficiency of patient care to reduce patient wait times in the Emergency Department (ED).

Armed with patient and staff feedback, observations, and data analysis, the team came up with four adjustments to the way the ED operates:

- ED staffing schedules were changed to better align with patient arrivals. For example, some shifts were moved from day to night for both physicians and nurses, to accommodate the number of patients who come to the ED later in the day.
- The physical layout of the ED was adjusted to enable better flow for patients, including the opening of three areas with dedicated staff to more efficiently progress care for our patients and help ease effects of long wait times.
- New processes and procedures were developed and documented and our staff was trained to ensure the same patient experience is delivered the same way every single time.
- An electronic system was deployed to help track patient flow in real-time, allowing the ED to identify issues and respond to delays more rapidly.

As a result of these efforts, improvements are beginning to be actualized. There was an overall decrease in wait time after the four adjustments were made in September 2019.

In our commitment to improve patient experience and decrease wait times in the ED, the team continues to make adjustments to improve operations. One such initiative is collaboration with ED support partners to improve turnaround times, particularly for images, labs, bed cleans, and inpatient bed requests ordered for ED patients.
Clinical Nurse Led Projects

Mindfulness Workshop Effects on Nurses’ Burnout, Stress and Mindfulness Skills

Julia Sarazine, DNP, APRN, FNP-BC, Mary Heitschmidt, PhD, APRN, Hugh Vondracek, MSc, BK, Samantha Sarris, MBA, Natalia Marcinkowski, BSN, RN, Ruth Kleinpell, PhD, APRN-BC, FAAN

The World Health Organization declared burnout an occupational phenomenon in the 11th Revision of the International Classification of Diseases (ICD-11). Burnout decreases work performance and quality of care and can result in medical errors, lower patient satisfaction, and higher rates of turnover.

A study of 68,000 registered nurses showed that 35% of hospital nurses were experiencing symptoms of burnout (McHugh, 2011). A systematic review identified that mindfulness-based interventions for healthcare professionals reduced stress and burnout, and increased self-compassion and general health (Guillamie, 2016).

We created a mindfulness workshop and study to examine the impact of a four-hour workshop on burnout syndrome, perceived stress, and mindfulness skills with nurses at Rush University Medical Center.

Participants completed the Maslach Burnout Inventory – Human Service Scale (MBI-HSS), the Perceived Stress Scale (PSS), and the Cognitive and Affective Mindfulness Scale-Revised (CAMS-R) prior to the start of the workshop, and one and six months after the workshop. The study design allowed for comparisons pre-intervention and post-intervention. There were four workshops beginning March 2017 through January 2018. The six-month follow-up data collection ended July 2018 and data analysis occurred fall 2018.

A total of 52 nurses participated in the study. We found that six months after the workshop, nurses had increased perceptions of mindfulness (2.50, p=0.04) and personal accomplishment (5.14, p=0.03), and decreased emotional exhaustion (-6.21, p=0.05). Perceptions of stress and depersonalization improved but were not statistically significant. Due to the success of this project, there have been multiple presentations locally and nationally. Funds were provided by the Rush Center for Clinical Research.
A Pilot Study to Evaluate the Effects of Exercise on Cancer-Related Fatigue and Quality of Life in High Grade Glioma Patients Undergoing Treatment

Jenny Spencer, RN, BSN, OCN, CPT, CETI CES, Beth A. Staffileno, PhD, FAHA, Hannah Manella, MS, RD, LDN, ACSM-CEP, CET, Danielle Carroll, PT, DPT, Louis Fogg, PhD

Cancer-related fatigue (CRF) is one of the most common disabling symptoms experienced by oncology patients and impacts quality of life (QOL). There is strong evidence to support the benefits of exercise throughout the cancer care continuum but research is limited within the primary brain tumor population. This ongoing study evaluates the effects of exercise on CRF and QOL in high-grade glioma (HGG) patients.

This ongoing study started recruitment in November 2018. Participants were randomized to:

1. **Usual Care (UC)** - no additional intervention
2. **Education Only** - educational session
3. **Exercise** - educational session plus weekly in-person exercise class led by certified cancer exercise specialist

The educational session provided a binder of written materials, including the following:

1. exercise recommendations and precautions
2. individualized goals for Heart Rate (HR) and Rating of Perceived Exertion (RPE)
3. instructions for Fitbit set-up
4. exercise log to track cardio and strength training

An International Physical Activity Questionnaire (IPAQ) was completed during the educational session for physical activity baseline and HR/RPE goal. The exercise class consisted of 5-minute warm-up, 40-minute resistance training and 5-minute cool-down. Resistance bands were given to each participant for home use.

CRF is assessed using a Visual Analog Fatigue Score (VAFS) rated on a 0-10 scale measured at weeks 0, 3 and 10 in all groups. CRF and global QOL are assessed using the 30-item European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC-QLQ30) at weeks 0, 3 and 10 in all groups.

Data from participants who completed the study was analyzed on Nov. 14, 2019. UC participants reported an increase in CRF and a decrease in QOL whereas exercise participants reported a decrease in CRF and increase in QOL.

These preliminary findings suggest that regular exercise decreases CRF and improves QOL among this population.

Nurses are in a key position to promote regular exercise as a non-pharmaceutical intervention to minimize CRF and improve QOL. Further research is needed with a larger sample size to support our preliminary findings.

Funding was received from the Center for Clinical Research & Scholarship and the Juliet A. Shaffer Recine Oncology Nursing Award.
## Demographics and Clinical Outcomes

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<th>Demographics</th>
<th>Usual Care n = 8</th>
<th>Exercise n = 4</th>
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<td>57.6 ± 18.4</td>
<td>54.6 ±15.7</td>
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<tr>
<td>Male</td>
<td>3 (38%)</td>
<td>3 (75%)</td>
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<td>Race</td>
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<td>African American</td>
<td>2 (25%)</td>
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<tr>
<td>Caucasian</td>
<td>5 (63%)</td>
<td>3 (75%)</td>
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<td>Hispanic</td>
<td>1 (12%)</td>
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### Clinical Outcomes

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<th></th>
<th>Pre</th>
<th>Post</th>
<th>Change</th>
<th>Pre</th>
<th>Post</th>
<th>Change</th>
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<tr>
<td>VAFS</td>
<td>3.9 ± 2.2</td>
<td>4.9 ± 2.9</td>
<td>25.6%</td>
<td>20 ± 0.8</td>
<td>15 ± 1.3</td>
<td>-25.0%</td>
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<td>EORTC</td>
<td>4.31 ± 18.3</td>
<td>58.3 ± 30.7</td>
<td>35.3%</td>
<td>278 ± 6.4</td>
<td>222 ± 12.8</td>
<td>-20.1%</td>
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<tr>
<td>QOL</td>
<td>69.9 ± 18.9</td>
<td>88.3 ± 20.4</td>
<td>-16.6%</td>
<td>73.2 ± 8.3</td>
<td>81.3 ± 17.2</td>
<td>2.7%</td>
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Data displayed as mean ± SD or n (%)  
Percent change calculated as (Post-pre)/pre * 100  
VAFS = Visual Analog Fatigue Score  
EORTC = European Organization for Research and Treatment of Cancer – Fatigue Score  
QOL = European Organization for Research and Treatment of Cancer – Quality of Life Score
A Single Center Retrospective Review of Photopheresis Treatment Completion Utilizing a One-to-One Nursing Care Model

Kelly Modugno, MSN, RN, Danica Uzelac, BSN, RN, CCRC, Mary Heitschmidt, PhD, APN, CCRN, Hugh Vondracek, MSc

Centers providing Extracorporeal Photopheresis (ECP) therapy vary in how they staff ECP procedures; however, the manufacturer of ECP equipment recommends one-to-one care.

Kelly Modugno collaborated with Danica Uzelac to carry out a retrospective study of ECP treatments at Rush University Medical Center. The purpose of this retrospective data collection study was to determine if one registered nurse (RN) caring for only one patient (1:1 nursing care) during ECP therapy at a large, Midwest, urban academic medical center impacted completion rates.

Retrospective data were collected consecutively from all patients scheduled to receive ECP therapy from Dec. 1, 2009 through Dec. 31, 2017. A total sample of 1,692 ECP therapy cases were reviewed. Data collected and analyzed for each subject included the following:

- Treatments scheduled and completed
- Reasons treatments held or incomplete (medical, IV access, insurance, equipment issues, operator error, and subject cancellation)

Data were analyzed in the fall of 2018 using descriptive statistics to determine completion rates using 1:1 nursing care for each ECP treatment. From Dec. 1, 2009 through Dec. 31, 2017, 1,692 ECP treatments were scheduled. Of those treatments scheduled, 190 were not initiated due to various factors, with the two most common being treatment held for medical reasons (56%) and patient cancellation of ECP appointment (19%).

Of the treatments that were initiated, 98.7% were successfully completed utilizing a 1:1 nursing care model. The reasons for not achieving a 100% completion rate were kit failure and loss of IV access. There were zero operator errors leading to treatment failures over the nine-year period.

Minimal revenue loss for kits and positive financial staffing implications were found. This study validates a specific industry-recommended patient centered care model that improves ECP completion rates, patient care, health care quality, and costs. The results of this study support ECP centers using a 1:1 nursing care model. Findings from this study have been presented internally and at national conferences.
Team W.E.D.G.E. Working to Evaluate Disposable Grade Equipment to Improve Patient Outcomes

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Rush University Medical Center met the Hospital-Acquired Pressure Injury (HAPI) goal in FY19. However, the Surgical Intensive Care Unit (SICU) experienced an increase in sacral, buttock, and coccyx skin break-down incidence for high-risk patient populations. A nurse-led unit skin team identified practice opportunities to decrease friction, sheer, and pressure contributing to HAPIs.

Nurses had been voicing concern that current reusable wedges were ineffective in turning patients and held nosocomial infection risk. Additionally, the slide sheet required nurses to roll immobile patients side-to-side placing underneath for each boost in bed and for lateral transfers. These positioning products did not support best practices in pressure, sheer, and friction reduction.

Striving to improve practice, Katherine Barclay and Jaclyn Zasaitis partnered with the unit skin team and clinical nurse specialists to benchmark and identify best practices and products. Through this process, a disposable-grade slide sheet product including a set of single-patient-use wedges was identified.

This improved glide sheet remains underneath immobile patients at all times reducing skin friction/injury during boosting and lateral transfers. The wedges include features preventing slipping and over-turning, with decreased infection risk linked to single patient use. In April 2018, a 2-week product trial demonstrated improved staff satisfaction.

After developing guidelines to encourage selective product use for high risk patients only, Nursing Senior Leadership approved the product for SICU roll-out. Six months later, the SICU incidence of sacral-coccyx-buttocks was zero.

Measuring improved nursing satisfaction and positive gains to patient outcomes, as well as cost avoidance calculations, led to approval for product expansion to all critical care units during September 2019. This project received funding from the Center for Clinical Research & Scholarship in May 2019 and has also been displayed in multiple poster presentations internally and at conferences.

**HAPIs in ICUs**

- **Number of HAPI**
  - Includes only sacral, coccyx and buttocks

  - July 2018 – June 2019
  - July 2019 – January 2020