

Rush University Medical Center

2020 Nursing Annual Report



This past year was a year full of constant change and challenge. The FY 2020 Nursing Annual Report celebrates how our Rush nurses came together to face those changes and challenges. From providing the highest level of care to our patients as the COVID-19 pandemic descended upon us, to quickly pioneering better ways to care for our patients beyond data outcomes. This fiscal year our nurses exuded flexibility and courage, day in and day out.

We are Rush Nurse Proud.

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A message from Angelique Richard,

Senior Vice President, Hospital Operations & Chief Nursing Officer



It is with a special sense of pride and gratitude that I share with you the Rush University Medical Center's Nursing Annual Report for Fiscal Year 2020 (July 2019 — June 2020). As we all know, the COVID-19 pandemic radically transformed our work and our world in the final four months of this year, as it continues to do today.

Rush Nurses responded valiantly to the challenge of the pandemic, and we have dedicated a special section of this year's report to stories about our pandemic response. The courage, dedication, compassion and resilience of Rush Nurses during the pandemic has been inspiring, and I am immensely grateful to you all.

In addition to the exemplary performance during the COVID-19 pandemic, Rush Nurses continued to advance nursing practice and improve patient care. This report showcases all of the exceptional work for FY 20.

We continued our efforts to improve our patients' experience while in the hospital, including a rapid improvement event that imparted lessons gleaned from purposeful leader rounding.

Our continued commitment to empowering and supporting Rush Nurses to take initiatives to enhance care also is reflected in this report. You'll read about an initiative to improve patient handoffs between nurses that began as a unit-based project and ultimately was rolled out throughout the organization. And you'll learn how we've facilitated the transition to practice of acute care nurses to our outpatient practices.

Our continuing efforts to advance professional practice also are evident in this report, which includes accounts of an educational workshop to improve the assessment and care of

hospital-acquired pressure injuries; a hospital-wide evaluation and update of our suicide screening process and response; and the education of acute care nurses to identify patient decompensation early and respond rapidly in order to decrease unplanned intensive care unit readmissions.

Innovation is one of Rush's core values, and it is an intrinsic part of Nursing at Rush, where our nurses' innovations generate new knowledge and improvements in care. This report highlights several innovative practices, including how we reduced hypoglycemia rates with workflow changes, standardized insulin administration and other adjustments; took steps to ensure a safe sleep environment for all newborns and infants both while they were in the hospital and when they returned home; and reviewed the activities of our Evidence-Based Practice and Research Committee.

The nursing profession looks to Rush Nurses and nurse leaders to set the standards of practice, excellence and innovation in developing evidence-based care, and to direct and advance the practice. This year during a global pandemic Rush Nurses continued to meet and exceed their expectation. We can all take great pride in the accomplishments highlighted in the Fiscal Year 2020 Nursing Annual Report.

Thank you to all Rush Nurses. As always, I am Rush Nurse Proud!

Angelique L. Richard, PhD, RN, CENP

Chief Nursing Executive, **Rush University System for Health**

Senior Vice President, Hospital Operations

& Chief Nursing Officer, **Rush University Medical Center**

Associate Dean for Practice, **Rush University, College of Nursing**



Shared Governance

Rush nurses know how to work together. They know that the best way forward is through collaboration and cooperation. The Professional Nursing Staff gives Rush nurses a structure to achieve and to move forward together.

PNS President's Message

FY20 Professional Nursing Staff (PNS) Accomplishments

As President of the Professional Nursing Staff, it is with great pride and appreciation that I present the PNS Annual Report for Fiscal Year 2020 that highlights the many outstanding accomplishments of the organization this past year.

First, recall according to the PNS Bylaws, “the purpose of the Professional Nursing Staff (PNS) is to promote excellence in professional performance among the nursing staff, provide high quality and cost-effective nursing care for patients, establish and monitor standards of clinical practice, and facilitate the quality of professional life of its members.” Fiscal Year 2020 goals were formed based on the purpose set forth by PNS Bylaws. On behalf of the entire Professional Nursing Staff, I would like to extend my deep gratitude and thanks to all our nurses for their hard work, time and dedication to PNS that resulted in PNS reaching and exceeding its set goals. The following is a summary of key accomplishments. PNS was able to impact nursing practice by embracing technology and innovation. First, PNS rolled out new IV pumps. With the help of our great team of nurses, we were able to select the appropriate pump for patient safety.

Next, PNS introduced initiatives through the RN3 validation committee to convert from a portfolio binder to an electronic format. Subsequently, the RN3 validation committee advanced 51 nurses that were in RN2 roles to RN3 status and maintained 60 nurses at RN3 level. Lastly, we put forth strong efforts in marketing PNS to all of nursing by restructuring the PNS newsletter and partnering with media productions to do video messages that were shared with the public and staff. The PNS Magnet and champions committees did extensive work on preparing staff for the 5th Magnet site visit. The Magnet document was submitted at the end of January 2020. The document contained 70 stories of quality improvement projects completed across the hospital and the ambulatory clinics. Given that the document was so strong, the organization went straight to the site visit. The Magnet committee and champions held a mock site visit and Magnet fair which had record-breaking attendance with over 325 personnel in the summer of 2020, while maintaining compliance with COVID-19 social distancing regulations.

Due to the impact of COVID-19 on the organization in the spring of 2020, PNS shared governance committees were temporarily placed on hold. However, given the extreme circumstances, nursing needed a way to have their voices heard. As PNS

president, I implemented intentional rounding on all units throughout the hospital. This process involved listening to the many ideas, concerns and opportunities brought forward by the frontline nursing staff. Importantly, this allowed the PNS president to collaborate and establish connections with staff, unit leadership and nursing senior leadership. Due to rounding, PNS helped facilitate the following initiatives based on nursing feedback:

- COVID crisis pay
- Extra eight hours of PTO
- Recognition/appreciation pay
- Hospital-provided uniforms
- Asymptomatic COVID testing in order for staff to feel comfortable visiting friends and family
- Redeployment of nursing staff in low census areas such as perioperative or pediatrics

Volunteerism to support our local communities is another priority of PNS. Pre-COVID, PNS volunteered through Trilogy and Senior Fest events to promote health and wellness among Chicagoans. During COVID, PNS set up a virtual food drive partnering with the Greater Food Depository of Chicago and was able to donate more than 30,000 meals to the community.

Multiple efforts were implemented to ensure staff safety. PNS representatives sit on the hospital safety steering committee and were delegated to start a task force to create a debriefing tool after escalation occurs. This continues to be a work in progress and once the tool is completed, it will provide nurses a closed looped communication to address behaviors leading up to escalation, what went well and areas of opportunities moving forward. De-escalation training is also available for all nursing staff. The visitor management system during COVID was shut down temporarily to protect the community, patients and staff from COVID. We continue to evaluate the data and follow the science to do what is best for all of the people that we serve.

This has been an exceptional and unprecedented year for PNS. I am so proud and I thank you for the opportunity to serve you as PNS President for 2020.

Jackie L Hoskins, BSN, RN, CCRN

PNS president

PNS Goals and Accomplishments

FY 2020

People

- PNS Executive members attended DACs and UACs to provide re-education of shared governance and the PNS structure
- Created flow of communication diagram for UAC-DAC-PNS Executive committee
- Established the Senior Nurse (retired) Council
- Increased clinical RN participation in committees and chair roles
- Promoted work life balance activities

Quality and Safety

- Engaged in initiatives to promote safety within the medical center, including the visitor management system and de-escalation training
- Led Magnet site visit preparations with Magnet fairs and mock site visit
- Improved patient experience scores with nurse leader rounding and RN handoff

Growth and Reach

- Supported clinical nurse involvement in EBP and research through committee structures, research fellowships and nursing research symposium
- Promoted health equity with food is medicine program
- Utilized technology and social media to promote nursing recognition and PNS structure
- Held a virtual food drive with Greater Food Depository of Chicago donating more than 30,000 meals to the community
- Volunteered with Thresholds and Senior Fest



Rachel Santarromana, BSN, RN, CCRN
PNS President
(July 2019 – February 2020)



Jackie Hoskins, BSN, RN, CCRN
PNS President
(February 2020 – July 2020)
President Elect
(July 2019 – February 2020)



Kara Sexton, BA, BSN, CMSRN
Secretary



Lori Aubin, BSN, RN, CCRN
Treasurer



Recognition

Rush nurses have a lot to be proud of. We celebrate the awesome achievements of our nurses, from winning prestigious awards to writing research papers, making presentations to share their findings and advancing the practice of professional nursing.

Awards

Daisy Award

July 2019 - Colleen Beckler - 13 East

August 2019 - Maeve Cavanagh - 7 North Atrium

September 2019 - Jasmine Shannon - 9 North Atrium

October 2019 - Christina Ponce - Pediatric Intensive Care Unit

November 2019 - Husan-Ling Liao - 9 South Atrium

December 2019 - Flor Cerda - 10 East Tower

January 2020 - Melissa Krueger - 14 East Tower

February 2020 - Lisa Maurer - 14 East Tower

March 2020 - Cathleen Maidlow - Cancer Center

April 2020 - Shunseen Nowlin - 10 East Tower

May 2020 - Chongyang Li - 13 West Tower

June 2020 - Sarah Grossman - 10 East Tower

Annual Nursing Week Awards - May 2020

Mary Beth O'Holleran Mentorship Award

Ambulatory (RUMG) & Emergency Department

***Joseph Anicich -
Emergency Department**

Lisa Bates - RUMG Infusion



Marcia Pencak Murphy Presidential Mentorship Award

Provided by Jackie Hoskins, PNS President

***Melissa Browning (R), Magnet Program Director,
Professional Nursing Practice**



***Departmental winner**

***Carmen Avila - Perioperative**



Other Nursing Areas

***Angela Geschrey - Professional Nursing Practice**

Surgical, Neurological, Musculoskeletal & Rehabilitation



Josephine Alvarado - 13 West Tower

Andrew Babochay - 13 East Tower

***Trina Cousins - 7 South Atrium**

Katherine Dewald - 11 West Tower

Margie Par - Rehab



Janki Patel - 12 East Tower

Women's & Children's

***Cindy Beren - Labor & Delivery**

Phillip Haynes - Pediatric Intensive Care Unit

Kelly Parker - Mother Baby Unit

Medicine, Oncology & Cardiology

Colleen Anderson - 14 West Tower

Kathleen Andrews - 9 North Atrium

Justin Erwin - 10 West Tower

***Connie Lemme - 14 East Tower**

Ann Lieb - 7 North Atrium

Jessica Moreno - 9 Kellogg

Dawn Scheuber - 10 East Tower



Mental Health

***Joycelyn Arevalo - 4 Kellogg**

Lilian Santos - 13 Kellogg

Nursing Finance



Samantha Aranda - Central Supply Office

***Angela Boll - Central Staffing Office - Women's & Children's**

Perioperative/Interventional

***Departmental winner**

Finance

AnneMarie Tarpey – RVAT



***Brittany Wells - CCOT**

Brittany Wilson - CSO

Luther Christman



Clinical Excellence Award

Ambulatory (RUMG) & Emergency Department

***Susana Banda - Ambulatory**

Kevin Hsu - Emergency Department

Jennifer Margolis - Ambulatory



Brittany Wilson - Ambulatory - Float Pool

Medicine, Oncology & Cardiology

Ortensia Bode - 9 South Atrium

***Angela Cooper - 9 Kellogg**



Jean Flaws-Chervinko - 10 East Tower

Brendan Namoff - 10 West Tower

Jamie Schanz - 14 East Tower

Sara Young - 14 West Tower

Mental Health



***Eloy Diaz- 13 Kellogg**

***Departmental winner**

Jonemie Rodica - 4 Kellogg



Amy Blackwood - 11 West Tower

Whitney Boyd - 12 East Tower

Carla Heffner - 13 East Tower



Perioperative/Intervention

Heather Bolanos - PACU

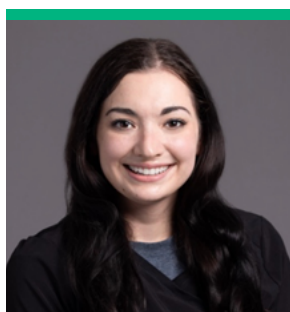
Jeanie Murphy - EP

***Nora Trybula - Prep**

Other Nursing Areas

***Emily Brey - Professional Nursing Practice**

Surgical, Neurological, Musculoskeletal & Rehabilitation



Donna Aziz - 12 West Tower

Lester Osano - 7 South Atrium

Sophia Schroff - Rehab

***Giovanna Zito - 13 West Tower**

Women's & Children's

Nicole Albold - Mother Baby Unit

Maggie Heraty - Pediatric Intensive Care Unit

***Emily Lynch - Labor & Delivery**

Excellence in Nursing Management

Denise Banton - Labor & Delivery

Christine Benitez - RUMG - Peds

Mary Ellen Close - 7 North Atrium

Sandy Connolly - Clinical Staffing Office

Megan Creech - RUMG - OB



Candice Duarte - 12 West Tower

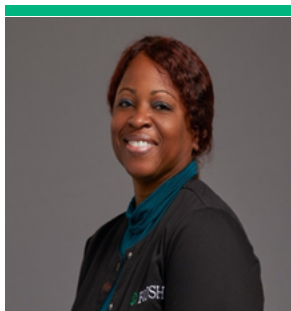
Kirsten Gidd-Hoffman - Pediatric Intensive Care Unit

Jilian Hanifin - EP Lab

***Departmental winner**

Heather Guth - West - NSICU
Maria Holstead - 12 East Tower
Ray Ledda - Rush Rehab
Chase Lodico - Emergency Department

***Humberto Rodriguez - Endoscopy**



Colleen Russell - 13 East Tower
Janis Strand - NICU
Kellie Tuley - 7 North Atrium
Jessica Vargas - 14 East Tower
Ned Villanueva - 9 North Atrium
Giovanna Zito - 13 West Tower



2019 Professional Practice Model (PPM) Awards

Critical Thinking

Rhonda Abdullah - RUMG
***Deborah Allen - 7 North Atrium**
Margaret Coyle - CICU
Kendall Fox - Neonatal Intensive Care Unit
Nicole Gleisner - 7 North Atrium
Emily Gosner - 14 East Tower
Clarissa Gradilla - Labor & Delivery
Marieca Guzman - NICU
Philip Haynes - Pediatric Intensive Care Unit
Sarah Hehemann - Pediatric Intensive Care Unit
Samantha Herbert - 9 South Atrium
Maureen Kaiser - 12 East Tower
Arbuthnot Karasek - 7 North Atrium
Rosa Katz - 11 West Tower
Megan McMahon - 14 East Tower
Molly Moran - RUMG

***Departmental winner**

Evidence-Based Practice

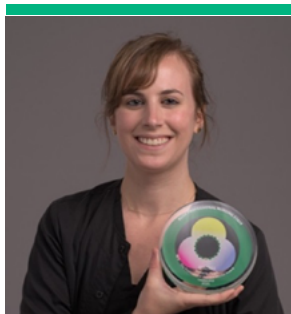
Michelle Beaudry - Labor & Delivery
Angelica Fierro - IR
Kristen Fisher - 11 West Tower
Gretchen Ganther - 13 West Tower
Nicole Gleisner - 7 North Atrium
Imani Gordon - 14 East Tower

***Megan Gross - IR**

Brogan Hanzel - 12 West Tower
Arianne Jamison - 7 North Atrium
Tiffany Kucharo - 14 East Tower
Jenna Maloney - 9 South Atrium
Anne McDonald - NICU
Kelly McKissick - NICU
Maria Mietus - 9 South Atrium
Melanie Pugh - 14 East Tower
Leslie Radz - 14 East Tower
Jennifer Sunquist - 14 East Tower
Dominika Zmuda - 13 East Tower
Michelle Zolfo-Cyze - NICU

Leadership

Mayra Barragan - 13 West Tower
 Juliana Bartel - 12 West Tower
 Maeve Bognanno - 14 East Tower
 Karla Cavazos - RUMG - Cancer Center
 Jessica Chakos - 12 East Tower
 Colleen Corcoran - Emergency Department
 Jennifer Cranston - 14 East Tower
 Ashley Defelice - 9 South Atrium
 Susana Diaz - 12 West Tower
 Daine Doran - RUMG
 Abigal Drogosz - 7 North Atrium
 Melissa Gerona - 7 North Atrium
 Jilian Hanifin - EP Lab
 Karen Herbst - 12 West Tower
 Laura Hernandez - Professional Nursing Practice
 Stacey Hibler - 14 East Tower
 Angela Hurley - 7 North Atrium
 Carley King - 12 East Tower



Amela Kremic - 12 East Tower
 Patricia Last - 7 North Atrium
 Rachel Leis - 13 East Tower
 Timothy McVeigh - 9 North Atrium
 Elizabeth Meyerson - Neonatal Intensive Care Unit
 Caitlin Murphy - Rush University Cancer Clinic
 Stacey Pappas - OR

***Melanie Pugh - 14 East Tower**

Karyn Dionne Quiros - RUMG Primary Care
 Hailey Reis - Neonatal Intensive Care Unit
 Christin Scott - Labor & Delivery

***Departmental winner**

Amanda Simo - Pediatric Intensive Care Unit
 Janis Strand - Neonatal Intensive Care
 Rachel Valentino - 13 West Tower
 Urszula Walaszek - 13 West Tower

Relationships and Caring

Julie Anderson - Pediatric Intensive Care Unit
 Jessica Arenson - Neonatal Intensive Care Unit
 Cathleen Byrne - Prep and Recovery
 Amy Campbell - Emergency Department
 Breana Fulmer - Neonatal Intensive Care Unit
 Jennifer Fulmer - Neonatal Intensive Care Unit
 Tangana Garcia - Emergency Department
 Ian Hamilton - 12 East Tower
 Sarah Hehemann - Pediatric Intensive Care Unit
 Christine Hull - 9 North Atrium
 Abigail Hyatt - 11 West Tower
 Patrice Johnson - RUMG - Colorectal Surgery



Pamela Katzv - 14 East Tower
 Aimee Kosinski - OR
 Hayley Lesnik - 14 East Tower
 Orlando Maldonado - Cardiac Cath Lab
 Jennifer Manson - 13 West Tower
 Alexandra Marcus - 12 East Tower

***Ashley Marenyi - RUMG - Radiation Oncology**

Alexandra McNeely - Pediatric Intensive Care Unit
 Matt Miller - Interventional Radiology
 Jessica Morton - 14 East Tower

Meghan Muir - Ambulatory - South Loop Clinic
 Molly Nora - Emergency Department
 Stephany Pawling - 13 East Tower
 Stephanie Rancich - 9 South Atrium
 Katherine Rosemeyer - Neonatal Intensive Care Unit
 Lauren Smith - 7 North Atrium
 Tiajuana Tubb - Labor & Delivery
 Elizabeth Vo - 7 North Atrium
 Maura Waldron - 7 North Atrium
 Hannah Webber - Neonatal Intensive Care Unit
 Erin Woods - Neonatal Intensive Care Unit
 Jessica Young - CCOT

Technical Expertise

Lourenz Balayan - 12 West Tower
 Lynn Cabe - ED
 Jessica Cozzi - NICU
 Claribel Delatorre - RUMG Float Pool
 Liliosa DeLeon - 7 North Atrium
 Mary Doerr - Radiation Oncology
 Taylor Frahm - 9 North Atrium
 Jennifer Hattan - CSO

*Ian Jeong - 13 East Tower (no photo)

Maura Johnson - PICU
 Lynna LaMann - 14 East Tower
 Fiona Lane - 7 South Atrium
 Donna Lang - CSO
 Osvaldo Lucio - 14 East Tower
 Catherine Hall Markarewicz - Labor & Delivery
 Kristen Mortimore - RUMG
 Markie Rearick - RUCC
 Samantha Reedy - OR
 Ben Schutz - NICU
 Katie Shipfer - 14 East Tower

*Departmental winner

Adrienne Snaer - NSICU
 Marissa Stratelak - CCOT
 Amanda Young - Radiation Oncology

The Jane Llewellyn Advancing & Leading the Profession Award

Cindy Beren - Labor & Delivery
 Maeve Bognanno - 14 East Tower
 Kim Carmignani - Neonatal Intensive Care Unit
 Flor Cerda - 10 East Tower
 Anna Condoleza - Emergency Department
 Samantha Gatewood - RUMG
 Dana Goodin - 9 North Atrium
 Megan Gross - IR
 Janet Haw - IR
 Cherie Hopkins - Labor & Delivery
 Jackie Hoskins - CSO
 Angela Hurley - 7 North Atrium
 Tiffany Rose King - 11 East Tower
 Sharon Manson - RUMG - Cancer Clinic
 Tara Mitchell - 9 South Atrium

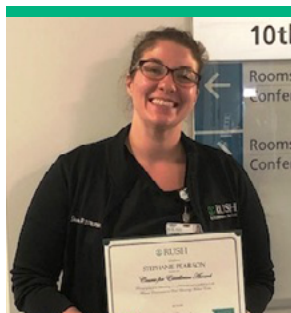
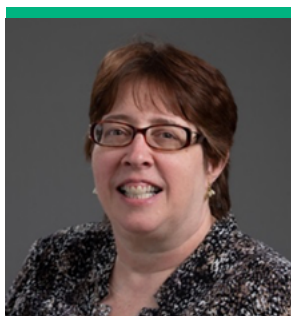


Molly Moran - RUMG
 Terri O'Brien - RUMG- Cancer Clinic
 Mary Carol Racelis - 13 East Tower
 Marites Gonzaga Reardon - Emergency Department
 Christin Scott - Labor & Delivery

Amanda Simo - Pediatric Intensive Care Unit

***Janet Stifter - Professional Nursing Practice**

Anarose Whigan - Rehab



Laura Williams- Periop

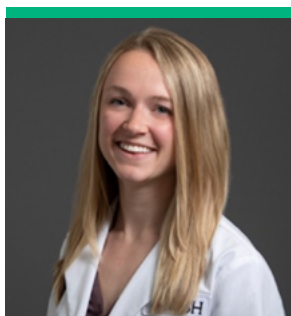
Gayle Fewer Ambulatory Nursing Award

***Deborah Pach - RUCC**

Brittany Hohoff - UTP

Amelia Mercer- RUCC

Taylor Szatkowski - RUMG



The Evidence-Based Practice & Research Grant

Colleen Bruen - RUCC



Lauren Gross - Emergency Department



Brye Harbert - Rush Rehab

Vivian Joy Lantieri-Lomudo - CCOT

***Christin Scott - Labor & Delivery**

The Beth Joksimovic Oncology Professional Development Award

Laura Dixon - RUCC

Erin Dowding - 14 West Tower

***Allison Szudrowic - Radiation Oncology**

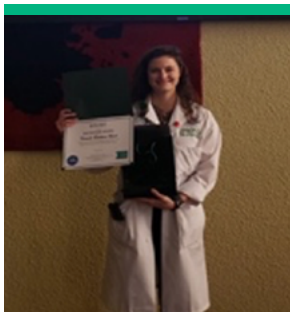
***Departmental winner**

Magnet Course For Excellence Awards

August, 2019

Individual Winner: **Stephanie Pearson BSN, RN, CCRN - 10 East Tower**

Team Winner: **12 East Employee Recognition Program**



L. to R.



Laurie Bui, MSN, RN, CMSRN, CNL

Maureen Tinley, BSN, RN, PCCN

Stephanie Dolan, DNP, RN, MSN, RN, CNL

Elizabeth Meyerson, BSN, RN, CMSRN

Theo Cantu, PCT

Janki Patel, BSN, CMSRN

Whitney Boyd BSN, CMSRN

February, 2019

Individual Winner- **Mackenzie Bauhs, BSN, RN, CMSRN, CWOC - General Surgery**

Team Winner - **Rush Vascular Access Team**

L. to R.

Shonda Morrow, JD, MS, RN, CENP

Guadalupe Ordaz-Nielsen, BSN, RN, VA-BC

Leo DeGuzman, BSN, RN, VA-BC, CPUI

Lizette Bolanos, BSN, RN

***Departmental winner**

AnneMarie Tarpey, MSN, MBA, RN, CCRN, CNL

Deb Lunt, MSN, RN, CMSRN, CNL

Samantha Aranda, MSN, APN, ACCNS-AG, CCRN

Tina Miller, BSN, RN

Illinois Nurses Foundation 40 under 40 Emerging Nurse Leaders Award

Katherine J. McArdle, MSN, BSN, RN, CNL - College of Nursing

Kathryn Perticone, MSN, APRN, PMHNP-B, NE-BC - SUIT Team

Nicole Wynn, DNP, RN-BC - 13 West Tower

Stephanie Yohannan, DNP, MBA, RN, NE-BC - 11 West Tower

Ellen Elpern Voice of the APRN Award

November 2019

Sarah Anzevino, APRN - Oncology

Samantha Aranda, APRN - Clinical Staffing Office



Naira Arellano, APRN - NICU

Jean (Slana) Caddick, APRN - NSICU

Elizabeth Day, APRN - CICU

Erin Dowding, APRN - 14E/14W Tower

Kristen Fisher, APRN - 11 West Tower

Therese Gallagher, APRN - College of Nursing

Barbara Gulczynski, APRN - MICU

Matt Jackson, APRN - CVICU/ SICU

Megan Jones, APRN - NICU

Nichole Jones APRN - Internal Medicine

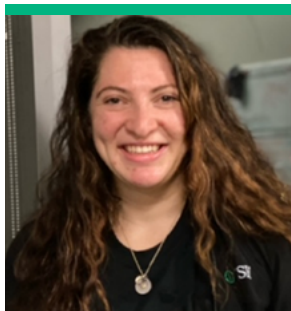
Francis Lee, APRN - Surgery

Elizabeth Legorreta, APRN - Internal Medicine

2020 Founders Day Awards

Marci Lovett, APRN - Surgical
Oncology

*Departmental winner



Program

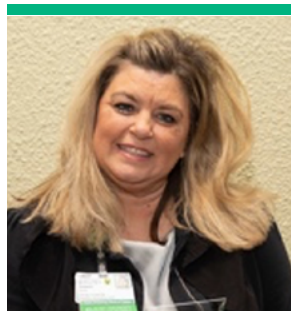
Cally McKinney, APRN -
Psychiatry

Kathryn Petricone, APRN -
Psychiatry & Behavioral Science



Lynne I. Braun, PhD, CNP, FAHA,
FAANP, FPCNA, FNLA, FAAN -
College of Nursing

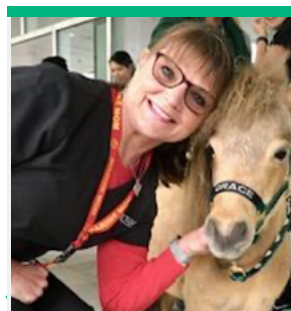
Clinical Employee



of the Year

Rosa Katz, BSN RN, CSO

Sachs Family Award



OCN, Infusion Coordinator

Manager of the Year



Christine Murphy, BSN, RN, Clinical Operations,
Plastic & Reconstructive Surgery and Colorectal
Surgery

**Reginald "Hats" Adams Community
Service Award**

*Departmental winner

Publications

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Christianson, K.L., Fogg, L., Kremer, M.J. (2020) Relationship Between Emotional Intelligence and Clinical Performance in Student Registered Nurse Anesthetists, Nursing Education Perspectives, DOI: 10.1097/01.NEP.0000000000000634

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Delaney, K.R. (January 2020) Let's Talk About Benzodiazepine Use: Inpatient Psychiatric Nurses Initiating the Conversation, Journal of Psychosocial Nursing and Mental Health, 58(1):33-38, DOI: 10.3928/02793695-20191218-07. PMID: 31895969

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Hinch, B.K., Staffileno, B.A. (June 2020) Implementing a Heart Failure Transition Program to Reduce 30-Day Readmissions, Journal for Healthcare Quality: Official Publication of the National Association for Healthcare Quality, DOI: 10.1097/jhq.0000000000000268

Klopper, H., Madigan, E., Vlasich, C., Albien, A., Ricciardi, R., Catrambone, C., Tigges, E. (2020) Advancement of Global Health: Recommendations from the Global Advisory Panel on the Future of Nursing and Midwifery (GAPFON), Journal of Advanced Nursing, 76:741-748, DOI: 10.1111/jan.14254

McIntosh E. (May 2020) Trans Allyship Workbook: Building Skills to Support Trans People in Our Lives, by Davey Shlasko, Creative Nursing, 26(2):146-147. DOI: 10.1891/cnr-d-19-00090

Manion, A. (August 2019) Improving Self-Esteem and Building Self-Confidence in Adolescent Mothers: Implementation of Self-Efficacy Focused Activity Sessions, Journal of Psychosocial Nursing and Mental Health Services, 57(8):11-15. DOI: 10.3928/02793695-20190528-04

Manion, A. (2020) Sore Throat and Shortness of Breath in Cases in Pediatric Acute Care (eds A.M. Kline Tilford and C.M. Haut), <https://doi.org/10.1002/9781119568193.ch79>

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Mayahara, M., Fogg, L. (January 2020) Examination and Analysis of After-Hours Calls in Hospice, American Journal of Hospice and Palliative Medicine, 37(5), 324-328 <https://doi.org/10.1177/1049909119900377>

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Philips, J. (September 2019) Presidential Candidates Must View Health Care Through a Different Lens, Morning Consult, <https://morningconsult.com/opinions/presidential-candidates>

Philips, J. (October 2020) Reducing Food Waste Can Help Address Food Insecurity, US News and World Report, <https://www.usnews.com/news/healthiest-communities/articles/2019-10-22/commentary-the-link-between-food-waste-and-food-insecurity>

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Philips, J. (June 2020) Dying to Connect or Dying Unconnected: The Realities of COVID-19, The Hill, <https://thehill.com/opinion/healthcare/502142-dying-to-connect-or-dying-unconnected-two-realities-of-the-covid-19>

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Phillips, J., Richard, A., Mayer, K.M., Shilkaitis, M., Fogg, L.F., Vondracek, H. (2020) Integrating the Social Determinants of Health into Nursing Practice: Nurses' Perspectives, *Journal of Nursing Scholarship*, 52(5), 497-505, <https://doi.org/10.1111/jnu.12584>

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Swanson, B., Fogg, L., Julion, W., Arrieta, M. (January 2020) Electronic Nose Analysis of Exhaled Breath Volatiles to Identify Lung Cancer Cases: A Systematic Review, *Journal of the Association of Nurses in AIDS Care* 31, No. 1 (2020): 71-79, DOI: 10.1097/JNC.0000000000000146

Winston, N., Swanson, B., Capuano, A.W., Fogg, L.F., Barnes, L. (May 2020) Physical Activity and Cognitive Health among People Living with HIV: An Integrative Review, *Journal of the Association of Nurses in AIDS Care*, 31(3), 268-278, DOI: 10.1097/JNC.0000000000000141

Wynn, N., Staffileno, B.A., Grenier, J., Phillips J. (June 2020) Implementing a Food is Medicine Program to Address Food Insecurity in an Academic Medical Center, *Journal of Nursing Care Quality*, DOI: 10.1097/NCQ.0000000000000496

Presentations

Alanis, R., Mohr, L.D. (March 2020) Early Identification and Management of Sepsis in a Pediatric Emergency Department: A Doctorate of Nursing Practice (DNP) Project, National Association of Clinical Nurse Specialists (NACNS) 20th Annual Conference, Indianapolis, Ind.

Bolick, B. (October 2019) BE AWARE and Care, A Practical Approach to Addressing Incivility and Bullying in Healthcare, ACHE STEC Conference, Houston, Texas

Bolick, B. (May 2020) A Call to Action: Addressing Incivility and Bullying in Healthcare, ASPNA National Conference, Orlando, Fla.

Chipps, E., Albert, N., Klein, C., Briskin, I., Falkenberg Olson, A., Hand, L., Harmon, M., Heitschmidt, M., Rutar, P., Talsma, A. (April 2020) Academic-Clinical Collaborations in Nursing Research: Part 1 Characteristics, Midwest Nursing Research Society (MNRS) Annual Meeting, Virtual

Chipps, E., Albert, N., Klein, C., Briskin, I., Falkenberg Olson, A., Hand, L., Harmon, M., Heitschmidt, M., Rutar, P., Talsma, A. (April 2020) Academic-Clinical Collaborations in Nursing Research: Part 2 Characteristics, Midwest Nursing Research Society (MNRS) Annual Meeting, Virtual

Chipps, E., Albert, N., Klein, C., Briskin, I., Falkenberg Olson, A., Hand, L., Harmon, M., Heitschmidt, M., Rutar, P., Talsma, A. (April 2020) Academic-Clinical Collaborations in Nursing Research: Part 3 Characteristics, Midwest Nursing Research Society (MNRS) Annual Meeting, Virtual

Cook, H., Losurdo, H. (March 2020) Developing a Critical Care Outreach Practice, American Association of Critical Care Nurses Northwest Chicago Area Chapter 2020 Midwest Conference, Hoffman Estates, Ill.

Cook, H., Wells, B. (February 2020) Developing a Decompensation Workshop for Acute Care Nurses, Critical Care Outreach Symposium: Building the Future of Rapid Response Systems, Chicago, Ill.

Day, E., Downing, E. (February 2020) Cold Therapy: Moving Practice Forward to Improve Care Compliance and Patient Experience, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Delaney, K. (October 2019) Training in Interpersonal Engagement for Inpatient Psychiatric Nurses, European Violence in Clinical Psychiatry, Oslo, Norway

Delaney, K. (March 2020) Nursing Science as a Foundational Driver of Population Health: Get Noticed, Disrupt, and Stay Connected, Midwest Nursing Research Society, Virtual

Dowding, E. (February 2020) Eyes on Lines: A Structural Catalyst for Nurse Leaders to Decrease CLABSI, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Heitschmidt, M. (October 2019) Pet Pause Research Project, Rush Oak Park Annual Volunteer Awards and Recognition Dinner, Oak Park, Ill.

Heitschmidt, M., Richardson, A., Staffileno, B., Phillips, J. (April 2020) Center for Clinical Research and Scholarship and Rush System for Health, 7Midwest Nursing Research, Virtual

Hyderi, A., Racelis, M. (February 2020) Best Practice Multimodal Analgesia in Total Joint Arthroscopy: Evaluation the Impact, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Klein, C., Albert, N., Chipps, E., Briskin, I., Falkenberg Olson, A., Hand, L., Harmon, M., Heitschmidt, M., Rutar, P., Talsma, A. (April 2020) Academic-Clinical Collaborations in Nursing Research: Part 2, Leadership Support and Resources, Midwest Nursing Research Society (MNRS) Annual Meeting, Virtual

Klopper, K., Baldwin Tigges, B., Catrambone, C. (November 2019) Special Session, GAPFON: An Agenda to Collaboration, Connect, Catalyze, Sigma 45th Biennial Convention, Washington, DC

LaFond, C. (February 2020) Innovation Panel, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Lafond, D., Cygan, H. (February 2020) The Impact of Parental Incarceration on Mental Health of Children, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Lane, F., Par, M. (February 2020) Assessing Therapy Delays in Acute Rehabilitation, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Maag, S. (July 2019) ACS NSQIP 30 Day Follow-Up: Transitioning from Letters to Epic MyChart Questionnaires, ACS Quality & Safety Conference, Washington, DC

Mohr, L. (September 2019) Revitalizing the Pediatric and Neonatal Clinical Nurse Specialist Role, interview, Bold Voice Magazine

Mohr, L. (November 2019) Pediatric Nursing, National Student Nurses Association Midyear Conference, Rosemont, Ill.

Mohr, L., Embree, J. (March 2020) Optimizing the Educational Experience from Academia to Clinical Practice: Writing and Dissemination, National Association of Clinical Nurse Specialists (NACNS) 20th Annual Conference, Indianapolis, Ind.

Mohr, L., Grippe, A., Nemshak, M. (March 2020) An Overview of Supporting Infants and Families Experiencing Opioid Use, Neonatal Symposia, National Association of Clinical Nurse Specialists (NACNS), 20th Annual Conference, Indianapolis, Ind.

Racelis, M.C., Ganther, G., Jaczko, O., Russell, C. (February 2020) Cold Therapy: Moving Practice Forward to Improve Care Compliance, Staff & Patient, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Rousseau, J. (October 2019) Perinatal Mood Disorders, National Safe Haven Alliance Conference, Chicago, Ill.

Rousseau, J. (November 2019) Strategies to Address Concerns of Pre-licensure Nursing Students Prior to Maternal-Newborn Clinicians, Sigma Theta Tau International Biennium Conference, Washington, DC

Sarazine, J., Heitschmidt, M., Vondracek, V., Sarris, S., Marcincowski, N., Kleinpell, R. (October 2019) Effects of a Mindfulness Workshop on Nurses' Burnout, Stress, and Mindfulness Skills, ANCC National Magnet Conference, Orlando, Fla.

Schafer, K. (February 2020) Implementation of a Simulation-Based Pediatric Clinical Series for Pre-Licensure Graduate Nursing Students, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Schafer, K. (June 2020) Implementation of an Emergency Management Simulation for Pre-Licensure Graduate Nursing Students, International Nursing Association for Clinical Simulation and Learning, 2020 Virtual Conference

Schafer, K. (June 2020) Implementation of a Simulation-Based Pediatric Clinical Series for Pre-Licensure Graduate Nursing Students, International Nursing Association for Clinical Simulation and Learning, 2020 Virtual Conference

Shaw, B., Shetty, S., Stanley, P. (August 2019) What Healthcare Institutions Can Do to Become More Immigrant-Welcoming, Health Equity & Social Justice Conference, DePaul University, Chicago, Ill.

Stamp, M. (February 2020) Innovating Care Delivery for Rush Patients with Lung Cancer Using the 4R Mode, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Stratelak, M., Losurdo, H., Cook, H. (October 2019) Critical Care Outreach Competency: The Escape Bag and Postpartum Hemorrhage, 16th Annual Evidence-Based Practice Conference, Naperville, Ill.

Wiggins, S., Mott, S., Arnow, D., Mohr, L. (April 2020) Pediatric Nursing: A History of Excellence in the Care of Children and Families, Society of Pediatric Nursing (SPN) 30th Annual Conference, Anaheim, Calif., Virtual

Posters

Ambutas, S., Sermersheim, E., Abraham, A. (February 2020) Move to Morse: A System-Wide Fall Reduction Campaign, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Bolick, B. (May 2020) A Call to Action: Addressing Incivility and Bullying in Healthcare, ASPNA National Conference, Orlando, Fla.

Bolick, B. (October 2019) BE AWARE and Care...A Practical Approach to Addressing Incivility and Bullying in Healthcare, ACHE STEC Conference, Houston, Texas

Browning, M., Nedved, P., Heitschmidt, M., Fogg, L. (October 2019) Pausing for Pets Improves Blood Pressure and Decreases Stress in Clinicians, ANCC National Magnet Conference, Orlando, Fla.

Browning, M., Liwanag, M. (February 2020) Transition to Practice: Engaging and Retaining Nurse Managers, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Buchholz, S.W., Wilbur, J., Halloway, S., Schoeny, M., Daniel, M., Vispute, S., Kitsiou, S. (April 2020) iCardia: A Physical Activity Research mHealth Platform, paper presented at the Midwest Nursing Research Society, Virtual Conference, Schaumburg, Ill.

Cavazos, K. (February 2020) Caregiver Class for Allogeneic Stem Cell Transplant Patients at Rush University Medical Center, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Dahl, S. (February 2020) Sensory Distraction to Decrease Agitation in Stroke Patients, International Stroke Conference, Los Angeles, CA.

David, C., Feltman-Frank, R., Pawling, S., Raschke-Deichstetter, N., Robinson, E., Vargas, M., Hendrickson, K. (April 2020) BNI and MI in SBIRT: Screening, Brief Intervention, Referral to Treatment, 4th Annual SBIRT Program Training Conference, Virtual

Day, E., Gurnani, P., Hall, L., Tatoes, A., Weisman, C. (February 2020) Decreasing the Incidence of Hypoglycemia in Postoperative Cardiovascular Surgery Patients, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Doucette, J. (2020) Improving Access to Care for Pediatric Patients with Hypertension, 44th Annual Midwest Nursing Research Society Conference: Advancing Nursing Research with Diverse Populations, Chicago, Ill.

Doucette, J. (2020) Improving Access to Care for Pediatric Patients with Hypertension, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Dowding, E. (April 2020) Eyes on Lines: A Structural Catalyst for Nurse Leaders to Decrease CLABSI, Oncology Nursing Society Congress, San Antonio, Texas

Feistein, C., Pike, C., Williams, L. (February 2020) Lessons Learned: Staff Reeducation Following Temporary Unit Closure, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Geschrey, A., Browning, M., Schmitt, K., Nelson, S. (February 2020) Evaluation to Improve a Long-Standing Professional Governance Structure, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Hall, L., Racelis, M., Boudreau, L., Pekofske, A., Rog, T., Zasaitis, J., Dosch, K. (February 2020) Team WEDGE: Working to Evaluate Disposable Grade Equipment to Improve Patient Outcomes, Illinois Organization of Nurse Leaders Annual Conference, Oak Brook, Ill.

Hall, L. (September 2019) Team WEDGE: Working to Evaluate Disposable Grade Equipment to Improve Patient Outcomes, Illinois Organization of Nurse Leaders Annual Conference, Oak Brook, Ill.

Hall, L. (February 2020) Decreasing the Incidence of Hypoglycemia in Postoperative Cardiac Surgery Patients: Determining the Optimal Blood Glucose Target Range, Society of Critical Care Medicine Annual Conference, Orlando, Fla.

Hameed, M.N., Mossa, A., Racelis, M.C., McCullum-Smith, D. (February 2020) Peri-Operative Bladder Management: A Quality Improvement Initiative, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Heitschmidt, M., Carrigan, T., Shaw, P., Fullam, F., Fogg, L., Richard, A. (September 2019) Initial Impact of Nurse Leader Rounding Utilizing Point-of-Care Technology on Patient Safety, Care Coordination and Overall Experience, Academy of Medical Surgical Nurses, Chicago, Ill.

Heitschmidt, M. (September 2019) Impact of Percutaneous Closure of Atrial Septal Defects on Quality of Life in Adults in the United States, Pediatric and Adult Interventional Cardiac Symposium, San Diego, Calif.

Heitschmidt, M., Sarazine, J., Vondracek, V., Sarris, S., Marcincowski, N., Kleinpell R. (September 2019) Effects of a Mindfulness Workshop on Nurses' Burnout, Stress and Mindfulness Skills, Academy of Medical Surgical Nurses, Chicago, Ill.

Holland, M. (February 2020) Improving Early Initiation of Breastfeeding through Implementing an Enhanced Recovery After Surgery (ERAS) Pathway for Patients Delivering Via Scheduled Cesarean Section, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Huff, A. (September 2019) Implementations of an Enhanced Recovery after Surgery (ERAS) Program for Head and Neck Cancer Patients, Society of Otorhinolaryngology Head and Neck Nurses Annual Conference, New Orleans, La.

Janik, M., Robertson, L., Nourse, L., Heitschmidt, M. (October 2019) Improvement of Inpatient Colonoscopy Preparation, Edward-Elmhurst Health: 16th Annual Evidence Based Practice Conference, Naperville, Ill.

Kinsella, E., Bass, M. (February 2020) St. Leonard's Ministries Needs Assessment: Improving the Continuity of Care in Formerly Incarcerated Men, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Lane, F., Parr, M. (February 2020) Assessing Therapy Delays in Acute Rehabilitation, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Levine, H., Niecestro, A. (February 2020) Defining the Role of the Nurse in Advance Care Planning on 14 East, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

LaFond, C. (February 2020) Innovating with Success: The Positive Root Cause Analysis for Meaningful Nurse-Patient Experiences, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

LaFond, C., Hanrahan, K. (February 2020) The Cascading Design: A Novel Approach to Piloting Multi-Site Research, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Lafond, D., Ciygan, H. (February 2020) The Impact of Parental Incarceration on the Mental Health of Children, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Losurdo, H. (February 2020) Detecting Deterioration: News You Can Use, Critical Care Outreach Symposium: Building the Future of Rapid Response Systems, Chicago, Ill.

Losurdo, H., Cook, H., Wells, B., Morrow, S., Stratelak, M. (July 2019) Mobilizing the Power of Global Collaboration to Improve Critical Care Outreach, Sigma Theta Tau International's 30th International Research Congress, Calgary, Canada

Losurdo, H., Cook, H., Wells, B., Morrow, S. (April 2020) Building a Critical Care Outreach Team: A Case Study in Leadership and Creative Innovation, American Association of Critical Care Nurses Region 1 Horizons Conference, Portland, Maine

Manion, A. (October 2019) Neuroplasticity and Child Development 0-3 years and Beyond: A Shift in the Human Capability Paradigm, Zero to Three National Conference, Fort Lauderdale, Fla.

Mashie, H., O'Brien, B., Reidy, J. (February 2020) Improving the Delivery of Preventive Services in Primary Care: A Clinical Decision Support Tool, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Mayahara, M. (April 2020) Imminent Response Trigger: Improving Patient Care in the Last Seven Days of Life, Midwest Nursing Research Society 44th Annual Research Conference, Chicago, Ill.

McDonald, A., Harvey, V., Berenz, A., Overby, J., Patel, A., Cerwinski, L., Zellner, H., Janes, J., Silvestri, J., Carmingnani, K., Hatfield, A., Caprio, A., Panagos, P. (February 2020) NICU War Against CLABSI, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Modugno, K., Uzelac, D., Heitschmidt, M., Vondracek, H. (Feb. 2020) A Single Center Retrospective Review of Photopheresis Treatment Completion Utilizing a One-to-One Nursing Care Model, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Moran, M. (June 2020) Assessment and Evaluation of Ambulatory Neurology Registered Nurse Daily Activities and Influence Over Patient Outcomes, American Association of Ambulatory Care Nurses, Chicago, Ill.

Moran, M. (June 2020) Development and Implementation of a Transition to Practice Program for Experienced Registered Nurses New to Ambulatory, American Association of Ambulatory Care Nurses, Chicago, Ill.

Moran, M. (June 2020) Use of Standardized Patients to Prepare New Ambulatory Nurses for Use of Evidence-Based Nurse Triage, American Association of Ambulatory Care Nurses, Chicago, Ill.

Sermersheim, E. (October 2019) Are You Ready for a Successful Shift? Using the Daily Management System Methodology for Daily Staff Huddles, ANCC Magnet Conference, Orlando, Fla.

Smith, C., Wynn, N., Racelis, M.C., Korkmaz, K., Torres, T. (March 2020) Leveraging Multidisciplinary Teams to Improve Patient Experience, American Organization for Nursing Leaders Conference, Nashville, Tenn.

Strand, J., Djuric, K. (October 2019) Creating a Just Culture through Peer-to-Peer Review of Safety Events, Vermont Oxford Network 2019 Annual Quality Congress, Chicago, Ill.

Uzelac, D., Heitschmidt, M. (February 2020) Extracorporeal Photopheresis Kit Packaging: A Unique, Single Academic Medical Center Use of Recyclables, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Vo, N. (February 2020) Lessons Learned: Staff Reeducation Following Temporary Inpatient Unit Closure, 2020 Rush System Research and EBP Symposium, Naperville, Ill.

Vo, N. (June 2020) Lessons Learned: Staff Reeducation Following Temporary Inpatient Unit Closure, ISPN 2020 Virtual Conference

Williams, K.M., Schriver, K., Torres, T., Racelis, M.C., Hyderi, A., Fogg, L., Semanik, P., Barrett, E.R. (2020) Improving the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Quality Measure “Communicating About Medications” in an Inpatient Orthopedic Unit, CHEST, Virtual

Williams, K.M., Schriver, K., Torres, T., Racelis, M.C., Hyderi, A., Fogg, L., Semanik, P., Barrett, E.R. (April 2020) Improving the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Quality Measure “Communicating About Medications” in an Inpatient Orthopedic Unit, Midwest Nursing Research Society 44th Annual Conference, Schaumburg, Ill.

Wood, D., Heitschmidt, M., Fogg, L. (July 2019) Comparison of Oral and Axillary Temperatures in Intubated Pediatric Patients, Sigma’s 30th International Nursing Research Congress, Alberta, Canada

Additional Awards, Appointments and Acknowledgements

Ailey, S. (2020) American Academy of Nursing, Inducted as Fellow

Ailey, S. (2020) Partnering with Persons with Intellectual and Development Disabilities to Improve Health Care Outcomes, Grant

Alanis, R., Morh, L.D. (2020) Early Identification and Management of Sepsis in Pediatric Emergency Department: A Doctorate in Nursing Practice, National Association of Clinical Nurse Specialists

Ambutas, S. (2020) Northern Illinois Association of Rehabilitation Nursing Chapter Board, Board Member

Brown, F. (2019) Rush University Medical Center Board of Directors, Board Member

Browning, M. (2019) Rush University Medical Center Board of Directors, Board Member

Browning, M. (2019) American Organization of Nursing Leadership (AONL), Nurse Director Fellowship

Bucholtz, S. (2020) National Organization of Nurse Practitioner Faculties, President-Elect

Bucholtz, S. (2020) American Academy of Nursing, Inducted as Fellow

Catrambone, C. (2019) Purdue Global University, School of Nursing Advisory Board

Catrambone, C. (2019) American Academy of Nursing, Global Nursing and Health Expert Panel

Catrambone, C. (2019) Sigma Theta Tau International (Sigma), Past Presidents Council

Catrambone, C. (2019) Illinois Department of Public Health, Committee Member

Catrambone, C. (2019) Respiratory Health Association, Secretary and Board Member

DeGuzman, L. (2020) Illinois Vascular Access Network, Secretary

Geschrey, A. (2020) Illinois Organization of Nurse Leaders (IONL) Fellowship

Grenier, J. (2019) American Organization of Nursing Leadership (AONL), Nurse Director Fellowship

Heitschmidt, M. (2019) American Heart Association, Invited Member of Council on Cardiovascular and Stroke Nursing, Research Mentoring Committee

Heitschmidt, M. (2020) Midwest Nursing Research Society (MNRS), Chair, Research through Academic-Clinical Partnerships Research Interest Group

Heitschmidt, M. (2020) Journal of Cardiovascular Nursing, Invited Reviewer

Heitschmidt, M. (2020) Research in Nursing and Health, Invited Reviewer

Heitschmidt, M. (2020) Sigma Theta Tau International Honor Society for Nursing (Sigma), Research & Scholarship Advisory Council

Hinch, B. (2020) American Heart Association, Inducted as Fellow

Johnson, L. (2020) Oncology Nursing Society (ONS), ONS Planning Committee Member

Manion, A. (2020) National Association of Pediatric Nurse Practitioners (NAPNAP), Communication Chair

Manion, A. (2020) National Association of Pediatric Nurse Practitioners (NAPNAP), e-Chapter Preceptor of the Year 2019-2020

Pawling, S. (2020) National Association of Orthopedic Nurses Foundation, 2020 Mary Kay Wollen Scholarship Philips, J. (2020) Illinois State Board of Health, Appointed Board Member

Richard, A., Heitschmidt, M., Staffelino, B., Philips, J. (2020)

Midwest Nursing Research Society, Outstanding Partnership Award

Rumoro, A. (2020) Illinois Organization of Nurse Leaders (IONL)

Fellowship

Smith, M. (October 2019) Invited Book Reviewer, Global Health

and Volunteering Beyond Borders: A Guide to Healthcare Professionals.

Smith, M. (October 2019) Invited Book Reviewer, Essentials of Fetal

and Uterine Monitoring.

Smith, M. (January 2020) Invited Manuscript Reviewer, Registered

Nurse in Ambulatory Care: Lessons Learned

Smith, M. (2020) Illinois Ambulatory Nurse Practice Consortium,

Chair

Smith, M. (2020) Institutional Review Board, Board Member

Stringer, B. (2019) American Organization of Nursing Leadership

(AONL), Nurse Manager Fellowship

Worgen, R. (2020) Illinois Organization of Nurse Leaders (IONL)

Fellowship

Wynn, N. (2019) Illinois Organization of Nurse Leaders (IONL),

Officer - Secretary

Yohannan, S. (2019) Rush University Medical Center Board of

Directors, Board Member

Zack, E. (2020) Oncology Nursing Certification Corporation

(ONCC), Blood and Marrow Transplant, Certified Nurse (BMTCN)

Test Development Committee Member



Transformational Leadership

This year brought Rush nurses face-to-face with radical transformation due to the pandemic. But through it all, Rush nurses stayed focused on improving the patient experience as well as the student experience.

Improving the Patient Experience

Angelique Richard, PhD, RN, CENP, Kristen Gast, MBA, MSN, RN, Phil Shaw, MEM, CSSBB

In Fiscal Year 2020, nurse leaders at Rush University Medical Center (RUMC) continued to optimize the Purposeful Nurse Leader Rounding process and improve the quality of the rounds. Purposeful Nurse Leader Rounding is a process in which a nurse leader meets with a patient and/or their caregiver to discuss their experience as a patient on an inpatient unit.

Research has shown that patient rounds performed by nurse leaders can improve patient safety, quality and experience. This is a key initiative for improving the Rush patient experience as measured by performance on the HCAHPS Rate the Hospital question.

The Purposeful Nurse Leader Rounding process is an intervention that impacts the patient experience and nurse communication, which is a key initiative of the Rush Nursing Strategic Plan.

Angelique Richard, our Chief Nursing Officer, was instrumental in leading this project by messaging the importance of improving the patient experience related to nursing.

This driver looks at whether or not nurses treat patients with courtesy and respect, carefully listening to them, and explanations are made in a way that they understand.

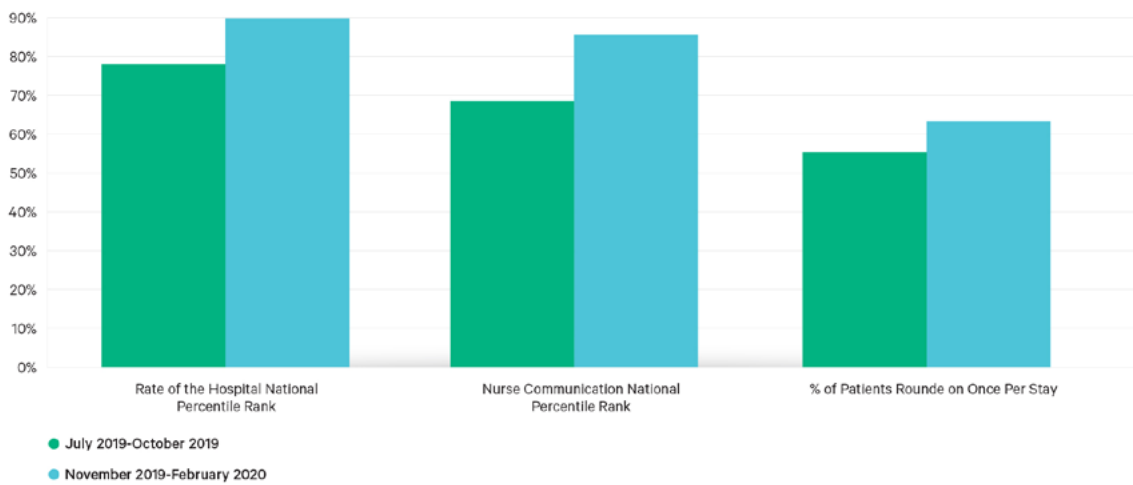
RUMC’s goal for the Purposeful Nurse Leader Rounding process is for 60% of inpatient admissions to receive a nurse leader round at least once during their stay.

Focus groups were held in September 2019 with nurse leaders from various inpatient units to learn about their experiences with rounding. In November 2019, a rapid improvement event was held to share best practices for rounding and updated standard work based on nurse leader input. In addition, sessions with nurse leader representatives occurred in the simulation lab using the updated standard work, which was rolled out to the rest of the inpatient units.

For the period beginning July 2019 through October 2019, Rush nursing leaders rounded on 54% of admissions, with HCAHPS Nurse Communication in the 68th national percentile and Rate the Hospital Performance in the 79th national percentile.

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Pre and Post NLR Improvement Initiatives



CRNAs during COVID-19 and Improving Students' Experiences

Maiko Yamashita, DNP, CRNA, Kelly Gallagher, CRNA, Samantha Pratt, CRNA, James Miller, CRNA, Chief CRNA, Victor Oskvarek, CRNA

The Certified Registered Nurse Anesthetists' (CRNA) family within Rush came together in a wide variety of ways to assist the medical center during the pandemic while maintaining practice in the OR.

CRNAs were deployed on the airway team, as advanced practice providers, as ICU nurses and as respiratory therapists, while alternating to sustain OR services. CRNAs participated in research, QI efforts, volunteer/outreach activities and committee work to expand our impact and our voice across the Rush system to improve the care of our patients undergoing anesthesia and surgery.

Maiko Yamashita made a big impact on how we work with our students here at Rush. She served as a DNP project facilitator

and first reader for Student Registered Nurse Anesthetists (SRNAs). In this role, she mentored and assisted future CRNAs in completing their DNP projects to improve clinical practices not only at Rush, but at offsite clinical rotations as well.

In addition to providing clinical instruction within the OR, Dr. Yamashita also served as the Student Clinical Coordinator, which became especially challenging when the students missed months in the OR due to the pandemic. Her ingenuity and tireless work with the anesthesia department paid off and all students in the class of 2020 graduated on time.

Following this role, Dr. Yamashita took her commitment to education one step further and became the interim program director. In this dual-role within the college and operating room, she remained a steadfast advocate for patient care and safety, SRNA education, and collaboration with her colleagues and other advanced practice providers.

Because of her many contributions, Dr. Yamashita was awarded the Ellen Elpern Voice of the APRN Award in 2020. This is an annual award given to an advanced practice nurse within the Rush System who exemplifies leadership, commitment and excellence in practice.



Structural Empowerment

Rush nurses put the power in empowerment. They are empowered to analyze and change established practices to be even more effective and efficient. These structural changes ultimately result not only in a better work environment, but also in improved patient care.

Implementing a RUMG RN Transition to Practice Program

Molly Moran, MSN, RN, CCRN, Colleen McDevitt, BSN, RN, CAN, Laura Johnson, MSN, APN, AGCNS-BC, BMTCN

The Rush University Medical Group (RUMG) is the Medical Group of Rush University Medical Center (RUMC). It is comprised of more than 80 clinics and is home to more than 250 Registered Nurses (RN).

As part of a continuous improvement initiative, an evaluation of the RUMG New Hire Clinical Orientation process for RNs and MAs was conducted in January 2018. The evaluation focused specifically on the aspect of RN onboarding: from the initial RUMG orientation through Epic–Ambulatory, and finally the clinical orientation and preceptorship.

To evaluate the program, a survey was built and delivered through REDCap and specifically called out each of these components of the orientation process.

RNs were chosen for participation in the survey if they met the following two criteria: they began employment in RUMG in calendar year 2018 and attended RUMG New Hire Clinical Orientation for RNs and MAs within 45 days of hire. Previous ambulatory nursing experience was neither required for inclusion nor was it an exclusion factor. Based on this criteria, 62 RNs were sent the survey. Two surveys were returned as undeliverable. A total of 28 surveys were submitted before the February 1, 2019 deadline for a completion rate of 46.67%.

Results of the surveys were evaluated for each of the three components of the orientation process and deficiencies across the onboarding process were identified.

RUMG Clinical Quality and Education team members Molly Moran and Colleen McDevitt, along with Rush University Cancer Center Clinical Nurse Specialist Laura Johnson, reviewed the deficiencies and built a framework for improvement.

The team was in agreement that key stakeholders for improvement needed to be included early. In April 2019, the Transition to Practice Program (TTP) stakeholders were identified and included identification of the program director and development of a TTP Advisory Committee.

The Advisory Committee was compiled of a representative from each area of ambulatory nursing and from all levels including RN2s, RN3s and RN Clinic Managers. All ambulatory RNs were invited to participate on the TTP Advisory Committee and no volunteer was denied. The TTP Advisory Committee was charged with challenging current norms for ambulatory nursing orientation, identifying program gaps and providing feedback on program content.

At the end of July 2019, the TTP Advisory Committee was prepared to present their recommendations for an orientation overhaul and creation of a new onboarding program. The committee presented to and received the support of the Ambulatory Department Advisory Committee (DAC) as well as RUMG Senior Leadership including Matthew Goldstein, Associate Vice President of Finance for RUMG and Richa Gupta, Chief Operating Officer for RUMG.

Following these presentations and associated support, the committee launched a comprehensive TTP program in October 2019. The goal of the program was to facilitate the effective transition of RNs to ambulatory, a unique and highly specialized practice environment, regardless of previous nursing experience.

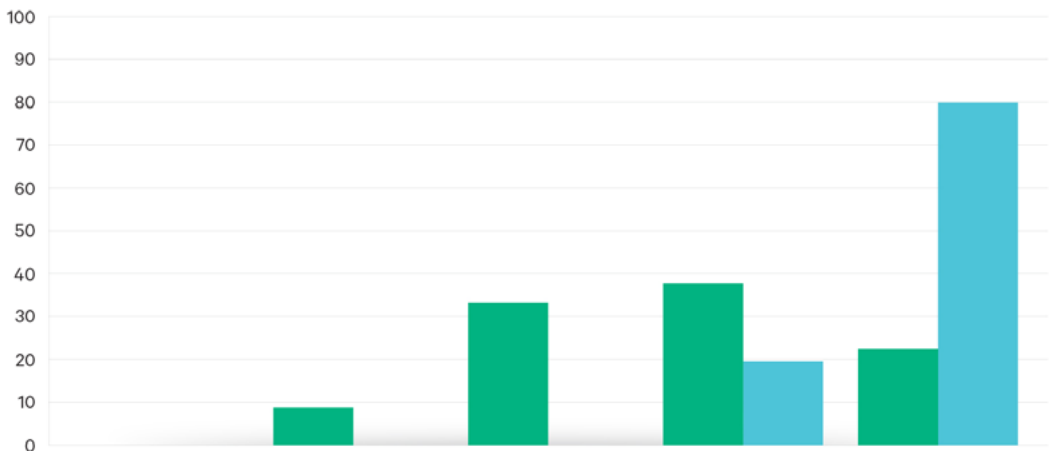
The program consists of three components which support the ten terminal goals as outlined by the American Association of Ambulatory Care Nurses (AAACN) and is heavily rooted in our professional practice model and Benner's Model of Novice to Expert.

The program includes a role-specific orientation pathway, two class days and four seminar sessions. The class days are a combination of didactic, small group discussion, interactive panel presentations, online learning and simulation.

Early findings from a self-report survey, conducted at 60 days post-hire and compared to the self-report survey conducted in calendar year 2018 indicate that post-implementation, 100% of the participants stated they felt the organization’s Clinical Orientation was “somewhat effective” or “very effective” compared to just 58% prior to the TTP implementation.

Effectiveness of RUMG Clinical Orientation Process

CY 2018 vs. TTP





Exemplary Professional Practice

Rush nurses keep finding better ways to do nearly everything. Rush nurses can't see a problem without seeking a solution. They are supported in their efforts to develop research projects that result in improvements to our processes and better outcomes for our patients.

Innovation in HAPI Prevention and Education

Emily Rodriguez, MSN, RN, CMSRN, Agnieszka Hedberg, BSN, RN, CMSRN, Trina Cousins, BSN, RN, CMSRN

Members: Slav Spyрка, BSN, RN, CMSN, Yadira DiPalomares

With eight newly hired RN1s and an uptick in Hospital-Acquired Pressure Injuries (HAPI), the 7 South Atrium Skin Prevalence Team rose to the challenge to develop an innovative intervention.

A needs assessment conducted in August 2019, coupled with months of chart auditing, demonstrated a need for re-education in areas around documentation, wound measurement, available products, and dressing changes that are aligned with the Nares Acquired Pressure Injury (NAPI) bundle.

As a result, the team developed an interactive and educational workshop to address these needs for all clinical staff. The comprehensive one-hour workshop was led by different members of the skin committee, and held over one week in November 2019 for the unit’s 70 nurses, PCTs and NA2s.

The objectives were to address identified areas from the needs assessment through education and hands-on training. Skills were validated with the teach-back method. The components

included case studies, skin assessment, especially during a new admission, pressure injury measurement and documentation, pressure injury prevention, reinforcing the NAPI bundle, and how to adequately dress each stage of a pressure injury.

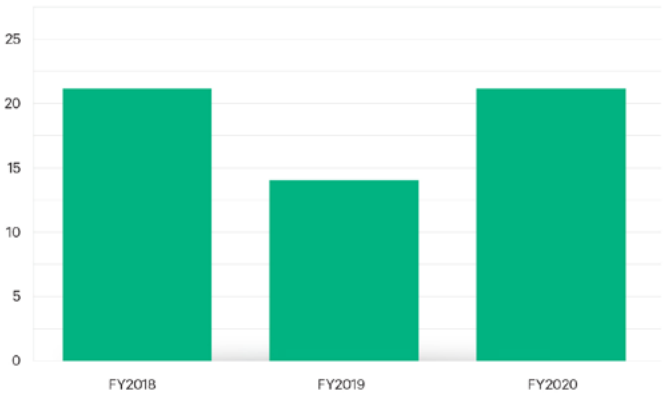
An evaluation that was conducted after the workshop to assess skills and knowledge revealed that 85% of participants were “confident” or “very confident” in NAPI prevention. All participants found the length of the workshop was time-worthy.

Themes highlighted from the subjective data demonstrate how the information was presented in clever ways by using Kahoot and games. Staff also really enjoyed the hands-on approach.

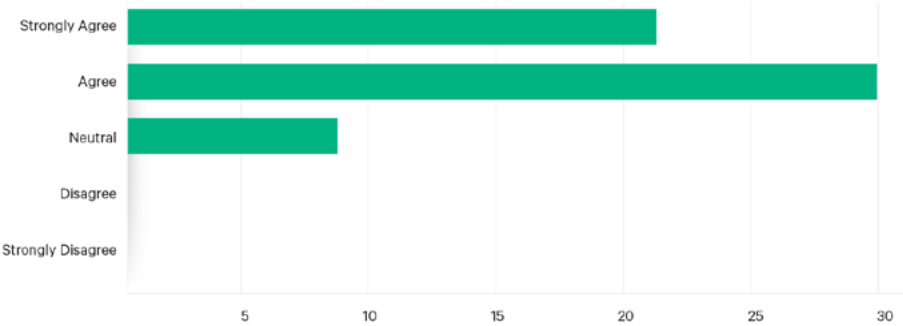
The workshop had an impact on the unit’s quality as well. Staff identified more pressure injuries upon admission than the previous fiscal year. Most notably, four NAPIs were identified upon admission in Fiscal Year 2020 compared to none the previous year.

Pressure injuries are now identified sooner so that adequate interventions can be made. The data demonstrate the increase in knowledge gained and the development of a culture as a result of this workshop.

Pressure Injuries Present On Admission (POA) to 7 South Atrium
Number (n) of POA



Confidence Level with NAPI Bundle and API prevention



Improvement of Suicide Screening Process and Response

Norah Vo, BSN, RN-BC

As the United States continued to experience a national increase in suicide, Rush University Medical Center, led by psychiatric nursing, looked closely at our process for identifying patients at risk for suicide and continually improving the process to provide care that is safe, compassionate and effective for these individuals.

In that spirit, a house-wide evaluation and update of our suicide screening process and response occurred in March and April 2019. This evaluation led to house-wide changes in our change to risk stratification, policy and process throughout the medical center.

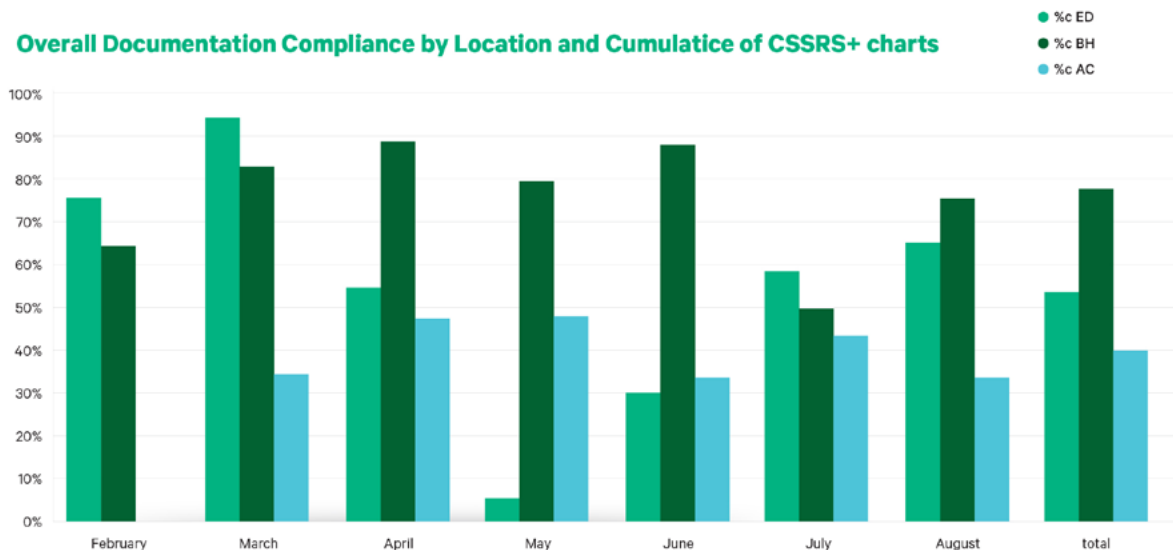
These changes were closely monitored in Fiscal Year 2020 to ensure safety and compliance, including at-the-elbow support from a psychiatric RN doing in-person audits early in the process through summer 2019. As the fiscal year progressed, daily audits continued, and end-user feedback was carefully

examined to review not only how to keep patients safe, but how to make the process seamless and clear for nursing staff and advanced practice providers at the bedside. With that in mind, changes were made to the process throughout FY 20 including:

- Moving checklists and reminders from paper into the Epic electronic medical record
- Providing automated reminders to providers, nurses and assistive personnel regarding key safety checks
- Updating safety check language and checklist content to be consistent with end-user language and to incorporate past events and good catches over time

Audit and quality improvement efforts continue through the present day as we continue to work to protect our most vulnerable patients.

Overall Documentation Compliance by Location and Cumulative of CSSRS+ charts



Decompensation Assessment, Recognition and Treatment Workshop

Heather Cook, BSN, RN, CCRN, SCRn, Holly Losurdo, MSN, RN, CCRN, CNE

Evidence-based practice shows that early identification and treatment of patient decompensation, in addition to effective use of rapid response teams, reduces unplanned ICU readmissions and out-of-ICU arrests, decreasing hospital LOS and mortality rates.

A need was identified for a formal, specialized educational program to empower progressive care nurses with the knowledge and skills necessary to aid in the early recognition and treatment of patient deterioration. The

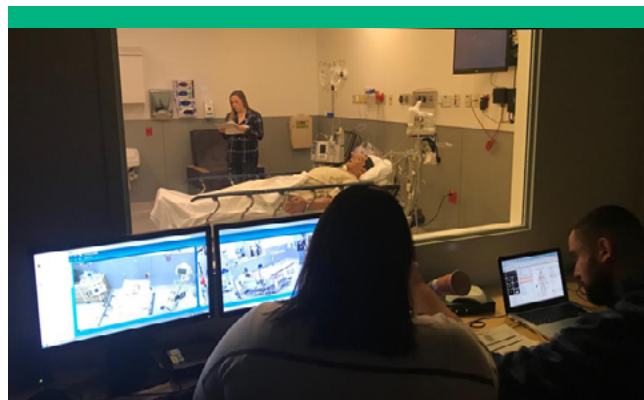
Decompensation Assessment, Recognition and Treatment (DART) workshop is a quality initiative that was developed to support progressive care nurses in recognizing:

- Signs and symptoms of patient decompensation
- Crucial communication skills and role identification
- Interventions during acute patient decompensation emergencies

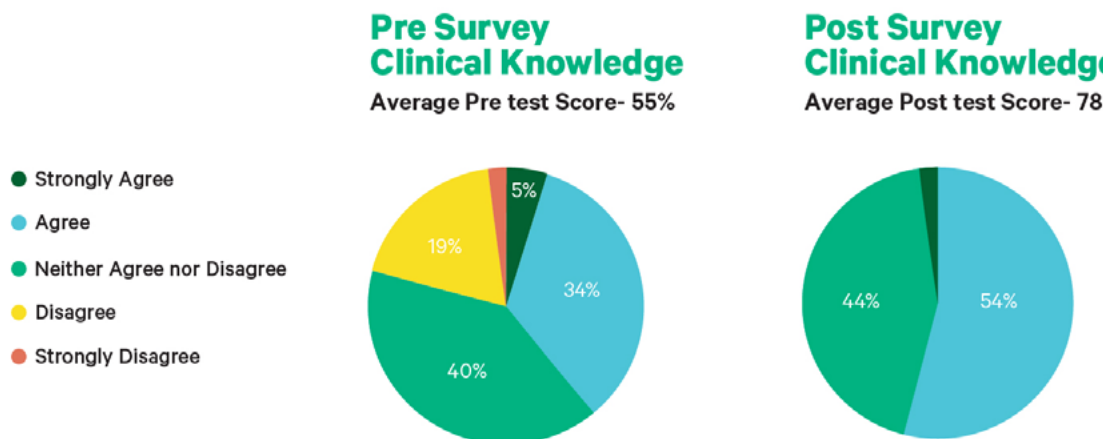
Workshops were offered on a monthly basis at the start of January 2019. The workshop consisted of one 7-hour session, with 8-10 progressive care nurses (medical-surgical and IMCU nurses) utilizing 5 simulation scenarios with debriefing sessions, audience response, hands-on training and lecture.

Topics include respiratory compromise, sepsis, cardiac arrhythmias, neurological changes, vital signs/early warning systems and SBAR/effective communication. A pre and post-test is used to assess clinical knowledge and self-reported confidence in caring for acutely decompensating patients. Additionally, an objective tool is used to measure simulation performance throughout the day.

An analysis of pre/post-test scores found that the overall post-test scores were significantly higher than the pre-test scores. We also found a substantial difference in rapid response utilization pre-implementation and post-implementation. This statistical difference shows the DART workshop increased the use of the rapid response system institutionally.



Heather Cook assisting staff during assimilation workshop.





New Knowledge, Innovations, and Improvements

A Rush nurse is innovative and excited for the opportunity to take nursing practice to the next level. Nurse-led projects improved the organization's hypoglycemia rate and increased patient education on safe sleep practices for infants. And the PNS Evidence-Based Practice and Research Committee had a successful year promoting nursing and multidisciplinary research.

Reducing Hypoglycemia at RUMC

Emily Brey, MSN, APRN, AGCNS-BC, CDCES, Daniel Micek, MSN, RN, CPPS, CPHQ, Chris Hartney, MS, RDN, LDN, FAND, Erica Block, MS, RDN, LDN, Bob Narowski, RN, RN-BC, Amy Mozina, BSN, RN, Sara Innocenti, MSN, RN, CNL, Emily Sermersheim, DNP, MPH, RN, NPD-BC, Jessica Margwarth, MSN, APRN, AGCNS-BC, Renee Luvich, BSN, CMSRN, AUD, Brian Kim, MD, Tiffany Hor, MD, Ann Jankiewicz, PharmD, BCPS, FASHP

From October to December 2018, Rush University Medical Center (RUMC) was experiencing an increase in hypoglycemic-related safety events across the organization. Due to this concern, the RUMC Patient Safety Department members began to review organizational efforts to improve the hypoglycemia rate within the organization and found multiple areas, including nursing, pharmacy and endocrinology, working on discipline-specific concerns. As a result, an inter-professional task force convened that could collaboratively work to improve the December 2018 organizational hypoglycemia rate of 2.03 percent.

The following opportunities were identified:

- improving workflow around meal delivery, point-of-care (POC) glucose and insulin administration
- monitoring POC glucose for high-risk patients
- implementing a nurse-driven basal-bolus protocol with proactive correction of hyperglycemia
- standardizing insulin administration instructions on MAR.
- Blood glucose levels, insulin administration and meal delivery needed to be coordinated for effective treatment

of diabetes. A subgroup of the hypoglycemic task force including clinical nurses, nursing leadership, endocrinology and dietary was developed and revised the workflow to support POC glucose checking timed around meal delivery.

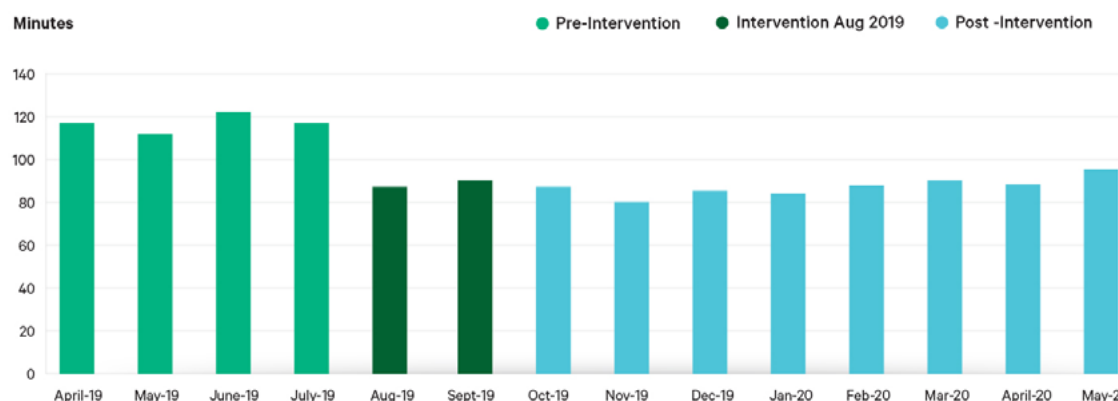
Prior to workflow changes, the average time between POC glucose and mealtime insulin delivery was approximately 118 minutes for inpatient adults while evidence-based practice is less than 30 minutes. In August 2019, the new workflow was initiated and was able to reduce and maintain the time between POC glucose and mealtime insulin administration by over 30 minutes within the first week of workflow change.

Patient populations including patients with liver disease and diabetes who are nothing by mouth (NPO) are at higher risk of hypoglycemia. Monitoring POC glucose at regular intervals while NPO, and notifying provider if BG<70, can reduce hypoglycemia.

Rush implemented an evidenced-based protocol in September 2019 to improve blood glucose control for patients receiving insulin while hospitalized and reduce the incidence of hypoglycemia. Correction dose lispro scale is ordered at the same time as basal and prandial (mealtime) insulin regimen. Insulin administration instructions were standardized in the MAR to assist with consistency and the prevention of medication errors. This process change also contributed to lowering the time between POC glucose and insulin administration, as the provider is not required to place an additional order.

The hypoglycemia task force continues to meet monthly to review current practice and identify ways to improve patient safety and outcomes, and reduce hypoglycemia rates.

Time from POC Glucose to Insulin



Safe Sleep Modeling Starts During the Postpartum Period

Laura Griffith-Gilbert, MSN, RNC-OB, Ramona Hunter, DNP, WHNP-BC, C-EFM, Irene Cisneros, BSN, Stephanie Flores, BSN, RN, Connie Hernandez, BSN, RN, Christie Lawrence, DNP, Carrie Drazba, MD, Gina Lowell, MD, MPH, Jean Silvestri, MD

Sudden Infant Death Syndrome (SIDS) is a catastrophic reality for too many families. Rush University Children's Hospital (RUCH) is committed to ensuring a safe sleep environment for all newborns and infants during and after their hospital stays.

This project was initiated in 2018 on the postpartum unit, 8 Atrium. The initial audit in 2018 revealed that only 13% of parents stated that they were educated on safe sleep and only 60% of infant beds were found to be compliant with American Academy of Pediatrics (AAP) safe sleep recommendations.

Since that time, several quality improvement methodologies were employed to improve these metrics. New interventions were implemented in March 2018, with flyers posted in patient rooms in August 2019 with the Safe Sleep education that included the Sleep Sack, and May 2020 that allowed us to provide eligible families with free cribs.

Interventions included patient and staff education on the ABC's of Safe Sleep, which means that babies sleep alone on their back in a safe crib. Other education included avoiding toys and extraneous items in the cribs where newborns sleep.

For most of the families and caregivers, this represented

a huge cultural shift from many traditional infant care practices which typically included crib bumpers, stuffed animals, and large fluffy blankets in cribs.

Visible crib cards and room wall posters picturing the ABC's of Safe Sleep were placed prominently on infant cribs and in the patient rooms. Sleep sacks are utilized for newborns when hospitalized after birth and given to parents at discharge to encourage parents to continue these safe sleep practices at home.

For parents in need of a safe sleep environment when discharged, RUCH offered portable cribs for use at home.

In August 2019, 100% of parents and guardians confirmed education about safe sleep and 99% of beds were found compliant with safe sleep recommendations. Only 1% of parents who received education violated Safe Sleep recommendations.

A subsequent audit in June of 2020 demonstrated that 100% of parents were educated on safe sleep practices and 99% of infant cribs were now compliant with AAP safe sleep recommendations.

This project is a success and we will continue to promote safe sleep for newborns in the hospital as our contribution to decreasing infant mortality that can occur as a result of Sudden Infant Death Syndrome.

The RUMC PNS EBP and Research Committee Connection to Rush Nurses

Mary Heitschmidt, PhD, APRN, CCRN, Janice Phillips, PhD, RN, CENP, FAAN and Beth A. Staffileno, PhD, FAHA

The PNS Evidence-Based Practice and Research Committee, co-chaired by Janice Phillips and Mary Heitschmidt, both members of the Center for Clinical Research and Scholarship (CCRS), had another busy year providing a forum for transformational research mentorship and innovation to promote nursing and multidisciplinary research and evidence-based practice (EBP) through the professional practice model, in congruence with the system strategic plan.

Many members of this committee also serve on other unit and PNS committees such as the RUMC Magnet, DAC and UAC Committees where they provide communication about scholarly resources, upcoming regional conferences and activities that may be of interest to other RUMC Nurses.

Some of the highlights for FY 20 include the following:

- The number of participants in the online journal club continues to increase. Karine Otten led the initiative of adding the On-Line Journal Club to MyApps, increasing the ways that nurses could access the online journal club activities and receive free CE's.
- Applications from RUMC clinical nurses for the 2019 PNS EBP/Research Grant were electronically graded by the PNS EBP/Research committee and winners were announced during the Nurses Week celebration sponsored by the PNS Rewards and Recognition Committee.
 - The first-place application was awarded funding from PNS and four other top applications also received funding from CCRS. Mentoring to the clinical nurses on these projects is provided by CCRS and College of Nursing faculty Beth Staffileno, Janice Phillips and Mary Heitschmidt. Two of the project winners and Meghan Muir are mentored by Ms. Staffileno.
- The purpose of Ms. Muir's quality improvement project was to provide families with young children with outpatient fever education to 1) increase parental fever knowledge, and 2) decrease avoidable outpatient and ER visits. The project was implemented in the Rush University Medical Group - South Loop ambulatory pediatric primary care clinic from November 2019 through March 2020. A pre-post design assessed parental knowledge and confidence levels after receiving fever management education. Overall parental confidence improved by 44.5% and every parent correctly recognized a fever as 100.4 F.
- The objective of Ms. Maidlow's ongoing study was to gather information about health literacy and perceptions of clinical trial participation from patients with lymphoma. This descriptive study is designed to better understand barriers to participation in clinical trials through assessing cancer health literacy level and knowledge, receptivity and attitudes of patients with lymphoma towards participation in clinical trials.
- A record number of applications for podium and poster presentations were received for the first Chicagoland area Rush System Research and EBP Symposium that was held on February 25, 2020 at the NIU Conference Center in Naperville, Illinois.
 - The symposium theme, Igniting Innovation: Continuing Florence Nightingale's Vision for Nursing, was chosen by the systemwide planning committee, chaired by Mary Heitschmidt, to highlight the Year of the Nurse and Nurse Midwife. Over 180 symposium attendees listened to keynote speaker, Bonnie Clipper, a nationally recognized expert in innovation, questioned podium/panel speakers, networked during the poster viewing sessions, and judged the five clinical nursing pitches during the first Rush Shark Tank Event. Fred Brown, from RUMC, was the winner of the Rush Nursing Pitch Competition. Attendees commented that the symposium was an empowering and amazing day.



COVID-19 Initiatives

Rush nurses always rise to the challenge. The rapid emergence of the COVID-19 pandemic in the winter of 2020 brought us new challenges every day. Innovation ruled the day. How to better care for existing patients, many with chronic conditions who needed ongoing care. How to provide the most effective care to our COVID-19 patients, when new information was emerging every day. How to keep ourselves and our patients safe. It was a time when we depended on our “health care heroes”.

Introduction

COVID-19 initiatives



On Sunday, February 28, 2020 Rush University Medical Center (RUMC) called up their Hospital Incident Command System (HICS) and initiated preparations to manage the COVID-19 pandemic.

Key members from the Division of Nursing, including our Chief Nursing Officer Dr. Angelique Richard, were part of the HICS and led efforts to address patient, family, visitor, staff and provider needs during this crisis.

One of the initial actions was developing a plan to protect our staff and contain the spread of this unknown virus. Three processes were put into effect immediately:

- A roving team for competency validation of Personal Protective Equipment (PPE) donning and doffing
- An audit process to ensure that staff and visitors were practicing good handwashing and PPE use
- A COVID-19 Mobilizer team comprised of clinical and operational administrative leaders to provide 24/7 support to the frontline teams from the ED to the inpatient units
- The period of our initial COVID-19 surge from March through May 2020 saw us managing the sickest patients in the city of Chicago, requiring the highest intensity of care from the ICUs to the Medical Surgical units.

Registered Nurses (RNs) at the medical center were leaders in many ways, including:

- Convening telehealth ambulatory visits
- Using prone positioning of our ventilated patients in the intensive care units (ICUs)
- Managing intravenous (IV) pumps in the hallways outside of ICU isolation rooms
- Rounding with our wellness team and supporting both grieving families and staff resilience efforts
- Using iPads to create virtual communication opportunities with families during this time of visitor restriction.
- Nurses transcended their roles, with Medical Surgical nurses forming dyad partnerships with ICU nurses to care for the COVID-19 patients who were intubated and on ECMO.

Pediatric nurses stepped up as respiratory extenders to support the RT team, caring for patients throughout the hospital with trachs and/or on respiratory treatments.

These innovative approaches to care delivery during the COVID-19 pandemic were our efforts to ensure an ongoing commitment to provide high quality, safe nursing care even as our quality indicator performance was challenged daily by this unknown entity.

We are gratified to share just a sampling of the stories that relate the nursing experience with COVID-19. These stories demonstrate why Rush nurses epitomize the Magnet standards.

Janet Stifter, PhD, RN, CPHQ

Chief Nursing Officer, **Rush University System for Health**

Increased ECMO Volumes

Lillian J Hall, MSN, APRN, ACCNS-AG, CCRN-K, Timothy Rog, BSN, RN, NE-BC, Elizabeth Day, MSN, APRN, CCNS, CCRN-K, Kathie Posa-Kearney, MSN, APRN, ACCNS-AG, CCRN, Emily Selby MSN, RN, CMSRN

Nurses in the SICU/CVT-ICU quickly transitioned to a team staffing model in April 2020 during the COVID-19 pandemic surge to increase their ability to care for critically ill patients requiring ECMO support for survival.

Staff from different areas in the hospital, participated in the staffing model changes, including medical-surgical, women and children's, NICU, and PICU RNs, ECMO specialist RNs from NICU/PICU, and PCTs and NA2s.

Use of the team model allowed for condensing the number of ICU RNs utilized in order to be better able to support the temporary COVID ICUs as well.

Success of the team nursing model required flexibility, collaboration, open communication and transparency from all staff involved.

Guidelines, resources and tip sheets for the staffing plans and staff responsibilities were created by unit leadership and the

CNS team to ensure clarifications of roles among the different team members.

These changes ultimately led to the highest number of ECMO patients ever accommodated in the SICU/CVT-ICU at one time (12). Additionally, outcomes for the COVID-19 patients who received ECMO support during their stay have been overwhelmingly positive.

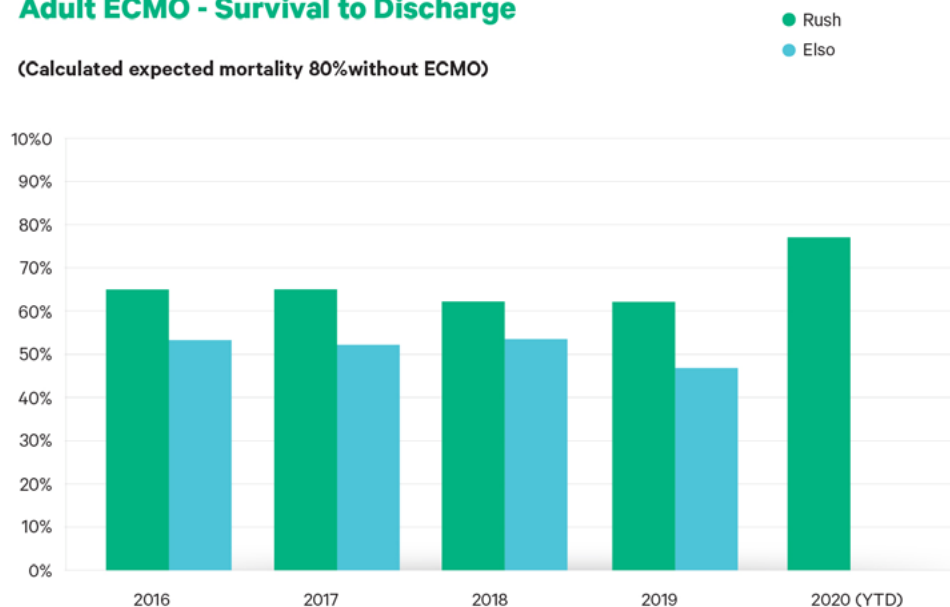
The SICU/CVT-ICU team and supporting staff adapted to unprecedented measures during the COVID-19 surge and were able to achieve great outcomes with the team nursing model while continuing to provide the high-quality care for which Rush is known.



L. to R., Emily Selby, Kathie Posa-Kearney, Lillian J Hall, Elizabeth Day and Timothy Rog

Adult ECMO - Survival to Discharge

(Calculated expected mortality 80% without ECMO)



Transforming the ED to Manage a Pandemic

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

On March 9, 2020, a multidisciplinary team of ED physicians, nurses and leadership met to design the workflow and physical layout that would be needed in order to keep staff and patients safe in light of the impending COVID-19 pandemic.

Through the help of patient-facing staff, leadership, and multiple other disciplines across the medical center, the team was able to transform the Emergency Department (ED) within one week.

The physical layout of the ED was changed to help isolate the patients with influenza-like illnesses (ILI) from the rest of the general patient population.

The ambulance bay was converted into a secondary triage area for the patients with ILI symptoms, and one of the pods in the ED was converted to a negative pressure treatment area for the safe treatment of these patients.

The staffing grid for both nursing and physicians was adjusted at this time to cover the new layout of the ED and allow for all of the new areas to remain functional at all hours of the day.

Workflow guidelines were developed for staff in all the different roles regarding both patients with or without ILI symptoms.



Top Row: L. to R., Carolyn Clayton, Yanina Purim Shem-Tov, Thomas Alcorn, Dino Rumoro, Louis Hondros, Rene Carizey, Tes G. Reardon Bottom Row: L. to R., Julie Panasik, Chase Lodico, Giles Slocum, Joshua DeMott, Kyle Wright, Renata McKim, Kevin Thomas, Anna Candoleza Inset: Patricia Altman

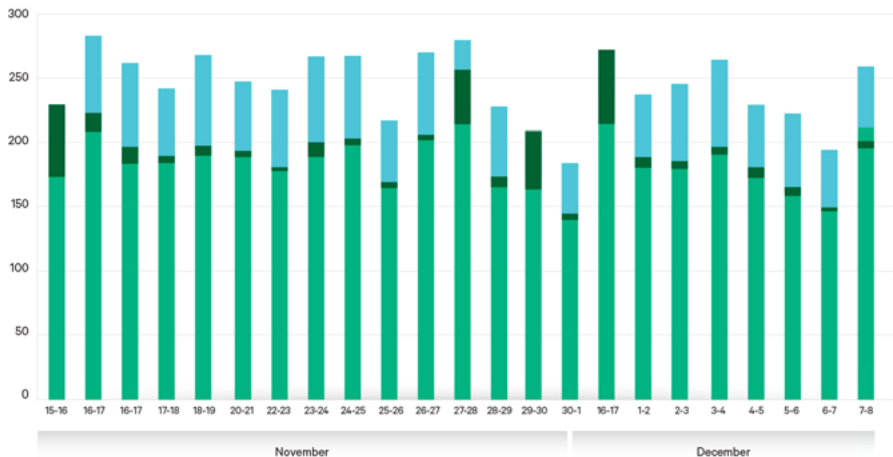
All these changes were made and disseminated to staff over a one-week period of time, starting our rollout during the second week of March.

This was only possible due to our previous LEAN-informed workflow changes over the past two years through the Continued Pursuit of Excellence (CPE). LEAN is a system of organizational principles that are used to maximize value and eliminate waste.

This empowers staff to make appropriate changes in patient care, with support from overseeing managers. The CPE framework, and the previous work which was done in the ED to aid in efficiencies, gave the team a structure from which to build upon when creating workflows, as well as sound communication techniques to interconnect and teach staff the newly designed plans. This work also inadvertently prepped the staff to be better equipped to handle the rapid change they would be asked to go through in the ensuing months.

ED Census (COVID Era)

- ED Tower Census
- RTU Census
- Brennan Census



Change of Care for Rush Day Hospital Patients

Cheryl Siegall, MS, RN, PMHCNS-BC, Unit Director, Dee Dee Sanford, MBA, BSN, RN, PMH-BC, AUD, Kevin Pittman, BSN, RN, PMH-BC, RN3, Chris Spaletto, ATR, Peter Munro, LCSW, Lynnsey Cline, LCSW, Peter Fink, MD

The Rush Day Hospital (RDH) is a premier mental health program for the treatment of individuals with affective and anxiety disorders, personality vulnerabilities, and other complex and treatment-refractory conditions that can interfere with relationships, daily living and role functioning

Recipients of treatment at RDH receive individualized attention in a dynamic, intensive group process within the setting of a supportive therapeutic community. Every Monday through Friday, staff provides group therapy for 25 to 35 of our 40+ patient communities in our spacious group room and art studio.

In March of 2020, though, with the COVID-19 pandemic, large in-person groups were becoming a physical health risk and change needed to occur.

On March 17, the RDH staff group met to discuss that we could no longer meet in person due to threats of increased spread of the virus amid medically compromised individuals. On March 18, we made early calls to our patients to inform them the program would not be going on in person

Meanwhile, as events were unfolding, we were searching for a more innovative, sustainable way to treat our patients, as daily phone checks were not sufficient to meet the needs of patients.

The things we all needed to do to manage the spread of COVID-19 were quite the opposite of what we typically tell our patients: “Don’t isolate, don’t be alone, get out of your house or apartment, socialize, spend time with other people.” They were going to need the program now more than ever.

Quickly we learned that there were online formats becoming more available with the help of government entities and lawmakers and we knew there was a way to do the program differently for a while.

Regulations were relaxing to allow health providers to use a number of virtual methods in order to address patient needs during the pandemic. VidyoConnect, a virtual platform used for meetings, is capable of working with other electronic programs, including the Epic and MyChart systems, to provide enhanced safety and confidentiality due to its encrypting capacity. The service is now being used by RUMC across the system to provide telehealth “rooms” for clinicians to meet with patients online and provide services with visual and audio capacity in real time. Across the hospital, patients enter these virtual treatment rooms hosted by their clinicians via an appointment scheduled in MyChart.

For RDH, VidyoConnect mimics the program’s group rooms, providing sufficient online space for our large group community. It allows for up to 16 individuals to be seen at one time on a large screen and for staff to navigate the attending participant list, observing and responding to others, so that all may be seen and participate in the group. Every morning, patients enter the group room via their scheduled appointment in MyChart to participate in therapy.

Outcomes >

Outcomes

Change of Care for Rush Day Hospital Patients

On March 26, with all patients sheltered in place, a new chapter via VidyConnect began for the Rush Day Hospital partial hospitalization program (PHP), intensive outpatient program (IOP) and group therapy programs. The week of April 13, the first two participants experienced the program in the virtual format.

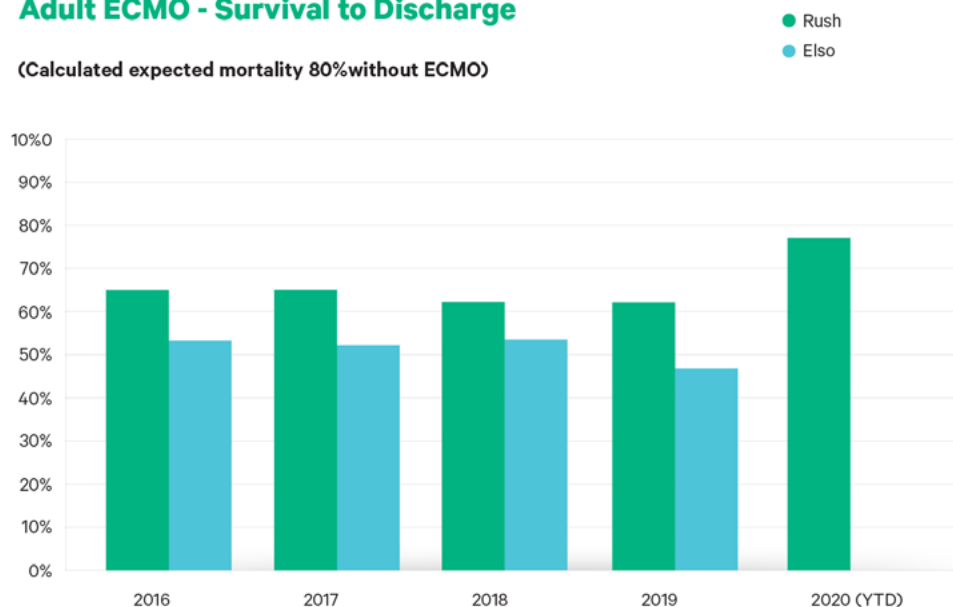
A total of six new participants started in the 4th quarter of FY 20 compared with five new participants in the 4th quarter of FY 19. We also had four graduations in the same quarter, compared with six graduations in FY 19.

The most important outcome of this innovation has been our ability to keep the program going and continuing to provide treatment seamlessly. Even with the turmoil of having to cease meeting in person, and switching to the video format, our daily census remained higher for the fourth quarter of FY 20.

Additionally, comparing the fourth quarter of FY 20 to the fourth quarter of FY 19, the average daily census for each of the three months is nearly identical.

Adult ECMO - Survival to Discharge

(Calculated expected mortality 80% without ECMO)



Professional Nursing Practice and PPE Super User Team: Ensuring Staff Safety during COVID-19

Melissa Browning, DNP, APRN, CCNS, Kim Ramos, MSN, RN-BC

As the pandemic hit RUMC in March 2020, the Professional Nursing Practice (PNP) department in combination with the clinical nurse specialists and educators, began providing personal protective equipment (PPE) training to ensure staff safety.

Shortly after the training started, nurses from NICU, PICU, OR, PACU and 9 Kellogg were looking for redeployment opportunities so we created a PPE super user role.

Initially the PPE super users started as trainers on donning and doffing PPE but the role transitioned into PPE maintenance and assistance with product changes that occurred frequently as we continued to learn more about COVID-19.

With around 40 PPE super users, they were able to do more than PPE training. Additional projects included revising the PPE ordering process, creating social distancing posters and providing gratitude to non-nursing teams.

Nurses worked with Supply Chain to improve the PPE ordering process to ensure availability and appropriate amounts of PPE on units. The revised process limited the roles that could request PPE deliveries to only the charge RN or unit leaders. A log was also created to track orders and deliveries and super users educated nurses on the new process during their daily rounds. Both nurses and Supply Chain felt this was a successful change.

To show other departments gratitude, another subgroup created “thank you” communications, which included writing personal cards to Supply Chain staff and creating posters for EVS called the “sea of gratitude”, where unit staff could write personal messages to acknowledge other team members.



PPE Super User Team

Social distancing in breakrooms and elevators was another issue at the onset of the pandemic. A group of super users worked with marketing and the Rush signage committee to create multiple posters on proper masking and social distancing on elevators and in breakrooms. The new signs were placed throughout the hospital and continued to remain useful months later.

This initiative was a true group effort between the PPE super users and PNP nurses. Nurses from PNP helped support the PPE super users in a resource role, which included covering a PPE Webex team site, answering questions and directing PPE concerns, and providing a daily huddle to support the team working each day.

We feel this was a great initiative for our organization during a difficult time that showed the organizational priority of staff and patient safety.

Their efforts were highlighted in a May 2020 Rush News story:

PPE Resource Team Helps Keep Staff Safe and Morale Up.

Developing and Implementing a Prone Committee in Readiness Response for the COVID-19 Pandemic

Barbara Gulczynski, DNP, APRN-BC, CCRN-CMC, Flor Cerda, BSN, RN, Tyler Weiss, MSc, RRT, RRT-ACCS, AE-C

In August 2019, a multidisciplinary prone committee was developed in a collaborative effort to address the transition of prone positioning of an adult patient with Acute Respiratory Distress Syndrome (ARDS) from utilizing a mechanical rotation bed to a process of manual prone positioning.

It was identified that a manual prone positioning process provided a faster response to meet the needs of the adult intensive care patient population presenting with acute respiratory failure secondary to hypoxia. Manual prone positioning was also cost-effective.

To develop and implement a process to manually prone an adult patient required a coordinated committee effort utilizing the knowledge, skills and expertise of pulmonary critical care physicians, Medical Intensive Care Unit (MICU) staff RNs, MICU unit leadership, respiratory therapists (RTs) and the MICU Clinical Nurse Specialist (CNS).

The committee expanded to include all ICU-CNS nurses, wound care and ostomy nurses (WOCN), physical therapy, occupational therapy and pharmacy. The WOCNs were consulted as expert opinion was necessary to address the patient's skin integrity

The prone committee, chaired by a respiratory therapist, divided the workload and, from March 1 to May 27, 2020,



Prone Team

developed an operational policy, "Prone positioning for the mechanically ventilated patient in the Adult Intensive Care Unit," as well as the following:

- Prone patient module - order set for physicians and advance practice providers (APP)
- Education and training plan on the "Manual Prone Position for Patients with ARDS" with a step-by-step instructional checklist and training validation competency
- An **instructional video** on how to safely manually prone and supine the critically ill patient
- Prone patient documentation in EPIC
- A prone team that was utilized to manually prone patients in all adult ICUs, once the COVID-19 pandemic exceeded expectations

During the period of March 2020 through May 2020, the RUSH Institutional Review Board (IRB) approved a single center, retrospective observational cohort study. The sample size was 234 intubated adult ICU patients diagnosed with COVID-19. It was reported that 196/234 or (84%) underwent manual prone positioning.

COVID MOC Prone Team

	Total (n=234)	March (n=60)	April (n=127)	may (n=47)
Age mean (SD)	57.8 (13.53)	58.7 (14.41)	56.7 (12.92)	59.9 (13.95)
Average time from ICU admission to intubation, hrs	43	30	37	65
Average time from intubation (Rush) to prone, hrs	28	30	33	17
Total number of patients' prone, n (%)	196 (84%)	43 (72%)	109 (86%)	44 (94%)
Total number of prone sessions performed, n	696	122	394	179
Average time to first SBT, d	9.5	11.4	8.8	8
Average length of MV, d	15	16.4	14.5	14.7
Average ICU LOS, d	18	21.8	16.9	17.2
Average hospital LOS, d	22	26	21	21
Hospital status, n (%)				
Alive	129 (56%)	43 (72%)	70 (56%)	16 (36%)
Expired	100 (44%) (5 still in hospital)	17 (28%)	55 (44%) (2 still in ICU)	28% (64%) (3 still in hospital)

High Risk Outreach to Heart Failure Patients during COVID: A Multidisciplinary Effort to Engage Patients

Vanessa Roshell-Stacks, CHFP, MHA, Robin L. Jones, MD, Kathleen Egan, MSW, LSCW, ACM, Walter Rosenberg, Tisha Suboc, MD, Vidya Chakravarthy, MS-HSM, Josh Margaritondo, MHA, LSW, Elizabeth Cummings, MSW, LCSW, Lynn Kasmer, MSN, RN, CNL, Shreya Gupta, MPH, Prutha Lavani, PharmD, Fatimata Castro, LCSW, Barb Hinch, DNP, APRN, APN-ACNP

This multidisciplinary initiative was launched in March 2020 in response to a sharp decrease in the number of hospitalized heart failure patients during the spring of the COVID Pandemic.

The concern was that heart failure patients were not seeking care during this time or delaying their care and becoming sicker at home. Case management, population health, social work, community health and their leadership worked together to implement this program.

The team met weekly to discuss the most complex patients and strategize interventions to best support these patients during this time.

For consistency, Josh Margaritondo, Elizabeth Cummings, and Lynn Kasmer developed a script specific for this targeted outreach. A shared EPIC smart phrase (.HFFU) was used to document and track the volume of this outreach.

During these calls, the nurses and social workers conducted brief clinical triage, which ensured that patients:

- Had all of their medications and were taking them properly
- Were scheduled for their follow-up appointments
- Were receiving home health services when necessary

The callers also assessed patients' telehealth readiness. Any issues identified during this outreach were addressed or escalated to the appropriate providers to address.

This outreach concluded at the beginning of June due to an increase in the inpatient heart failure census. Through this emergency high-risk outreach, this team:

- Educated patients on telehealth options
- Encouraged patients to complete their follow-up appointments and assisted in scheduling their appointments when necessary
- Requested refills for patients who had run out of their medications
- Advised patients to return to the hospital, when necessary, for evaluation
- Initiated home health for patients who needed it and educated patients on home health being available to them during COVID-19
- Communicated with providers promptly, which often resulted in patients having same-day or next-day appointments to address their symptoms keeping them out of the emergency department
- Improved efficiency of escalation logistics to the heart failure team as well as improved communication with preferred home health providers

Patients with whom we spoke were very grateful for our calls to check on them. When we gathered 'voice of the customer' data on the call cadence of various outreach calls, the response from patients and their families was positive.

Comments included "They're great. I've never had this kind of service" and "To be honest, all the calls have been necessary to help my grandma recover. It's not like you're just calling to waste our time. Every call has a purpose and we're very grateful for everything."

