RUSH

Rush University Medical Center

2024 Nursing Annual Report

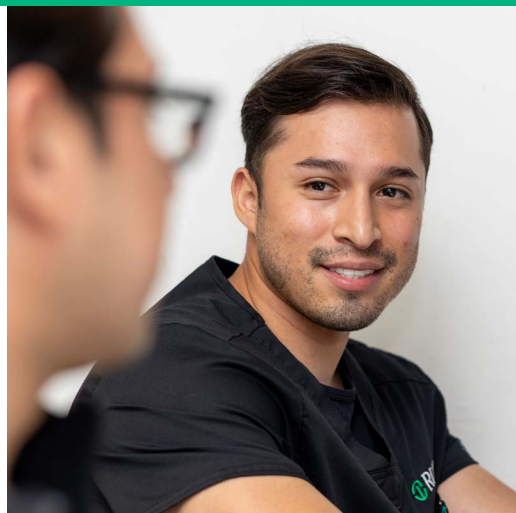


Table of Contents

Chief Nursing Officer's Message

Shonda W. Morrow, JD, MS, RN, CENP

Interim Chief Operating Officer and Chief Nursing Officer, Rush University Medical Center

Interim Chief Nursing Executive, Rush UNiversity System for Health

Vice President, Patient Care Services and Hospital Affairs

Hello, I'm Shonda Morrow, Interim Chief Nursing Officer at Rush University Medical Center.

Today, I'm excited to highlight the accomplishments of fiscal year 2024 — outcomes that truly reflect the heart of our mission. Rush nurses are at the forefront of our efforts, collaborating, educating, performing research, and driving health equity for our patients, families, and the communities we serve. This annual report emphasizes the individual contributions of our nurses and how they lead with Magnet principals to continually improve practice.

This past year, we celebrated 40 years of professional governance, honoring the collaborative spirit that has shaped our nursing practice and paved the way for future advancements. This milestone is not just a reflection of our past — it signifies our ongoing commitment to excellence and our dedication to quality patient care.

Professional governance empowers Rush nurses to drive innovation, implement best practices, and deliver compassionate care. Our practice model is founded on leadership, respect, and collaboration, recognizing that the voices of our nurses are essential in shaping a positive patient experience.

To all the Rush nurses who have contributed to this journey, thank you.

Your dedication, skill, and compassion make a significant difference. Because of you, we continue to raise the bar for patient care and profoundly impact the lives of those we serve.

Please take the time to review Rush's nursing achievements highlighted in this fiscal year 2024 annual report. It is framed within the Magnet Model, featuring nursing awards and scholarships, nurse-led practice improvements and research, and examples of Rush nurses as transformational leaders!

Congratulations to our incredible nursing team! Here's to 40 years of shared governance and more.

Shared Governance

At Rush, nurses are empowered to shape patient care and foster a culture of engagement. Through the Professional Nursing Staff structure, they collaborate, innovate, and lead the way toward continuous improvement and shared success.

PNS President's Message

FY24 Professional Nursing Staff Accomplishments

Rachael Simoneau, BSN, RNC-NIC
President, Professional Nursing Staff

I am honored to share the Professional Nursing Staff's (PNS) fiscal year 2024 accomplishments. Throughout the year, we celebrated 40 years since the inception of PNS. While nursing has evolved over the last four decades, our commitment to the guiding principles of PNS has not changed. RUSH nurses continue to advocate for their practice and strive to ensure that we provide high-quality care and that our nurses are involved in decision-making.

The COVID-19 pandemic will always be integrated into the history of nursing and has changed the vision of nursing and healthcare. As we continued to navigate our lives back to in-person, PNS emphasized the goal of re-engaging our nursing staff. We aimed to increase accountability and participation within committees by encouraging in-person attendance and involving nurses in the actionable items within the committees.

To arm nurses with knowledge and transparency around hospital operations, the PNS Staffing and Finance Committee worked to educate and deliver information on our hospital's financial performance every quarter. Recognizing the incredible work nurses do across the organization; we aimed to connect nurses who presented through RN3 to other nurses doing similar projects. This led to increased participation within committees, collaboration across various service lines, and a sense of value and belonging for our nurses involved in these initiatives.

As PNS officer rounding continued to be a significant focus, we found an opportunity to grow the continuing education (CE) offerings through the PNS Education Committee and tailor them to the specific asks and needs of nurses. Abby Brandt, BSN, RN, CMSRN, PNS president-elect, spearheaded the initiative. She analyzed the learner needs assessment and collected insights from nurses across the organization. She organized live and recorded opportunities for nurses to receive CEs.

Community engagement and connection to our future healthcare professionals remain a priority for PNS. We welcomed the Mercy Home for Boys and Girls residents to an event designed to inspire them to pursue careers in healthcare. We presented a health and hygiene program at R. Nathaniel Dett Elementary School in our West Side anchor mission community. These opportunities allow us to continue to inspire the community and bring our Rush I-Care values outside of campus.

In addition to connecting with the community, we partnered with the Rush University College of Nursing to support Doctor of Nursing practice projects working to improve Shared Governance. We also collaborated with the Student Nurses Association on educational events and worked with a student to analyze and improve our professional practice model.

We ended the fiscal year with a momentous event celebrating the last four decades of shared governance. This event was a testament to the power and impact of the nursing voice. Attendees included new graduates and nurses who can share our 40 years of Rush history. We celebrated our accomplishments over the years and gained inspiration and pride in Rush's future.

While these are only some of the achievements this fiscal year, I would be remiss if I did not acknowledge all our nurses' commitment to Rush and the profession. I am honored to have had the opportunity to serve as PNS president, demonstrating excellence and dedication to this amazing profession. I know that the future of Rush nursing is bright.

Sincerely,
Rachael Simoneau, BSN, RNC-NIC
President, Professional Nursing Staff

PNS Accomplishments and Goals

Fiscal Year 2024

Accomplishments

People

- In-person attendance at meetings included record attendance at the summer, winter and spring forums
- Published quarterly finance reports via PNS Staffing Committee
- Developed PNS Instagram, published PNS education events within Rush calendar, Rush nursing featured on house-wide monitors during National Nurse Month in May
- Connected nurses to committees, PNS education opportunities and department connections
- New SharePoint intranet site for the Division of Nursing
- 40-year PNS celebrations

Quality and Safety

- NQIC: Split the NQIC presentation into Peer Review and Business meetings, which led to increased participation of nursing peers in Peer Reviews.
- PNS education: 14 continuing education opportunities in fiscal year 2024
- Partnered with Critical Care Outreach Team for education event required for each unit
- Partnered with Food and Nutrition Services in Rapid Improvement Event

Growth and Reach

- R. Nathaniel Dett School health presentation
- Mercy Home for Boys and Girls visits (boys visit July, girls visit September)
- National Nurses Month high school student shadow day
- American Red Cross blood drive
- NMDP (formerly Be the Match) drive
- Partnered with the Rush University College of Nursing for PNS Education and NMDP education event and registry drive
- Partnered with DNP student to change meeting schedule for fiscal year 2025
- Partnered with DNP student to evaluate and improve the professional practice model

Goals

People

- Increase accountability and engagement within Professional Nursing Staff (PNS) committees by encouraging in-person attendance and participation in actionable items within the committee
- Increase awareness and education regarding hospital operating costs and budget through a nursing lens
- Collaborate with Rush media to gain a social media presence to bring awareness to the power of professional governance while also encouraging conjunctional use of current Rush platforms
- Utilize RN3 advancement and maintenance to encourage and connect nurses to committees, projects and hospital initiatives that align with presented interests

Quality and Safety

- Define expectations related to the National Quality Improvement Committee (NQIC) peer review presentation structure and staff participation in quality metric ownership
- Increase staff engagement in quality metric task forces and quality improvement projects funneled through NQIC
- Utilize the PNS education committee to develop and offer continuous Grand Rounds educational events related to workplace violence prevention and wellness support for front-line staff

Growth and Reach

- Continue effective collaboration with community service initiatives by partnering with the Rush System Community Service Committee
- Partner with local high schools to offer shadow and immersion opportunities for youth
- Partner with hospital healthy equity programs including but not limited to work within the social determinants of health initiatives
- Continue to foster relationship between the Rush University College of Nursing and Rush University Medical Center to promote increased onboarding rates of Rush Nursing Graduates
- Partner with a doctor of nursing practice (DNP) project related to professional governance immersion experience

PNS Officers

Fiscal Year 2024

Rachael Simoneau
PNS President

Abby Brandt
PNS President-Elect

Jessica Chakos
Secretary

Recognition

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

Awards

Daisy Award

The DAISY Award is an international program that rewards and celebrates the clinical skill and compassionate care delivered by nurses every day. The following DAISY Award winners are recognized as role models in our nursing community.

July 2023: **Eloy Diaz, 13 Kellogg**

August 2023: **Shanee Pryor, 13 East Tower**

September 2023: **Josh Jacobs, 12 East Tower**

October 2023: **Angela Wick, 10 West Tower**

November 2023: **Hannah Amposta, Post Anesthesia Care Unit**

December 2023: **Mia Dizdarevic, 5 Kellogg/9Kellogg**

January 2024: **Emily Asai, Radiation Oncology**

Award winner designated in bold font.

February 2024: **Samantha Gill, Rush Surgi Center**

March 2024: **Kim Coppin, 11 East Tower**

April 2024: **Danielle Saleem, 9 South Atrium**

May 2024: **Kathy Kosmala, General Pediatrics**

June 2024: **Irene Mendez, 11 West Tower**

Advanced Practice Provider (APP) Celebration

There is a lot to be proud of as a Rush nurse. Rush celebrates National APP Week annually on the fourth week of September with the support of the Advanced Practice Executive Committee (APEC). APPs are recognized for their many contributions to providing access to high-quality patient care.

APEC Distinguished Leader Award

Barbara Kitzes Hinch, DNP, RN, APN-ACNP

APP Preceptor of the Year

Jenifer Burke, RN, MSN, CPNP, Pediatric Pulmonary

Natalie Colson, PA-C, MPAS, Oncology

Timothy Clinton, DNP, AGACNP-BC, APRN, Hospitalist

Austin Fiedler, MSPA, PA-C, Adult ICU

Greg Gaffud, PMHNP-APRN, RN-BSN, Child Psychiatry

Sarah Maier, NP, DNP, CVT Surgery Vascular

Victor Oskvarek, MSN, CRNA, Anesthesia

Stephanie Snyder, NP, Pediatric Neurology

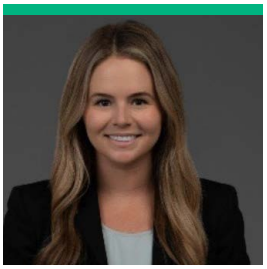
Katelyn Spinney, FNP-BC, DNP, OBGYN

Maria Uhler, PA-C, Digestive Diseases and Nutrition

APP Best New to Practice

Stephanie, Schroeder, PA-C, Dermatology

Ellen Schuler, PA-C, CVT-Intensive Care Unit



Jonathon Schulz, PA-C, Substance Use Intervention

Elizabeth Scott, MMS, PA-C, Adult Intensive Care Unit

Lindsey Textor, NP, DNP, Interventional GI and Endoscopy

Jason Vawter, PA-C, Adult Intensive Care Unit

Sara Young, DNP, AGNP-C, OCN, RUSH MD Anderson Cancer Center, Gastrointestinal Care

Ellen Elpern Voice of the APRN Nominees

The Ellen Elpern Voice of the APRN Award is given annually to an Advanced Practice Registered Nurses (APRN) working at RUSH who exemplifies the characteristics of leadership, commitment and excellence in advanced practice nursing as demonstrated by former colleague Ellen Elpern MSN, APRN. This award celebrates the contributions that APRNs make toward continually improving patient care at RUSH.

Carrie Anderson, MSN, FNP-BC, Digestive Diseases

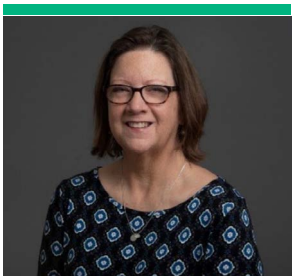
Emily Brey, MSN, APRN, AGCNS-BC, CDCES, Professional Nursing Practice

Adelaide Caprio, MSN, APRN, ACCNS-N, RNC-NIC, Neonatal Intensive Care Unit

Emily Casselbury, FNP-BC, Substance Use Intervention Team

Barbara Gulczynski, DNP, APRN-BC, ACNP-BC, CCNS, CCRN-CMC, CVICU, Medical Intensive Care Unit

Irene Haapoja, RN, MS, AOCN, Oncology



Natalia Marcinkowski, DNP, APRN, FNP-BC, CDCES, Internal Med-Endocrinology

Colleen Masters, ACNP-BC, MSN, BSN, RN, Radiation Oncology

Jenna Pederson, MSN, DNP, FNP-BC, Emergency Medicine

Sharon Piotrowski, MSN, CRNA, Anesthesia

Jennifer Pykosz, MSN, NNP-BC, Neonatal Intensive Care Unit

Martha Siomos, DNP, MSN, ADM, CHC/ASH-BC, APN/FNP-BC, Department of Community, Systems and Mental Health Nursing, College of Nursing

Evan Skinner, NP, RN, CCRN, CEN, Neuroscience Intensive Care Unit

Lindsey Textor, DNP, APRN, AGACNP-BC, CCRN, Advanced Endoscopy

Frances Uy, MSN, AGACNP, Hospital Medicine

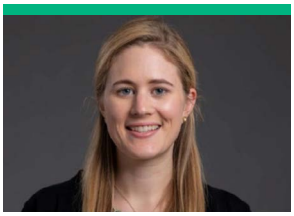
Doshaine Williams, APRN, CVT Intensive Care Unit

Illinois Nurses Foundation 40 Under 40 Emerging Nurse Leaders

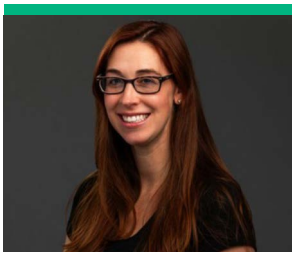
The Illinois Nurses Foundation chose eight nurses and nursing faculty members as recipients for their annual 40 Under 40 Emerging Nurse Leaders Award.

Aaron D. Franklin, DNP, RN, NEA-BC, CMSRN

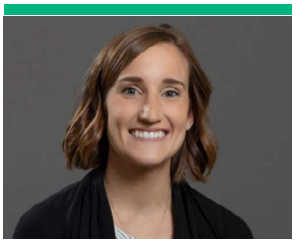
Margaret Gladman, DNP, RN, CMSRN, CBCN



Colleen Haynes, MSN, CMSRN

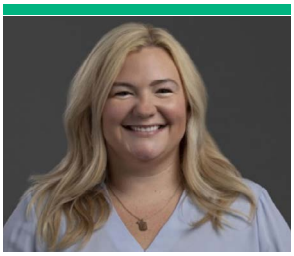


Katie Kean, RN, BSN, OCN



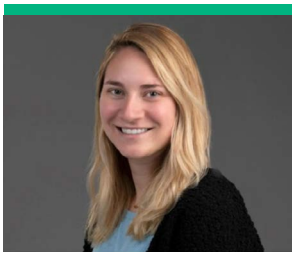
Hyejin Kim, PhD, RN

Annie Lally, BSN, RN



Michael L. Liwanag, DNP, MBA, RN-BC, NEA-BC

Shannon O'Shea, MSN, RN, CNE, CNL



Nursing Wellness Awards

Rush Wellness continued its third year of its Nursing Wellness Awards. Thanks to a philanthropic donation, $100,000 was awarded to projects encouraging physical, emotional, mental and environmental well-being in nursing staff. Applications for Nursing Wellness Awards are reviewed by the Nursing Wellness Award Oversight Committee, which includes frontline nurses, nurse leaders across Rush, and representatives of Rush Wellness.

Individual Nominees

Liliana Castellanos
Bringing Outside Inside

Maureen Lugod
Wellness for New Graduate RNs

Amanda (Mandy) Shearer
Wellness Gym

Kirsten Warner & Mary Carol Racelis
Growing Community Nurse Resilience

Kateryna Dyakiv
ELEVATE

Eric Zack
Using Humor in Oncology

Natalie Meil
Yoga for Radiation Oncology RNs

Brittany Garcia
Inpatient Behavioral Health Retreat

Maura Waldron
Mindfulness-Based Stress Reduction

Andy Steedly
Art Breaks

Magnet Course for Excellence Awards

The RUSH Magnet Course for Excellence Award recognizes individual nurses or teams that exemplify the excellence conveyed by Magnet status, the highest honor in nursing.

Individual Nominees

Alicia Taylor, Emergency Department

Angela Hurley, 7N Atrium

Brittany Wells, Critical Care Outreach Team

Linda Hutchison, Emergency Department

Susan Barnett, General Surgery

Daniel Lavey, CSO

Team Nominees

12W Behavioral Committee

12E Fall Prevention

Nursing Learning Lab

Radiation Oncology Nursing Team

RUCC Urgent Care NP Team

R.E.A.C.T. Planning Team

Bedside Shift Handoff Task Force

Hematology Nurse Navigator Team

Breast Oncology Team

FY 2024 Nurse's Awards

Professional Practice Model Award Nominees

Relationships and Caring

Lindsey Allen, 7 North Atrium

Erin Barton, Peri-op Prep

Jozel Bautista, RUSH MD Anderson Cancer Center

Deven Bax, 7 Rubschlager Building, General Neurology

Meghan Bennett, Cardiac Catheterization Lab

Sara Beugen, Labor and Delivery

Rashiek Bland, Clinical Staffing Office

David Bracho, 7 North Atrium

Emily Casselbury, Substance Use Intervention Team

Alexandra Chakonas, 9 North Atrium

Brianne Clarin, Electrophysiology Lab

Samantha Cole, Neonatal Intensive Care Unit

Nikole Cruz, Cardiac Catheterization Lab

Patrycja Czarna, Clinical Staffing Office

Shaina Daniels, Access Center

Francesca Dazzo, Pediatric Primary Care

Alexandria De Roo Estrada, 13 Kellogg

Julianna DeWald, 14 East Tower

Patrick Driscoll, 5/9 Kellogg

Glenn Edburg, Neonatal Intensive Care Unit

Melody Fajardo, 13 West Tower

Joseph Fischmon, 7 North Atrium

Mckinze Flores, RUSH MD Anderson Cancer Center at Oak Park

Karsten Frigo, 14 East Tower

Amy Keleher, 14 East Tower

Vy Khuu, 13 West Tower

Tania Kiley-Rosiles, 11 East Tower

Emmanuelle Kinsella, 10 West Tower

Ace Lacson, Interventional Radiology

Brenna Langan, 14 East Tower

Katie Lattner, Clinical Staffing Office

Lindsey Lecomte, 7 North Atrium

Amanda Leever, 7 North Atrium

Danielle Lewis, 9 North Atrium

Ann Lieb, 7 North Atrium

Diana Maya, RUSH MD Anderson Cancer Center at Oak Park

Jeanne McCormick, ENT/Head Neck Surgery

Jen McGuire, 9 North Atrium

James Mielnikowski, 10 West Tower

Shunseen Nowlin, 10 East Tower

Mary O'Kane, 7 South Atrium

Monica Oliver, 7 North Atrium

Morgan O'Mara, Emergency Department

Sammiejo Oswalt, 7 North Atrium

Maryann Padolina-Ramirez, Pre-op Evaluations

Charlotte Page, 7 North Atrium

Mya Parks, Urology

Elizabeth Parrino, 9 South Atrium

Cristina Ponce, Pediatric Intensive Care Unit

Marisela Raso, 7 North Atrium

Alicia Ray, 13 Kellogg

Patricia Rodriguez, Rush Oak Park Oncology Office

Erin Rollag, 7 North Atrium

Adriana Rumoro, Professional Nursing Practice

Corina Saucedo, 7 North Atrium

Dori Schaer, 7 Rubschlager Building, Neurology

Elise Schroeder, 9 Rubschlager Building, Oncology Infusion

Amber Simpson, Endoscopy

Amelia Sprong, 14 East Tower

Adrienne Squier, Obstetrics and Gynecology River North

Alma Sumale, Endoscopy

Maureen Tinley, 4 Tower Prep and Recovery

Amelia Torres, Radiation Oncology

Allison Ulmer, 10 West Adult Intensive Care Unit

Sandhya VanDiepenbos, 13 East Tower

Deya Vargas, Perioperative Nursing

Olivia Veker, Cardiac Catheterization Lab

Danielle Velasquez, 5/9 Kellogg

Danyelle Vicens, 10 East Tower

Stephanie Watzke, Radiation Oncology

Cara Welch-Rubin, Medical Intensive Care Unit

Lauren Wetsch, 9 South Atrium

Loren White, Neonatal Intensive Care Unit

Emily Williams, 10 West Tower

Glorious Wilson, Hospital Operations Administrators

Madison Windham, Endoscopy

Hannah Witczak, General Pediatrics

Caroline Wolter, 7 North Atrium

Mary Zindrick, 10 Rubschalger Building, Oncology

Evidence-Based Practice

Mae Bass, 13 West Tower

Keeley Binion, 5/9 Kellogg

Ashley Boumgarden, Emergency Department

Kayla Brown, Pediatric Intensive Care Unit

Katherine Diaz, 9 North Atrium

Annamarie Geweniger, Interventional Radiology

Carolyn Grant, Endoscopy

Tracey Hosack-Bartnick, 14 East Tower

Sedona Jamerson, Labor and Delivery

Joanna Kane, 7 North Atrium

Zina Karana, 7 North Atrium

Kelly Kevil, 10 East Tower

Cori Lehman, 9 Rubschlager Building, Oncology Infusion

Danielle Lukowski, Clinical Staffing Office

Linda McClintock, 10 West Tower

Natalie Meil, Radiation Oncology

Sarah Oard, 14 East Tower

Colleen Russell, 13 East Tower

Melanie Seaton, 11 East Tower

Emily Sermersheim, Professional Nursing Practice

Madison Sheafe, Neonatal Intensive Care Unit

Pindai Stoecklin, 9 South Atrium

AnneMarie Tarpey, Rush Vascular Access Team

Priya Verma, Electrophysiology Lab / Device Clinic

Chloe Vose, 14 East Tower

Maura Waldron, 7 North Atrium

Kristen Wong, 9 South Atrium

Julie Zyrkowski, Clinical Staffing Office

Critical Thinking

Ade Adeoye, 9 South Atrium

Deena Alaraj, 10 East Tower

Nicole Barens, Interventional Radiology

Olivia Bouchard, Labor and Delivery

Ivy Bui, Pediatric Intensive Care Unit

Shannon Butler, 5 Kellogg

Claire Campbell, Endoscopy

Sandra Carrillo, 9 Kellogg

Cliff Crosley, Professional Nursing Practice

Tracy Ceniceros, Emergency Department

Elise Deleon, 7 North

Hannah Elsman, Rush Pediatric Primary Care

Cassandra Farias, 10 West Tower

Karen Fisher-Doyle, 13 East Tower

Blair Hallgren, Cardiac Catheterization Lab

Cynthia Hansen, Critical Care Outreach Team

Dan Hurowitz, 9 South Atrium

Sandy Ibarra, RUSH MD Anderson Cancer Center

Kathleen Kosmala, General Pediatrics

Alexandra Kott, Endoscopy

Hadley Landeryou, 11 East Tower

Leah Lowery, Rush Oak Park Hematology/ Oncology Infusion Center

Maureen Malinis, 10 East Tower

Phylicia Marciniak, 7 North Atrium

Kelly McCann, RUSH MD Anderson Cancer Center

Sherry Mei, 14 East Tower

Liliana Mendose, RUSH MD Anderson Cancer Center

Meredith Nutter, Colorectal Surgery

Amy Rogala, 14 East Tower

Katie Schipfer, 14 East Tower

Kathleen O'Neill, Hematology Oncology

Amy Schloss, Radiation Oncology

Amelia Sprong, 14 East Tower

Erin Stafford, 7 North Atrium

Cristine Tancredi, Pediatric Primary Care

Zack Taylor, 7 South Atrium

Heather Theaderman, Endoscopy

Kate Tijerina, Cardiac Catheterization Lab

Kelsey Troxel, RUSH MD Anderson Cancer Center

Elizabeth Waclawik, 7 North Atrium

Leadership

Jomana Abuhashish, 5K/9 Kellogg

Bethany Aikenhead, 10 East Tower

Julie Anderson, Pediatric Intensive Care Unit

Emily Asai, Radiation Oncology

Hilda Barba, Endoscopy

Colleen Beutel, RUSH MD Anderson Cancer Center at Rush Lisle

Aminah Brazier, Preoperative Care

Joane Buga-Ay, 14 East Tower

Anna Candoleza Muglia, Emergency Department

Kelli Castro, 10 West Tower

Kendra Cerqueira, 13 West Tower

Colleen Corcoran, Interventional Radiology

Jennifer Cranston, 14 East Tower

Jacqueline Cwiok, Operational Excellence

Osvaldo DeLaLuz, 14 East Tower

Lili Deleon, 7 North Atrium

Allison Elsey, 13 East Tower

Michelle Flaws, Pediatric Intensive Care Unit

Ioanna Gianopolous, RUSH MD Anderson Cancer Center

Shelby Gross, 7 North Atrium

Kimberly Hausherr, Home Infusion

Joana Hidalgo, 10 East Tower

Sarah Hildago, 10 East Tower

David Jung, 11 East Tower

Susan Laadimi, Electrophysiology Lab

Vivien Joy Lamadrid, 10 East Tower

Sierra Maaske, 14 East Tower

Ashley Marenyi, Radiation Oncology

Cristy Medina, Outpatient Clinic General Pediatrics

Nikki Mikulski, 7 North Atrium

Kari Nugent, Labor and Delivery

Kathleen O'Malley, Radiation Oncology

Sammiejo Oswalt, 7 North Atrium

Ria Patel, Access Center

Pam Phipps, 4 Tower Prep/Recovery

Patrick Pietryla, 10 West Tower

Heather Price, 7 North Atrium

Rebecca Rochacz, 13 West Tower

Patricia Rodriguez, RUSH MD Anderson Cancer Center at Rush Oak Park

Melissa Santiago, 9 South Atrium

Vanessa Schilling, 14 East Tower

Rachel Shefchek, 9 North Atrium

Angie Slowik, 13 Kellogg

Janis Strand, Neonatal Intensive Care Unit

Tanya Suwannetr, Neonatal Intensive Care Unit

Josh Taber, General Pediatrics

Grace Tisdale, RUSH MD Anderson Cancer Center

Taylor Tressel, 7 South Atrium

Nora Trybula, Perioperative Care

Ashley Wade, Radiation Oncology

Erin Woods, Neonatal Intensive Care Unit

Jakub Zubrzycki, 13 West Tower

Technical Expertise

Jennifer Altman, Radiation Oncology

Laura Avelar, Labor and Delivery

Marteen Barni, 10 West Tower

Beata Bednarczyk, 10 West Tower

Olivia Burd, Labor and Delivery

Amy Campbell, Substance Use Intervention Team

Leah Carroll, RUSH MD Anderson Cancer Center

Angela Cooper, 5/9 Kellogg

Trina Cousins, 7 South Atrium

Edgar Allen Gonzalez-Caracheo, 7 North Atrium

Giovanni Guagliardo, 13 West Tower

Maricela Guzman, Neonatal Intensive Care Unit

Ofelia Jaczko,13 East Tower

Hsu Kevin, Emergency Department

Catherine King, 7 North Atrium

Liza Kunovsky, Gastroenterology Team

Janice Lara, 10 East Tower

Stephanie Lucakm, RUSH MD Anderson Cancer Center

Tegan McCarten, Cardiac Catheterization Lab

Naomi Ngadiman, Neonatal Intensive Care Unit

Anysa Nunez, 14 East Tower

Natalie Nystrom, Endoscopy

Nina Palmer, Radiation Oncology

Ria Patel, Access Center

Barbara Piechowska, 7 North Atrium

Meredith Russell, Pediatric Intensive Care Unit

Brigid Salh, 10 West Tower

Paige Skelly, ENT Clinic

Samantha Styne, Rush University Medical Group, Quality

Jennifer Sunquist, 14 East Tower

Donna Vainisi, 11 East Tower

Elsie Vasquez, 9 South Atrium

Ned Villanueva, 9 North Atrium

Drew Wallace, 14 East Tower

Mary Zack, Rush Pediatric Vascular Access Team

Lauren Zednick, Professional Nursing Practice

Jane Llewellyn Transformational Leadership Award

Cindy Beren, Labor and Delivery

Carri Feith, Adult Intensive Care Unit

Annamarie Geweniger, Interventional Radiology

Agnieszka Hedberg, 7 South Atrium

Lindsey Heffron, Clinical Staffing Office, Women's and Children

Joanna Kane, 7 North Atrium

Afenya Montgomery, Rush South Loop

Susan Nelson, Professional Nursing Practice

Amie Porcelli, Emergency Department

Judy Sy-Alido, 9 South Atrium

Kelly Thompson, Pediatric Intensive Care Unit

Whitney Willis, RUSH MD Anderson Cancer Center

Angie Muday Nurse Engagement Award

Jessica Chakos, 12 East Tower

Jean Flaws-Chervinko, Medical Intensive Care Unit

Taylor Frahm, 9 North Atrium

Josh Taber, 6 Kellogg Pediatrics

Tresca Wilson, Interventional Services

Giovanna Zito, RUSH MD Anderson Cancer Center

Excellence In Nursing Management Award

Mary Close, 7 North Atrium

Kelly Dressel, Electrophysiology Lab

Carline Guerrier, 9 North Atrium

Laura Johnson, RUSH MD Anderson Cancer Center

Katie Kean, RUSH MD Anderson Cancer Center

Meg McClard, Rush University Medical Group

Afenya Montgomery, Rush South Loop Multispecialty Clinic

Candace Moore, RUSH MD Anderson Cancer Center

Karin Pierre-Louis, 9 South Atrium

Ashley Prentice, Rush Health Care Management

Kydie Shriver, 13 East Tower

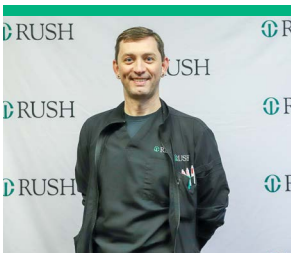
Daniel Slutsky, Endoscopy

Amanda Veneris, Access Center

PNS Research Grant Award

Monica Linares, Rush Access Center, Primary Care

Justin Meyer, 13 East and West Tower



Voice of the Professional Nursing Staff Award

Rachael Simoneau, Neonatal Intensive Care Unit

Beth Joksimovic Oncology Professional Development Scholarship

Amy Keleher, 14 East Tower

Jennifer Margolis, RUSH MD Anderson Cancer Center

Giovanna Zito, RUSH MD Anderson Cancer Center

Gayle Fewer Ambulatory Nursing Award

Jennifer Altman, Radiation Oncology

Leah Carroll, Cancer Center RUSH MD Anderson Cancer Center

Diane Doran, Primary Care Pediatrics

Julie Eggert, Access Center

Nina Franco, Rush South Loop

Ruth Hufana, Ambulatory Care Management

Elyse Killarney, RUSH MD Anderson Cancer Center

Lidia Koma-Junsay, RUSH MD Anderson Cancer Center

McKenna Landis, Rush University Medical Group

Jennise Matta, RUSH MD Anderson Cancer Center

Katie Mellady, Pediatric Neurology

Alexis Munoz, Gastroenterology

Molly Narrod Pediatric, Primary Care Westgate

Maria Patino, Obstetrics and Gynecology

Reyna Ramirez, ENT/ Head and Neck Surgery

Marlene Roman, Ambulatory Care Management Department

Lauryn Streid, Pediatric Primary Care

Kathryn Wautlet, Rush Lincoln Park

Hope A. Clarke Award for Operating Room Nursing

Maggie Carlson, Operating Room

Solithia Cole, Operating Room

Abagail Crabtree, Operating Room

Courtney Dowdell, Operating Room

Elaine Scorza Excellence in Therapeutic Engagement Award

Amy Campbell, Rush University Medical Group, Psychiatry Clinic

Schindler Chavadiyil, 4 Kellogg, Affective Disorder

Rebekah Cole, Rush University Medical Group, Psychiatry Clinic

Nora Kennelly, 13 Kellogg, Adult Psychiatry

Margaret Vissering, Emergency Department Psychiatry

Nursing Team Excellence Award

10E Medical Intensive Care Unit, The Fall Committee

Access Center, Salesforce Center Go live Project

RUSH MD Anderson Cancer Center, Urgent Care Hematology Support and Use of ESI Tool

RUSH MD Anderson Cancer Center, Hematology, Implementation of a Heme New Patient Intake Nurse Coordinator

Clinical Staffing Office, Clinical Staffing Office Education Committee

Department of Surgery 818 Clinic, Patient Engagement

Emergency Department, Rush Sexual Assault Nurse Examiners Program

Electrophysiology, EP Quality Committee

Interventional Services Recognition, Recruitment, Retention Committee

Medicine Behavioral Emergency Project AIM: Access in Medicine

Medical Intensive Care Unit, Fall and Safety Committee

Medical Intensive Care Unit, Medical Intensive Care Unit Wellness Committee

Professional Nursing Practice, Rush University System for Health Nursing and Assistive Personnel System Orientation

Rush Vascular Access Team, Vascular Access in Non-Traditional Patient Care Areas

Mary Beth O'Holleran Nurse Mentorship Award

Women's and Children's

Lisa Beveridge, Neonatal Intensive Care Unit

Marianne Corrieri-Alaniz, Labor and Delivery

Melissa Keller, General Pediatrics

Rachel Mancuso, Pediatric Intensive Care Unit

Surgical, Neuromuscular and Rehabilitation

Vy Khuu, 13 West Tower

Lorraine Koh, 13 East Tower

Miranda McCoy, 12 East Tower

Taylor Tressel, 7 South Atrium

Perioperative/Interventional Services

Mallarie Domke, Prep/Recovery

Jenna McNeel, Endoscopy

Jeanine Murphy, Electrophysiology Lab

Medical, Behavioral, and Emergency Department

Lynn Cabe, Emergency Department

Melissa Dudenhofer, 9 North Atrium

Megan Guzman, 14 West Tower

Susan John, 9 South Atrium

Mahogany Jones, 4 Kellogg

Catherine King, 7 North Atrium

Lilian Santos, 13 Kellogg

Rebecca Schnitzius, 9 Kellogg

Eric Zack, 14 East Tower

Adult Critical Care, Rush Vascular Access Team and Critical Care Outreach Team

Hailee Higgins, 10 East Tower

Mireya Lerma, 11 West Tower

Erin O'Leary, 10 West Tower

Erin Pearson, 11 East Tower

Clinical Staffing Office and Hospital Operations Administrators

Grace Choi, Clinical Staffing Office

Additional Nursing Areas

Pheonix Silverlight, Professional Nursing Practice

Rush University Medical Group

Susan Barnett, General Surgery Oncology

Sylvia Buh, Rush Oak Park Hematology/ Oncology Infusion

Rebekah Cole, Substance Use Intervention Team, Psychiatry

Shaina Daniels, Access Center

Jennifer Margolis, RUSH MD Anderson Cancer Center

Alexis Munoz, Interventional Gastroenterology

Luther Christman Clinical Excellence Award

Women's and Children's

Emily Beaty, Pediatric Intensive Care Unit

Christina Hernandez, General Ped

Megan Presutti, Neonatal Intensive Care Unit

Maggie Quinn, Labor and Delivery

Surgical, Neuromuscular and Rehabilitation

Andrew Brandt, 13 East Tower

Maureen Fleming, 13 West Tower

Hannah George, 7 South Atrium

Lauren Mason, 12 East Tower

Perioperative/Interventional Services

Latisha Edwards, 4 Tower Prep and Recovery

Felicia Pautsch, Endoscopy

Lauren Wolniakowski, Prep/Recovery

Medical, Behavioral, and Emergency Department

Sara Alvarez-Ruiz, Emergency Department

Ethan Beaty, 13 Kellogg

Alex Glodic, 9 South Atrium

Dana Goodin, 9 North Atrium

Maria Malalis, 4 Kellogg

Meliana Martinez, 14 West Tower

Kathleen O'Neill, 14 East Tower

Heather Price, 7 North Atrium

Maria Rusnaczyk, Emergency Department

Danielle Velasquez, 9 Kellogg

Adult Critical Care, Rush Vascular Access Team and Critical Care Outreach Team

Allie Comes, 10 West Tower

Heather Cook, Critical Care Outreach Team

Kathryn O'Shea, 11 East Tower

Dawn Scheuber, 10 East Tower

Leon Surrao, Rush Vascular Access Team

Clinical Staffing Office and Hospital Operations Administrators

Donna Lang, Clinical Staffing Office

Additional Nursing Areas

Allison (Szudrowicz) Garbacz, Radiation Oncology

Lisa Boudreau, Professional Nursing Practice

Rush University Medical Group

Colleen Bruen, RUSH MD Anderson Cancer Center

Amy Campbell, Substance Use Intervention Team, Psychiatry

Maria (Cristy) Medina, Pediatric Primary Care

Carla Reyes, Access Center

Julia Shurtleff, Infectious Disease

The Marica Pencak Murphy Presidential Mentorship Award

Stephanie Yohannan, AVP Adult Critical Care Nursing

Friend of Nursing Award

Daniel Ratko, Director of Facilities Management

Award winner designated in bold font.

Appointments

Katrina Blade, DNP, RN, CPPS, NE-BC, CPAN: Illinois Society of Perianesthesia Nurses, President; American Society of Perianesthesia Nurses, Finance Committee, National Conference Credentials Committee

Melissa Browning, DNP, APRN, CCNS, NE-BC, LSSGB: Rush University Alumni Association, Board of Directors Past President

Marites Gonzaga-Reardon, DNP, APRN, CCNS, CEN: Illinois Emergency Nurses Association, Past-President, Education Committee Awards Chair, Nomination Committee Chair

Mary Ellen Hand, BSN OCN: Oncology Nursing Society, Chicago Chapter, Membership Chair

Victoria Hickey DNP, MSN, RN: Oncology Nursing Society, Chicago Chapter President

Laura Johnson, MSN, APRN, AGCNS-BC, BMTCN: Oncology Nursing Society, Chicago Chapter, Board Buddy

Shonda Morrow MS, JD, CENP: Rush Specialty Hospital Governing Board

Kathleen Posa-Kearney, MSN, APRN, ACCNS-AG, CCRN: Society of Critical Care Medicine, ICU Liberation Committee

Janet Stifter, PhD, RN, CPHQ, NE-BC: Department of Women, Children, and Family Nursing re-appointment, Assistant Professor, Rush University College of Nursing; Power of Nursing Leadership, Steering Committee Member

Samantha Styne, MSN RN CPN: American Academy of Ambulatory Care Nursing, Pediatric Special Interest Group, Chair

Eric Widstrom, MBA, MSN, RN, NEA-BC: Saint Anthony College of Nursing, Alumni Board of Directors

Stephanie Yohannan, DNP, MBA, NE-BC: Rush University Alumni Association, Board of Directors; Power of Nursing Leadership, Planning Committee Member

Eric Zack DNP, RN, ACNP-BC, AOCN, BMTCN: Sigma Theta Tau International, Alpha Beta Chapter, Secretary, Board Member

Awards

Tintu Abraham, MSN, RN: Indian Nurses Association of Illinois, Best Nurse Leader Award (May 2024)

Victoria Hickey, DNP, MSN, RN: The Woman's Board Grant, The Brinson Foundation Grant

Kelsey Schmitt MSN, RN, CPN: Marquette University College of Nursing Young Alumni of the Year (June 2024)

Eric Zack, DNP, RN, ACNP-BC, AOCN, BMTCN: Illinois Board of Higher Education Fellowship, (April 2024); Oncology Nursing, Chicago Chapter Research/EBP Award (Nov. 2023)

Fellowships

Rebecca Adamski, MSN, APRN, CNS, RNC: Illinois Organization of Nurse Leaders Fellowship

Jessica Brudnick, MSN, APRN, AGCNS-BC: Illinois Organization of Nurse Leadership Fellowship

Maria Holstead, MSN, RN, CENP: American Organization of Nursing Leadership Fellowship

Audrey Peri, MSN, RN, CPN: Illinois Organization of Nursing Leadership Fellowship

Nicole Walkowiak, MSN, RN, CRRN, CWOCN, CNL: Albert Schweitzer Fellowship, Frank J. Indihar Named Fellowship

Eric Widstrom, MBA, MSN, RN, NEA-BC: American Organization of Nursing Leadership Fellowship

Posters or Presentations

Avila, C., BSN, RN, CPAN, Blade, K., DNP, RN, CPPS, NE-BC, CPAN, Brownlee, C., MSN, RN, CNL, McCullum-Smith, D., MSN, RN, CMSRN, Mullen, M., BSN, RN, CPAN, Neville, R., BSN, RN, CPAN & Smith, M., MSN, RN, CAPA. (2024, April 16). Journey to Beacon: Trailblazing Culture of Excellence. American Society of PeriAnesthesia Nurses National Conference, Orlando, FL, United States.

Boudreau, L., RN, MSN, CWOCN, Fidai, A., MSN, RN, CWOC, CNL, Molligoda, V., BS, MSN, & Adeleye, O., MBBS, MSN. (2024, June 9-12). Turn Team Implementation Guide. WOCNext,® Cleveland, OH, United States.

Boudreau, L., MSN, RN, CWOCN, Fidai, A., MSN, RN, CWOC, CNL, Ellsworth, M., MSN RN CPHQ NPD-BC, Sanford, M., BSN, RN, Heitschmidt, M., PhD, APRN, CCRN-K, FAHA, & McCarthy, R., Pharm D. (2024, June 9-12). Single Center Outcomes of Hospital-Acquired Pressure Injury Disparities (HAPI-D) Before, During, and After COVID-19. WOCNext,® Cleveland, OH, United States.

Caprio, A., MSN, APN, ACCNS-N, RNC-NIC, Bulthuis, K., Rivera, J., Snyder, M., Alessi, S. (2024, April 17). REAL Impact: The Essential Role of Clinical Nurse Specialists in NICU Leadership. NICU Leadership Forum, Charlotte Harbor, Florida, United States.

Cook, H. & Losurdo, H. (2023, July 20-22). On Target: Implementing a Decompensation Workshop for Acute Care Nurses. International Society of Rapid Response Systems, Darwin, Australia.

Dowding, E. & Day, B. (2023, March 8-11). Reducing Harm through CLABSI Reduction: The Value of the Clinical Nurse Specialist. National Association of Clinical Nurse Specialists Annual Conference, Portland, OR, United States.

Gonzaga-Reardon, M. DNP, APRN, CCNS, CEN. (2024, April 20). I Want to See a Doctor - Now, What is your ESI? Illinois Emergency Nurses Association Spring Symposium, Tinley Park, IL, United States.

Guerrier, C., MSN, APRN, AGPCNP-BC. (2023, July). Better Care for Older Adults in an Age-Friendly Health System: 4Ms Framework. (Webinar) Wisconsin Hospital Association.

Johnson, LA, MSN, APRN, AGCNS-BC, BMTCN, Bates, L., BSN, RN, OCN, & Bruen, C., BSN, RN, BMTCN. (2024, April 26). Intake Excellence: The Nurse Navigator's Crucial Role in Hematology Oncology Clinic Intake. Oncology Nursing Society Congress, Washington D.C., United States.

Liwanag, M. DNP, MBA, MSN, RN, Widstrom, E., MBA, MSN, RN, NEA-BC, & Yohannan, S., MBA, DNP, NE-. (2024, April 8-11). I Believe I Can Fly: How to Re-Engage and Energize Nursing Leaders. American Organization of Nurse Leaders-Inspiring Leaders Conference, New Orleans, LA, United States.

Liwanag, M. DNP, MBA, MSN, RN, & Widstrom, E., MBA, MSN, RN, NEA-BC. (2023, November 15-18). I Believe I Can Fly: How to Re-Engage and Energize Nursing Leaders. American Healthcare. Hospital Management, Nursing, & Patient Safety Summit, Los Angeles, CA, United States.

Losurdo, H. & Cook, H. (2023, July 20-22). Developing a Critical Care Outreach Residency to Address Recruitment and Retention Challenges in the Wake of the COVID-19 Pandemic. International Society of Rapid Response Systems, Darwin, Australia.

McIntosh, E. DNP, RN, ACNP-BC. (2023, June 26). State of the Nursing Industry and Access to Narcan. [Podcast] https://www.youtube.com/watch?v=9o-ihdcZ2XA

Montgomery, A. MBA, MSN, RN, NEA-BC. (2023, November 18). Improving the Patient Experience by Going Back to Basics. World Healthcare13th Annual Hospital Management, Nursing, and Patient Safety Summit, Los Angeles, CA, United States.

Moran, M. DNP, RN, CCRN. (2023, October 12-14). Enhancing Patient Care Delivery Models in Outpatient. American Nurse Credentialing Center Magnet Conference, Chicago, IL, United States.

Moran, M. DNP, RN, CCRN. (2023, November 13-16). Impact of Education and Training Programs on Patient Care Delivery and Outcomes. Becker's 11th Annual CEO/CFO Forum, Chicago, IL, United States.

Moran, M. DNP, RN, CCRN. (2024, February 7). Women in Leadership Series [Audio Podcast]. Becker's Healthcare. https://podcasts.apple.com/us/podcast/molly-moran-senior-director-of-ambulatory-clinical/id1452376188?i=1000644154080.

Phalen, L., BSN, RN. (2024, June 27-28). Role of the President of Professional Governance. American Organization for Nursing Leadership Professional Governance Conference, Chicago, IL, United States.

Sermersheim, E. DNP, MPH, RN, NPD-BC, PMP. (2024, May 21-23). Attracting, Retaining, and Engaging Staff Through a Sustainability Culture. CleanMed Annual Conference, Salt Lake City, UT, United States.

Stifter, J., & Catrambone, C. (2023, October 12-14). From Bedside to Boardroom: Professional Governance and the Journey to Advanced Nursing Leadership. American Nurse Credentialing Center Magnet Conference, Chicago, IL, United States.

Stifter, J., Louh, I., & Agrawal, S. (2023, November 13-16). Breaking Through Healthcare's Operational Barriers with AI: Optimizing Capacity Management to Unlock Significant ROI. Becker's 11th Annual CEO/CFO Forum, Chicago, IL, United States.

Sy Alido, J, MSN, CMSRN. (2023 July). Burn Bright not Out - Keeping Staff Engaged [Audio podcast].

Widstrom, E. MBA, MSN, RN, NEA-BC. (2024, April 8-11). Improving Nurse Leader Engagement. American Organization of Nursing Leadership Conference, New Orleans, LA, United States.

Styne, S., MSN RN CPN. (2024, April 2-6). Clinical Competency Leader Course: Re-establishing Performance Expectations, American Academy of Ambulatory Nursing Care Conference, Chicago, IL, United States.

Zack, E., DNP, RN, ACNP-BC, AOCN, BMTCN. (2023, November 11-15). Creating an Academic Electronic Health Record to Promote Critical Thinking in the Classroom. Sigma Theta Tau International 47th Biennial Convention, San Antonio, TX, United States.

Zack, E., DNP, RN, ACNP-BC, AOCN, BMTCN. (2024, August 26). Nurse's Role in the Identification and Treatment of Oncologic Emergencies. Chicago Chapter of the Oncology Nursing Society, Chicago, IL, United States.

Zack, E., DNP, RN, ACNP-BC, AOCN, BMTCN. (2024, June 11). Bringing Home ONS Congress. Chicago Chapter of the Oncology Nursing Society, Chicago, IL, United States.

Zack, E., DNP, RN, ACNP-BC, AOCN, BMTCN. (2024, March 20-24). Emergencies in the Oncology Patient: What NOT to Miss! National Conference for Nurse Practitioners in Acute Care, Chicago, IL, United States.

Zito, G. MSN, RN, CMSRN, CMHFA. (2024, June 27-28). Ambulatory Nursing's Rebranding from Shared to Professional Governance. American Organization of Nurse Leaders Professional Governance Conference, Chicago, IL, United States.

Posters

Bates, L., Bruen, C., Johnson, L.A. (2024, April 25-28). Intake Excellence: The Nurse Navigator's Crucial Role in Hematology Oncology Clinic Intake. Oncology Nursing Society Congress, Washington D.C., United States.

Bruen, C., Bates, L., & Johnson, L.A. (2024, June 11). Intake Excellence: The Nurse Navigator's Crucial Role in Hematology Oncology Clinic Intake. Oncology Nursing Society, Chicago Chapter: Bringing Home Congress Event, Chicago, IL, United States.

Dixon, L. & Johnson, L.A. (2024, April 25-28). Fall risk: Assessment and intervention in the outpatient oncology population. Oncology Nursing Society Congress, Washington D.C., United States.

Hansen C., Cook, H., & Wells, B. (2024, April 19). After hours: Bite-size Education with Big Impact on the Night Shift. Northwestern Medicine Academic Medical Center & Brinson Foundation 16th Annual Research Symposium, Northwestern Memorial Hospital, Chicago, IL, United States.

Gulczynski, B. (2023, October). Respiratory Device Pressure Injuries in the Medical Intensive Care Unit. American Nurse Credentialing Center. Magnet Conference, Chicago, IL, United States.

Liwanag, M., & Widstrom, E. (2023, December). I Believe I Can Fly: How to Re-Engage and Energize Nursing Leaders. Institute for Healthcare Improvement, Orlando, FL, United States.

Richard, A.L., Hornbogen, A., Cooper, A., Yohannan, S., Hicks, F.D., Anen, T., & Ferket, K. (2024, April). A Visionary Think Tank to Address the Nursing Workforce Crisis. American Organization of Nurse Leaders-Inspiring Leaders Conference, New Orleans, LA, United States.

Tingley, H., McIntosh, M., Klee, M., Gladman, M., Coogan, A., & Madrigano, A. (2023, December). Using Social Determinants of Health to Improve Surgical Delays for Breast Cancer Patients at Rush University Cancer Center. San Antonio Breast Center Symposium, San Antonio, TX, United States.

Zack, E. (2024, April) Nursing 101: A Comparison of the Three Biosimilars for Rituximab. Oncology Nursing Society's 49th Annual Congress, Washington, D.C., United States.

Zack, E. (2024, April). Using Humor to Improve Nursing Wellness. Oncology Nursing Society's 49th Annual Congress, Washington, D.C., United States.

Publications

Hancock, B, Start, R, Begley, R, & Abraham, A. (2024). Beyond the Organization - Governing Our Practice as a Profession in the Greater Nursing Community. In Start, R., Hancock, B., & Porter-O'Grady, T. (Eds.), Professional Governance for Nursing: The Framework for Accountability, Engagement, and Excellence, 289-308. Jones & Bartlett Learning, Burlington, MA.

Karana, Z., & Paun, O. (2023). Dementia Simulation for Family Caregivers of Persons with Dementia: A Scoping Review. Western Journal of Nursing Research, 45(11), 1053–1062. https://doi.org/10.1177/01939459231201085

Klee, M., Heitschmidt, M., Hiemstra, T., Lodewyk, K., Hand, M. E., McIntosh, M., Yockey, C., & Bishop-Royse, J. (2024). Zentangle® Pilot Study: A Mindfulness Exercise for Oncology Nurses. Clinical Journal of Oncology Nursing, 28(2), 173–180. https://doi.org/10.1188/24.CJON.173-180

McCurren C, Stifter J, Mayer K, & Catrambone C. (2024). Fostering professionalism from the academy to the practice setting (Chapter 13). Start R., Hancock B, Porter-O'Grady T (Eds.), Professional Governance for Nursing: The Framework for Accountability, Engagement, and Excellence. Jones & Bartlett Learning, Burlington, MA.

Neely, S. B., Long, S., Cygan, H., & Kalensky, M. (2023). Broadcast health: Leveraging YouTube for Community Health Education. Public Health Nursing, 41(2), 209–214. https://doi.org/10.1111/phn.13268

Peri, A.K., Moran, M, & Heitschmidt, M.G. (2024, May/June). Reimagining the Role of the Clinic RN: Alternative Staffing Models in Pediatric Primary Care. Viewpoint, 46(3).

Richard, A. L., Hornbogen, A., Cooper, A., Yohannan, S., Hicks, F. D., Anen, T., & Ferket, K. (2023). A Visionary Think Tank to Address the Nursing Workforce Crisis. The Journal of Nursing Administration, 53(11), 607–614. https://doi.org/10.1097/NNA.0000000000001353

Robinson, W. L., Whipple, C. R., Keenan, K., Flack, C. E., Lemke, S., & Jason, L. A. (2024). Reducing Suicidal Ideation in African American Adolescents: A Randomized Controlled Clinical Trial. Journal of Consulting and Clinical Psychology, 92(2), 61–74. https://doi.org/10.1037/ccp0000849

Start R, Hancock B, & Porter-O'Grady T. (2024). Professional Governance for 2024 Nursing: The Framework for Accountability, Engagement, and Excellence. Jones & Bartlett Learning, Burlington, MA.

Zito, G. A. (2023, October). Supporting Nurse Navigators' Efforts in Streamlining Patient Care by Participating in Oncology Site-Specific Tumor Board. Journal of Oncology Navigation and Survivorship, 14(10).

Additional Achievements

Hayley Benassi, BSN, RN: Project AIM playbook, 3rd Midwest Cellular Therapy Conference: Treatment Options for Advanced Hematologic Malignancies, Course Director, Rush University Medical Center, Chicago, IL (April 2024)

Mary Ellen Hand, RN, BSN, OCN: Continuing Nurse Education course, 2024 Chicago Thoracic Oncology Nursing Conference, Expert Insight and Key Nursing Considerations Treating and Caring for Patients with Lung Cancer, Course Director/Moderator (May 2024)

Barbara Gulczynski, APN: An Evaluation of a Virtual Seminar Series for Doctor of Nursing Students to Promote Advanced Practice Nursing. Journal of Doctoral Nursing Practice, Manuscript Review (April 2024)

Denina McCullum-Smith MSN, RN, CMSRN: Doody Enterprises Inc., Book Reviewer

Marites Gonzaga-Reardon DNP, APRN, CCNS, CEN: Certified Emergency Nurse Review, Contributing Author (2024)

Janet Stifter, PhD, RN, CPHQ, NE-BC: Evaluation of Early Management Bundle for Severe Sepsis/Septic Shock at a Community Hospital. Reviewer. Journal of Nursing Care Quality (JNCQ-D-23-00285)

Janet Stifter PhD, RN, CPHQ, NE-BC: Care Coordination in Primary Care: Views of Clinicians and Clinic Leaders. Reviewer. Journal of Nursing Care Quality (JNCQ-D-24-00160)

Publications

Hoerr M, Heitschmidt M, Vondracek H. The Positive Effects of Manual Pronation in a United States Community-Based Hospital Intensive Care Unit During the COVID-19 Surge Crisis. *International Journal of Critical Care*. 2023;17(1), 22–35. doi.org/10.29173/ijcc34.

Jakubik D, Zack E, Quinlan K, & Abraham A. Crossing the Continuum: Providing Outpatient Care in a Bone Marrow Transplant Clinic. American Organization for Nursing Leadership. Nov. 2022. https://www.aonl.org/news/voice/nov-2022/crossing-the-continuum. Accessed April 1, 2024.

Janik M, Heitschmidt M, Gascon M, Robertson L. An Educational Intervention to Improve Inpatient Outcomes for Colonoscopy. *Gastroenterology Nursing: The Official Journal of the Society of Gastroenterology Nurses and Associates*. 2023;46(1), 23–29. doi.org/10.1097/SGA.0000000000000716.

Kaur R, Chen E, Faizi A, Lamadrid VJ, Vines D, Scott JB. Emotional Impact of Compassionate Extubation on Respiratory Therapists and Nurses: A Pilot Study. *Canadian Journal of Respiratory Therapy*. 2022; 26:58:115-120. doi:10.29390/cjrt-2022-022.

McCurren C, Stifter J, Mayer K, Catrambone C. Fostering Professionalism from the Academy to the Practice Setting. In: Start R., Hancock B, Porter-O'Grady T, eds. *Professional Governance for Nursing: The Framework for Accountability, Engagement and Excellence*. Burlington, MA: Jones & Bartlett Learning; 2024: Chapter 13.

Moran M. Report on nurses: Make the profession more visible in the media. KevinMD. March 16, 2023. https://www.kevinmd.com/2023/03/report-on-nurses-make-the-profession-more-visible-in-media.html. Accessed April 1, 2024.

Moran M. More training in CPR, use of defibrillators would save lives, Chicago Sun-Times. Jan. 12, 2023. https://chicago.suntimes.com/2023/1/12/23551052/damar-hamlin-cardiac-arrest-cpr-automated-defibrillators-molly-moran-op-ed. Accessed April 1, 2024.

Moran M. Intensive care: America's patients need prevention, not procedures. The Hill, Nov. 20, 2022. https://thehill.com/opinion/healthcare/3738867-intensive-care-americas-patients-need-prevention-not-procedures/. Accessed April 1, 2024.

Nasr A, McCarthy AM, Manworren R, Sorce L, Ersig A, Hinderer K, Calamaro C, Gettis M, Hanrahan K, Hayakawa J, Heitschmidt M, Middour-Oxler B, Staveski S, Mandrell B, LaFond C, Hernandez T. Variability in qualifications for principal investigator status in research studies by nurses: A call for clarification. *Journal of Pediatric Nursing*. 2022;68 18–23. doi:10.1016/j.pedn.2022.08.009.

Phillips J. Policy advocacy and health equity: Implications for advanced practice nurses. *The Nurse Practitioner*. 2022; 1;47(9): 38-43. doi:10.1097/01.NPR.0000855316.18930.08.

Phillips J. The national strategy on hunger, nutrition, and health offers hope. KevinMD. October 22, 2022. https://www.kevinmd.com/2022/10/the-national-strategy-on-hunger-nutrition-and-health-offers-hope.html. Accessed April 1, 2024.

Phillips J, Alipio JK, Hoskins JL, Cohen MZ. The Experience of Frontline Nurses During the COVID-19 Pandemic: A Phenomenological Study. *Western Journal of Nursing Research*. 2023; 45(4):327-334. doi:10.1177/01939459221129944.

Richard A, Hornbogen A, Cooper A, Yohannan S, Hicks F, Anen T, Ferket K. A Visionary Think Tank to Address the Nursing Workforce Crisis. *The Journal of Nursing Administration*. 2023;1;53(11):607-614. doi:10.1097/NNA.0000000000001353.

Sarah J, Abraham A, Lopez J. Providing a Clear Path to the Direct Admission Process. *The Journal of Nursing Administration*. 2023;53(3):175-180. doi:10.1097/NNA.0000000000001264.

Smith M, Rumoro A, Staffileno B. Favorable Outcomes: Moving Nursing Orientation to a Hybrid Program During the COVID-19 Pandemic. *Journal for Nurses in Professional Development*. 2022;38(1):E5-E11. doi:10.1097/NND.0000000000000833.

Start R, Hancock B, Porter-O'Grady T. Professional Governance for 2024 Nursing: The Framework for Accountability, Engagement and Excellence. Burlington, MA: Jones & Bartlett Learning; 2024.

Zack E. Disseminated Intravascular Coagulation Prevention and Management, Oncology Nursing News. April 28, 2023. https://www.oncnursingnews.com/view/eric-zack-on-disseminated-intravascular-coagulation-prevention-and-management. Accessed May 12, 2023.

Transformational Leadership

Transformational leadership is essential in navigating the complex challenges of today's healthcare landscape. Rush nurses have met these challenges head-on — driving innovation, implementing forward-thinking solutions and continuously enhancing patient care.

Rising Demand, Unwavering Care: The Excellence of Inpatient Behavioral Health Units

Lt. Felicia Vertin, MSN, APRN, CNS, PMHNP-BC

The demand for behavioral health services has increased over the past five years. However, inpatient care facilities for individuals facing emotional, traumatic or behavioral challenges have significantly declined in the Chicago area and across the nation. Rush takes pride in continuing to serve adults with behavioral health needs who require inpatient care. Inpatients are cared for in one of two units, totaling 24 beds. One unit specializes in treating adults with mood disorders, while the other provides care for individuals with various diagnoses that often affect sensory perception.

Achieving high-quality care scores can be challenging for inpatient behavioral health units due to stringent regulatory requirements, and individuals receiving care are often admitted involuntarily. Nonetheless, these inpatient units have much to celebrate, thanks to the skilled and persistent efforts of a multidisciplinary team. This team includes three attending physicians, two nurse leaders, a nurse educator, 26 nurses, 18 support staff members, two social workers, two occupational therapists, a pharmacist, and close partnerships with the security team.

As we move into the next fiscal year, this small but mighty department looks forward to continued teamwork and strong patient partnerships to enhance the quality of care even further!

Some of the team and unit's achievements include:

- The Press Ganey patient experience scores have consistently improved over the past five years, rising from the 43rd to the 58th percentile, corresponding to an increase in the mean score from 85.29 to 87.56.
- A Centers for Medicare and Medicaid Services quality measure for hospital-based inpatient psychiatric services promotes low restraint usage. These units decreased restraint use by almost 50%.
- Staff injuries have dropped by 50% since 2020 and continue to trend lower than comparable units.
- The Joint Commission's latest survey revealed no clinical findings.
- Fifty-three percent of nurses are working towards a Doctor of Nursing Practice degree to enhance their education.
- Seventy-seven percent of eligible nurses have obtained specialty certification, demonstrating their knowledge of best practices and expertise in caring for individuals with behavioral health needs.

Nurses Make Wedding Dreams Come True

In support of patients and their families, nurses from 9 South Atrium and 14 East Tower organized wedding ceremonies in two separate inpatient units at Rush University Medical Center. In both cases, the patient was the father of the bride and was receiving end-of-life care.

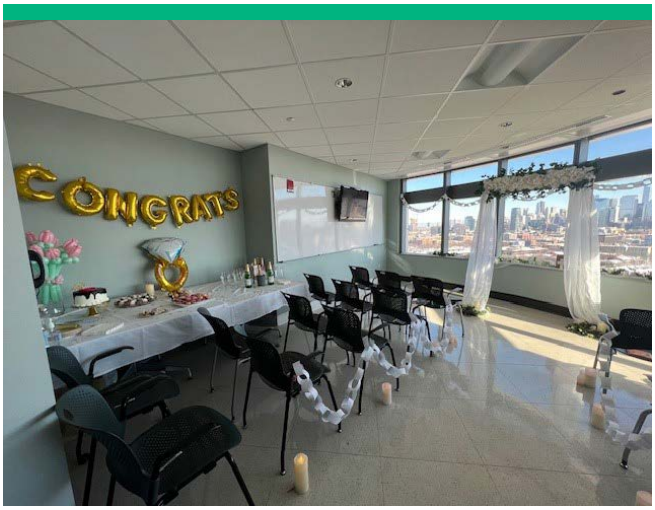
Knowing their father had such a short time left to live, each of the patient's daughters approached nursing staff to request permission to hold their wedding ceremony in the inpatient units. Margie Banach BSN, RN; Kristin Fritts, MSN, RN; and Julianna DeWald MSN, RN, along with their teammates, were instrumental in coordinating these two life events, helping to realize the goals of their patients and families and understanding the importance of the parents' blessing during a wedding ceremony.

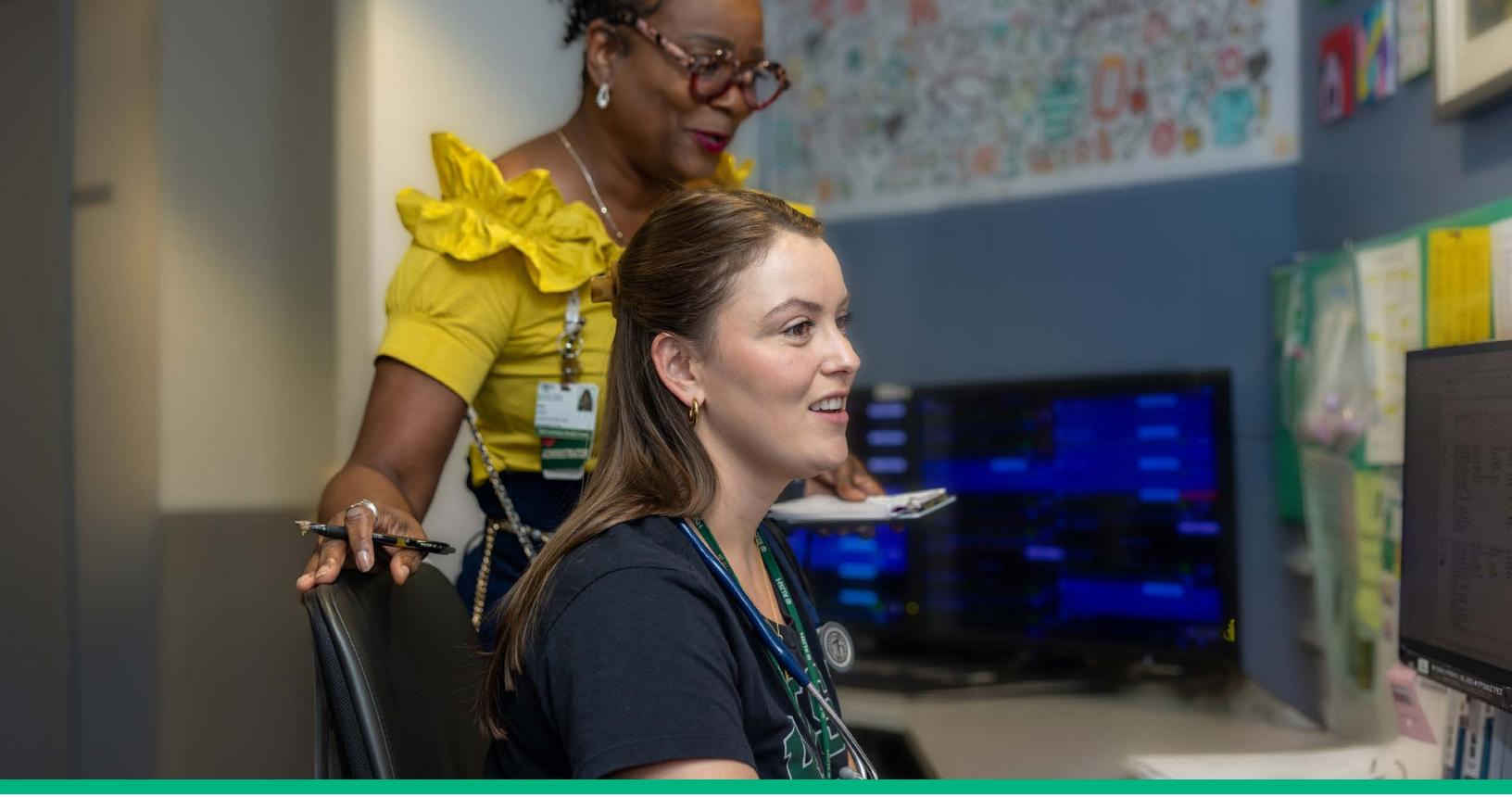
In many cultures, the father's role in a daughter's wedding is central to the ceremony. The walk down the aisle emphasizes the importance of the father-daughter relationship and serves as a rite of passage, transitioning the bride from childhood to independent marital life. The father's pride, love and devotion to his daughter mark a special moment of connection, highlighting their relationship and symbolizing the joining of two families, a bridge between past and future, marking the end of one chapter and the couple entering a new chapter of life.

At one of the wedding ceremonies, held in the Atrium in September, the bride wore her mother's gown as she walked down the long corridor, ending at her father's hospital room. Family and friends gathered to witness a beautiful ceremony led by an ordained officiant. In this intimate setting, music played, vows were exchanged, and tears of mixed emotions were shed.

In anticipation of the second wedding in January, DeWald and her teammates continued delivering complex care and providing emotional support to the patient and family while helping to plan the big event. A conference room was transformed into a beautiful chapel with row seating and a makeshift altar at the front, backdropped by floor-to-ceiling windows overlooking the Chicago skyline. Family and friends gathered for this beautiful ceremony, during which the father, bride and family realized a life dream.

DeWald received The Rush University Medical Center Relationships & Caring Professional Practice Model Award during Nurse's Week in May of 2024 for her commitment, compassion, and overcoming many hurdles to make this special life event possible for this patient, bride, and family.





Structural Empowerment

Structural empowerment ensures that every Rush nurse has the opportunity, support, and resources to drive meaningful change — enhancing how we care for one another, our community, and our patients.

Piloting the National Early Warning Score to Save Lives

Heather Cook, MSN, RN, CCRN, NE-BC, CPPS, CNL
Katie Lee Heidt, BSN, RN, CCRN, CCOT

Cardiac arrests occur in over 290,000 adult inpatients each year in the U.S. Eighty percent of in-hospital cardiac arrests (IHCA) are associated with signs of clinical deterioration anywhere from eight to 24 hours before the IHCA. Escalation protocols guiding nurses to respond to assessments based on early warning scores have decreased cardiac arrests, especially outside critical care units.

The Emergency Resuscitation Committee includes Critical Care Outreach Team (CCOT) members, nurses, physicians (emergency and intensivists), nurse leaders, emergency medical services liaisons and pharmacists, among others. Rush University Medical Center's IHCA data is reviewed monthly. At the December 2023 review meeting, the committee identified an opportunity to pilot the National Early Warning Sign (NEWS) on select medicine units due to the effectiveness documented in the literature. The identified units included 9 Kellogg (9K), 9 North Atrium (9NA) and 9 South Atrium (9SA). This project aimed to decrease the sentinel or unexpected events related to IHCAs within these acute care medicine units.

NEWS project leads included Heather Cook, MSN, RN, CCRN, NE-BC, CPPS, CNL (CCOT team lead), and Katie Lee Heidt, BSN, RN, CCRN, CCOT, a clinical nurse, and Rush University doctoral nursing student. The project leads partnered with the pilot unit directors (UDs) Jill Ehrenreich, MSN, RN, CMSRN (9K); Carline Guerrier, MSN, APRN, AGPCNP-BC (9NA) and Judy Sy Alido, MSN, RN, CMSRN (9SA). Additionally, the team included residents, hospitalists and an information technologist, adding the new scoring tool to the electronic medical record.

The clinical benefit of the NEWS score is that it automatically calculates when the clinical nurse enters the vital signs and clinical assessments into the medical record. This systematic approach removes clinician practice variation. When the NEWS score equals or exceeds seven, communication between the clinical RN and the provider triggers a conversation and often leads to upgraded monitoring.

Cook and Heidt provided education for the clinician on the pilot units through 15-minute shift change huddles, emails and readily available educational information sheets. The education focused on the importance of NEWS, the location and functionality of the electronic record, how to utilize the escalation protocol and clarified clinician roles. NEWS scoring and the track-and-trigger process went live at the end of January 2024.

The data from the three-month pilot showed a reduction in IHCAs in these acute care units. The results were presented to the organizational-level Emergency Resuscitation Committee and patient safety recommended a full rollout of the NEWS tool to acute care units.

Professional Nursing Practice Shares Milestones of Achievement

Fiscal year 2024 was another successful year for the Rush Department of Professional Nursing Practice (PNP). The department continued to achieve its mission of promoting the highest quality of care at Rush University Medical Center through professional development, interprofessional collaboration, innovation, and expertise in data, evidence-based practice and quality improvement. The following programs and projects highlight how the department continues to achieve its mission and surpass its goals.

Single Center Outcomes of Hospital-Acquired Pressure Injury Disparities (HAPI-D) Before, During, and After COVID-19

Lisa Boudreau, MSN, RN, CWOCN
Andrea Deja Fidai, MSN, RN, CWON, CNL, CMSRN
Mary Ellsworth, MSN, RN, CPHQ, NPD-BC
Michele Sanford, BSN, RN
Mary Heitschmidt, PhD, APRN, CCRN, FAHA
Robert J. McCarthy, PharmD

A retrospective research study was conducted at the medical center to examine the self-reported race and ethnicity of patients with hospital-acquired pressure injuries before, during and after COVID-19. It has been shown that higher rates of hospital-acquired pressure injuries are noted in Black, Hispanic and Asian patients compared to Caucasians in hospital and long-term care facilities. However, acute care descriptive studies evaluating pressure injuries in Black, Hispanic, and Asian patients with COVID-19 are lacking.

This project was a collaboration between the wound ostomy nurses, data analysts, the director of clinical research for the Professional Nursing Practice, and the director of anesthesia research. Results found distribution differences in the severity and number of pressure injuries in COVID-19 patients compared to non-COVID-19 admissions. COVID-19 patients were also more likely to be Hispanic, have Medicaid or be uninsured, have diabetes, and be on corticosteroids, vasopressors and mechanical ventilation. Additional research is needed to improve pressure injury risk assessments that include conditions related to the social determinants of health and the severity of illness.

A research poster was presented at the National Wound Ostomy Continence Nurse Society Conference in Cleveland, Ohio, in June 2024. The abstract was published in the evidence-based and peer-reviewed *Journal of Wound, Ostomy, and Continence Nursing* (JWOCN®).

Diabetes Clinical Support Team

Emily Brey, MSN, APRN, AGCNS-BC, CDCES
Bernadine Holland, MSN, MBA, RN, BC-ADM, CDCES

The Diabetes Clinical Support Team (DCST) is a nurse-driven initiative designed to enhance the care of patients with diabetes by providing members with comprehensive knowledge and skills through education. The training includes but is not limited to:

- Advanced pathophysiology of diabetes
- Information on the latest medications and technology
- Application of inpatient policies and protocols

The DCST nurse is a resource to colleagues and a catalyst in improving care and safety for patients with diabetes. Examples regarding care and safety improvements include the following:

- Identifying risks for hypoglycemic events or gaps in patients with diabetes
- Self-management and steering to the appropriate resources
- Support professional growth and movement up the clinical ladder

The DCST quality improvement project is being piloted on a general medicine floor (9 Kellogg) and observation unit (5 Kellogg) and will eventually expand to other inpatient units.

Developing Talent in Rush Anchor Mission Communities

Pheonix Silverlight, MSN, RN, CNL
Hadley Landeryou, MSN, RN
Angela Geschrey, MSN, RN, CMSRN, NE-BC
Jacqueline Cwiok, MSN, APN, AGNP, FNP-BC, LSSGB
Brent Alwood, MSN, RN, CNML

Patient care technicians (PCTs) support nursing and provider practices with skills in patient monitoring. The PCT Apprentice Program was developed to reduce barriers to entry into healthcare careers for members of the Rush anchor mission communities. Launched consecutively at Rush University Medical Center and Rush Oak Park Hospital during fiscal year 2024, the program provides individuals with no prior healthcare experience or knowledge an opportunity to train as a Certified Nursing Assistant (CNA), a requirement to become a PCT.

Continued >

This grant-funded program gave participants four weeks of CNA training and one week of professional development coaching. Participants were hired as full-time, benefitted employees throughout their training to reduce financial barriers that might otherwise have inhibited their success in training. After passing their CNA certification exam, they were guaranteed interviews at Rush and were hired to work on units as PCTs.

This group was encouraged to "dream big" and was supported in considering their next steps. Many apprentices have shown interest in becoming nurses, some are interested in being a radiology or surgical technician, and others want to perform phlebotomy.

As the program continues to develop, PNP plans to assist these individuals in expanding their interests and pursuing education as appropriate. During fiscal year 2024, PNP supported eighteen PCT apprentices in transitioning into the PCT role on numerous units throughout the medical center. The team was thrilled to identify that retention rates for PCT apprentices were about 20% higher than when compared to PCTs hired outside of this program.

Life-Saving Hands – Training Our Neighbors

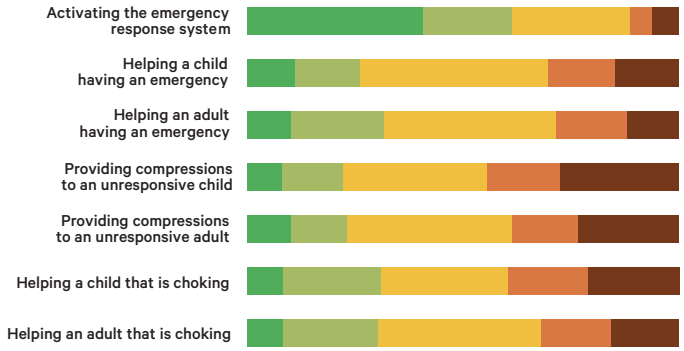
Brent Alwood, MSN, RN, CNML
James Haukland, BS, EMT-P, CHSE, CHSOS
Michelle Czmil, BA
Miriam Ramirez, MSN, RN, CEN
Saraly San Pedro, MSN, RN, NPD-BC, CRRN

The Professional Nursing Practice department and Training Center wanted to align with RUSH's anchor mission to decrease healthcare disparities in our local urban community by addressing the need to improve responsiveness and gaining skills to manage emergencies.

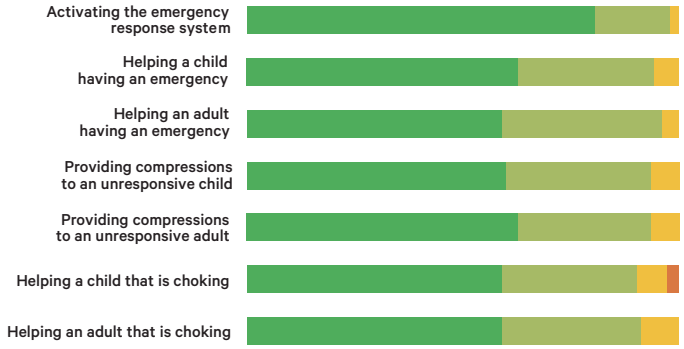
Training our Neighbors is a program that provides AHA Heartsaver® certification to West Side community members at no cost to the participants. The training includes a review of cardiopulmonary resuscitation, choking, use of an automatic external defibrillator and first aid training. This program aims to increase the participant's knowledge, skills and confidence when intervening during pediatric and adult emergencies and to reduce morbidity and mortality throughout the West Side of Chicago communities.

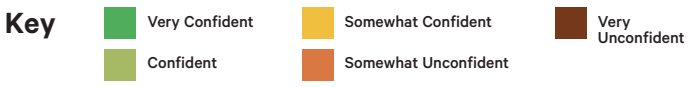
During fiscal year 2024, the program worked with community partners, including churches, schools and community centers. It trained 210 West Side community members and increased their knowledge, skills, and confidence in responding to emergencies.

Pre-Assessment/Before Class



Post-Assessment/After Class





By the Numbers

Wound Ostomy Continence Nurses

Patient encounters: **3,715**

Hours delivering staff education: **153**

The HAPI prevalence rate of **0.43%** exceeded the goal of 0.59%.

Diabetes Clinical Nurse Consultant

Patient encounters per month: **309**

Direct Patient care min per month: **6,785**

Vizient® - Severe hypoglycemia rate: **3.15%**

Nursing and Assistive Personnel System Orientation (NAPSO) Attendance

Total attendees: 1,200

RNs: **685**

Assistive Personnel: **515**

Improvement Lab: **101**

Nursing Preceptor Class: **252**

Charge Nurse Class: **185**

Training Center Numbers: 5,011

BLS: **2,957** ACLS: **1,354** PALS: **434** Heart Saver: **366**

Exemplary Professional Practice

Rush nurses exemplify professional excellence, ensuring that every patient receives the highest standard of care. With a relentless drive to improve, they continuously seek innovative solutions and better ways to meet the evolving needs of those they serve.

Accurate Mental Status Scoring, Key to Reducing Falls

Rachel Filer, MSN, RN, CNL, CMSRN
Colleen Wallek, MSN, RN, CNL, CMSRN
Jenna Maloney, MSN, RN, CNL

Hospitalized patient falls are the most common adverse event reported in healthcare. Each year, the Agency for Healthcare Research and Quality reports that between 700,000 and 1,000,000 people in the U.S. fall in a hospital, resulting in over 250,000 injuries and up to 11,000 deaths. Falls with injury impact patients' quality of life, the hospital's length of stay, costs and litigation. Rush nursing teams have reduced falls through increased education regarding the Morse Fall Scale (MFS), with a concentration on mental status.

Fall prevention begins by managing patient fall risk factors and the hospital's physical environment. Rush nurses utilize an evidence-based fall-risk assessment scale to evaluate every inpatient's risk. The Rush University Medical Center Fall Oversight Committee was concerned about increased organizational falls, with a fall rate of 0.38% in September 2023.

While reviewing unit-specific data, the committee identified that the surgical acute and intermediate care units had decreased patient falls. These nursing teams placed additional focus on the MFS, a validated tool that ranks the likelihood of patients falling based on risk factors in six scored components: history of falling, secondary diagnosis, ambulatory aid, having an intravenous catheter, gait/transferring and mental status.

Mental status is the MFS factor that is often the most confusing to score. This score should be rated based on the patient's understanding of their mobility, including limitations or demonstrating over-estimation of ability, rather than only the patient being alert and oriented. A patient who is alert and oriented but demonstrates impulsivity should receive a risk point, raising the fall risk. This detail was important for nurses to understand and to score consistently.

Clinical nurse leaders Rachel Filer, MSN, RN, CNL, CMSRN; Colleen Wallek, MSN, RN, CNL, CMSRN; and Jenna Maloney, MSN, RN, CNL, collaborated to create an educational PowerPoint presentation that reviewed how to complete mental status scoring accurately. The presentation included patient examples and interventions to implement for high-scoring patients, including bed alarms and staying at arm's length in the bathroom. The education was provided to nurses during the shift change huddle. Then, a train-the-trainer concept was used to ensure that all nursing personnel completed the education within a month across all inpatient units.

After re-education, the MFS mental status scoring was more accurate and included patient impulsivity beyond alertness and orientation alone. This directed staff members to implement tailored fall prevention measures that reduced patient falls and improved patient safety.

Building Patient Satisfaction Through Improved Communication with Patients and Families

Humberto Rodriguez Jr., MSN, RN, CNML, and the Endoscopy Center Unit Advisory Committee

On August 14, 2023, ambulatory surgery/endoscopy moved into the new Joan and Paul Rubschlager Building. The increased endoscopy footprint enabled widespread clinical areas to merge, optimizing patient flow and care efficiency while improving quality. Overall, patient satisfaction scores improved following the move to the new space. However, the Press Ganey survey question, the "Degree to which you were informed about any delays," decreased and continued to pull down the overall score.

Evidence shows that increasing patient experience scores is associated with improved clinical outcomes. Therefore, an area for improvement the clinical team worked to improve was the procedural schedule for patients and families. The team expected they could improve patient satisfaction by working to streamline processes to ensure proactive communication regarding schedule changes.

In January 2024, the Press Ganey mean score for the "Degree to which you were informed about any delays" in the survey was 77.98. Humberto Rodriguez, MSN, RN, CNML, unit director, brought the patient satisfaction data to the unit advisory committee (UAC), or unit-level shared governance, for discussion and problem-solving. Rodriguez used the Plan, Do, Check, Act (PDCA) framework to support this quality improvement project.

Plan and Do

Rodriguez collaborated with the UAC and an advanced practice provider (APP) team as the project leader to review clinician roles during the "Do" phase. The charge nurse's role was identified as a primary communication hub, responsible for triggering the admission nurse and the assigned APP to each update the patient and family for all delays exceeding 30 minutes. Having both of these care team members provide the update allowed for patient and family questions related to the delay to be expediently addressed and answered.

Check

During the PDCA "Check" phase, the team recognized that they needed a location in the electronic medical record (EMR) to document that communication occurred with the patient and family. During a UAC meeting, the team located a previously unused area of the EMR flowsheet labeled "family update" that could be used. This benefited the project timeline since the team did not need to request additional documentation fields be added to the EMR.

Act

Throughout the PDCA "Act" phase, Rodriguez communicated the plan regarding new workflows and role expectations with the nursing and APP teams via meeting minutes, emails and huddle discussions.

On March 25, 2024, the updated communication workflow with patients and family members about all procedural delays went live. Within a few months, the improved communication coordination with patients and family members about procedural delays by the admission nurse and the assigned APP increased the Press Ganey survey question scores to more than 85%. The improvement project added to the positive overall patient satisfaction results following the move to the Joan and Paul Rubschlager Building.

Honor Roll Success: Door-to-Treatment Time in Stroke Patients Reduced

Kristen Fisher, DNP, APN, AGACCNS-BC, CCRN-K

Strokes are the second leading cause of death in the world and the number one cause of disability. Prompt treatment responses are imperative. Rush University Medical Center is certified as a comprehensive stroke center by The Joint Commission and strives to improve the time stroke patients receive intravenous (IV) thrombolytics to promote rapid revascularization.

The American Heart Association aims to reduce the average time from patients entering the emergency department (ED) door to receiving IV thrombolytic within 60 minutes for 85% or more of patients with an acute ischemic stroke. The medical center program aimed to achieve the American Heart Association's Target Stroke Honor Roll by decreasing the average door-to-needle (IV thrombolytic) times to within 60 minutes for at least 85% of eligible patients.

The interdisciplinary stroke performance improvement committee and comprehensive stroke program team monitor the monthly door-to-needle times. The teams were concerned that the medical center was not meeting the honor roll target. In October 2023, the average door-to-needle time was 73 minutes, exceeding the time required to achieve honor roll status. An interdisciplinary team of nurse leaders, clinical nurses, physicians, pharmacists and radiologists convened to analyze the data and plan process improvements to reduce the average door-to-needle time (minutes) for acute ischemic stroke patients presenting to the ED.

Due to the urgent need to address the issues, several initiatives were introduced simultaneously as a bundled approach. Nick Cozzi, MD, medical director of EMS, Laurel Cherian, MD, MS medical director of the Comprehensive Stroke Program, Giles Slocum, PharmD, Kristen Fisher, DNP, APN, AGACCNS-BC, CCRN-K, nurse-stroke coordinator, Rahul Patwari, MD; Margie Huerta-Mukite, BA, director of patient access and Amie Porcelli, MSN, RN, CEN, TCRN, nurse–assistant unit director in the ED, collaborated to implement the following improvements in the Emergency Department, with the Chicago Fire Department (CFD) and medical center registration department:

- Partnered with the Chicago Fire Department (CFD) to streamline the arrival process
  - CFD to radio a priority call from the field
  - ED RN announces the "code stroke from EMS, arrival time in XX minutes" overhead paging system.
- Hard stop at the registration desk upon arrival
  - Occurs immediately at the ambulance bay doors
  - Patient access team members participate.
- The clock starts a 60-minute countdown by the patient care technician, traveling everywhere with the patient.
- A portable monitor for vital signs remains on the patient in the CT scanner area, allowing for frequent vital sign measurements, as well as prompt treatment of hypertension to ensure candidacy for IV thrombolysis.
- Interdisciplinary stroke huddles are called within 30 minutes of the patient's arrival. Led by the neurology team, the group discusses a plan for IV thrombolysis and mechanical thrombectomy, ensures all team members are aware of the plan of care, and provides the opportunity for team members to observe the consent process together.

The go-live for these new system processes was November 30, 2023. By December 2024, there was an 18% decrease in the mean door-to-needle time for stroke patients. Because of the comprehensive stroke program's strong interprofessional collaboration to implement evidence-based interventions and streamline care processes, the team achieved honor roll success of "elite" status, meeting the average door-to-needle time within 60 minutes for 85% of all ischemic stroke patients.

Leveraging Nurse Triage Roles to Improve Care, Access, Timeliness and Effectiveness

Telephone Triage Supports Primary Care Clinics

Molly Moran, DNP, RN, CCRN

Telephone triage is vital to the Rush strategic plan, which includes the pillars of health equity, growth and reach, people, quality and safety, and financial strength. It has been shown to improve the patient's experience by providing timely and accurate care direction. Additional benefits of the nurse triage role include enhancing population health by reducing barriers and connecting patients to accessible medical care, reducing costs by preventing unnecessary healthcare utilization, optimizing resource allocation and work efficiency and reducing clinician burnout.

The Rush University Medical Group Access Center telephone triage registered nurses (RNs) support six primary care clinics. The team assesses patient symptoms, determines patient acuity and facilitates transitions to the appropriate level of care. Telephone triage protocols utilize evidence-based standards and the RN's clinical expertise to guide decision-making. Based on the RN's determination of the patient's level of urgency to receive medical care, the essential next step is linking the patient with the next level of care.

After closely reviewing the 2023 access center data, opportunities were identified to streamline the 57 nurse-driven protocols. Over half of all patients triaged by the Access Center led to same-day disposition in the primary clinics, more than 300 patients per month. Many of these patients met the criteria to access provider care via urgent care or telehealth appointments. In addition to consolidating the evidenced-based protocols to 14 patient dispositions, linking patients to same-day virtual appointments was added.

The Access Center performed a pilot to evaluate the updated protocols during the summer of 2024. The findings revealed more appropriate patient disposition and care timeliness, including increased telehealth appointments and improved River North urgent care clinic utilization. Presenting the findings to the Rush University Medical Group Quality Committee, the Access Center received permission to move beyond a pilot phase and into permanent implementation. In addition, this work will be expanded across the system.

Emergency Department Triage Nurse Supports Patient Satisfaction, Care Efficiency and Effectiveness

Mentor Program Fosters Role Consistency, Quality

Marites Gonzaga-Reardon, DNP, APRN, CCNS, CEN
Sara Henry, BSN, RN, CEN
Ashley Boumgarden, DNP-FNP, BS, RN

The emergency department's (ED) primary function is to treat critically ill and severely injured patients. Well-designed triage systems with knowledgeable, skilled, empowered triage nurses (RNs) are central to reducing patient morbidity and mortality, improving patient satisfaction and increasing the efficiency and effectiveness of ED services. The specialized function of this RN triage role is unique to the ED. Although all clinical nurses perform assessments, the triage RN — supported by the Illinois Nurse Practice Act and Emergency Nursing Association (ENA) standards of practice — performs complex assessments and makes independent decisions based on the full scope of nursing practice.

Triage is a dynamic process that requires skilled nursing assessments and decision-making. Rush University Medical Center adopted the ENA practice standards and position statement, which outline role qualifications and advanced skills for prioritizing patients based on physical, psychological and social needs and factors influencing flow through the emergency care system. Some RN qualifications include a minimum of one year of emergency room experience, completion of triage-specific education, and ongoing triage competency validation.

The nationally recognized, evidence-based five-level Emergency Severity Index (ESI) helps to guide the triage nurses' critical thinking. The ESI prioritizes patients based on the urgency of their condition to receive medical care. The detailed ESI includes questions considering the patient's acuity, including "When should the patient be seen?" and resources, such as "What does the patient need?"

▲	**Level 1**	Requires life-saving intervention
	Level 2	High risk/severe pain and distress
	Level 3	Requires two or more resources
	Level 4	Requires one resource
▼	**Level 5**	Requires no resource

The goal of applying this index scale is to standardize decision-making and connect every patient to the right resources in the right amount of time.

To make effective and safe triage decisions, nurses must draw from extensive knowledge and experience to act based on the patient's presentation. Since the triage RN functions autonomously, it is vital to ensure a standardized orientation supports role development and ESI application, which guides patient prioritization consistency. Foundational triage nurse training includes the following:

- Completion of online triage modules
- Attendance at four triage workshops led by the unit clinical nurse specialist
- Attendance at a minimum of 16 clinical triage orientation hours with a preceptor

A workgroup was formed in July 2023 to foster ongoing critical thinking development that supports role consistency and quality. The team was led by Sara Henry, BSN, RN, CEN, interim assistant unit director; Ashley Boumgarden, DNP-FNP, BS, RN, clinical nurse RN3; and Marites Gonzaga-Reardon, DNP, APRN, CCNS, CEN, Clinical Nurse Specialist and the mentor program team includes Peyton McDade, BSN, RN, Nancy Berger, RN, Hannah Vaughan, BSN, RN, Kellie Tuley, MSN, CNL, CMSRN, and Alicia Taylor, BSN, RN.

Following triage nurse training, new triage nurses are assigned to an experienced triage RN mentor. The mentor program received positive feedback from new triage nurses, mentors and interdisciplinary team members. Ensuring thorough triage role training via this mentorship model supports role consistency and the delivery of quality patient care.

Uniting Forces: A Collaborative Approach to Enhancing Door-to-Needle Efficiency for Acute Stroke

Kristen Fisher, DNP, APRN; Amie Porcelli, MSN, RN; Nicholas Cozzi, MD, MBA; Giles Slocum PharmD; Alejandro Vargas, MD, MS; Rahul Patwari, MD; Laurel Cherian, MD, MS

Background

- Prompt treatment of patients presenting with suspected ischemic stroke remains a priority for emergency departments globally.
- Timely intervention is dependent on a well-functioning team and efficient processes.
- Due to the urgent nature of a Code Stroke, effective communication, streamlined workflows, and role definition are crucial for making sure patients can be treated efficiently.
- An urban academic comprehensive stroke center's stroke performance improvement committee noted a trend of increasing door-to-needle (DTN) times overall, achieving the center's goal of DTN <60 minutes only 60% of the time. This did not align with the American Heart Association (AHA)'s Target: Stroke Phase III goal of treating 85% or more patients within 60 minutes.
- The urgent need to reduce times, as well as the multifactorial nature of delays, required a creative approach to address several opportunities at once.

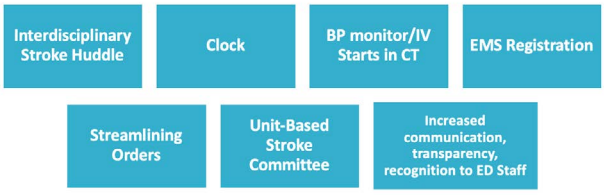
Purpose

Implementation of a bundle with a goal of reducing DTN times and improving interdisciplinary communication and collaboration at a single comprehensive stroke center.

Methods

- The intervention was done at a single, academic, comprehensive stroke center.
- A multidisciplinary stakeholder group formed to develop an action plan.
- Due to the urgent need to address the issue, several initiatives were introduced simultaneously as a bundled approach. All interventions were at no cost to the institution.

The bundle included the following:



- Data was compared 14 months pre-implementation of the bundle to 14 months post-implementation during 2022-2024.
- All patients that received Tenecteplase (TNK) in the ED were included, regardless of final diagnosis. However, if patients met valid exclusion criteria for time-based goals according to the AHA Get With the Guidelines ® database (i.e. management of concomitant emergency situations), they were excluded.

Results

Table 1. Pre and Post Intervention Comparison

	Pre	Post
Number of Patients, n	35	49
Mean DTN (minutes)	55	45
Median DTN (minutes)	59	46
CTA before TNK	56%	78%

Figure 1. DTN Times

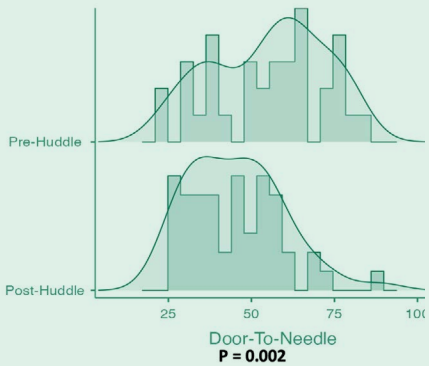


Figure 2. Treatment Goal Adherence

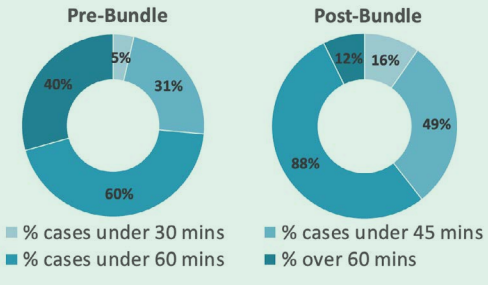


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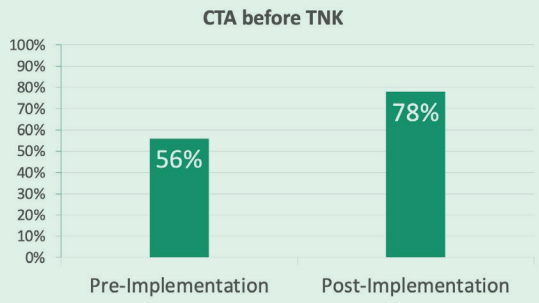
Figure 3. CTA Pre-TNK



Discussion

Post-implementation of bundle, there was an 18% decrease in mean DTN times. There was also a significant shift in performance for each Target: Stroke Phase III goal. The medical center met the goal of DTN <60 mins for 85% of patients for CY24. Notably, this post-implementation reduction in door to needle times was achieved while simultaneously obtaining CTA before TNK in a higher percentage of patients, allowing for expedition of thrombectomy for large vessel occlusion strokes while simultaneously optimizing door to needle times for patients eligible for thrombolytic therapy.

Conclusion

After implementation of the bundle, DTN times were significantly reduced, and communication has been much improved. Staff feedback has been positive, and all components of the bundle are sustainable. The medical center continues to reevaluate and refine this process.

New Knowledge, Innovations, and Improvements

At Rush, a commitment to new knowledge, innovation, and continuous improvement drives nursing excellence. Each day brings fresh opportunities to advance both the art and science of care. Rush nurses consistently rise to meet these challenges — leading with expertise, compassion, and vision.

Empowering NICU Parents at the Milk Café

Kathryn Meade, RNC-NIC, IBCLC

There is a special space for new parents in the Rush University Medical Center Neonatal Intensive Care Unit (NICU). Every Friday, breastfeeding peer counselors host a pop-up Milk Café. This peer-to-peer support group is a time for parents while their baby is or babies are cared for in the NICU.

Having a child in the NICU can be an incredibly exhausting and emotional experience. The Milk Café offers respite for parents, and provides a space where they can learn, bond and have their questions answered by experienced parent-peer counselors.

The Café provides a space for new mothers to express breast milk for their babies while they receive education, support and guidance. Parents receive warm beverages and a nutritious lunch. Soft music plays, and colored pencils and markers are spread across the table, encouraging relaxation and expression through art.

Upon arrival, parents meet each other and learn about the health benefits of breastfeeding for their babies. It does not take long for cross-sharing to begin about their birth experiences and discussing how their babies are gaining weight and developing. The breastfeeding peer counselors share their previous journeys and provide breastfeeding/breast-pumping education while spreading hope and inspiration for overcoming the current challenges of breastfeeding and all the hurdles that come with having a hospitalized infant.

Feedback from NICU Milk Café participants is overwhelmingly positive. The café provides a safe, nonjudgmental environment for learning, expressing feelings, drawing, laughing, crying and developing enduring friendships with other parents with whom they now share a significant life experience.

Virtual Dementia Simulation Increases Caregiver Empathy, Support

Zina Karana, MSN, RN, CMSRN, CNL

More than 90% of persons with dementia (PWD) receive support from at least one family caregiver. Family caregivers of PWD report more physical and emotional stress with higher rates of depression and anxiety compared to caregivers of individuals without dementia. With the growing aging population in the U.S., dementia diagnoses and the number of family caregivers are growing. Rush University Medical Center nurse Zina Karana, RN3, sought a strategy to promote caregiver well-being and decrease caregiver burden, which is essential to face the future.

For the past eight years, Karana has cared for adult medicine patients with dementia in the unit. In addition to being a clinical nurse, she attends the PhD program at Rush University College of Nursing. Through her professional and academic experiences, Karana knows that increasing empathy can improve caregiver well-being.

Karana has led sessions for nurses and nursing students using Virtual Dementia Tour® (VDT), a virtual reality simulation. By wearing patented eyewear, audio equipment and hand and footwear that distort sensory input, the simulation provides the professional caregiver with a first-person perspective of living with dementia. A better understanding of the obstacles that a dementia patient experiences enhances caring and empathy skills. After reviewing the literature, Karana identified a study opportunity to apply this simulation technology to family caregivers and measure the benefits.

Last year, Karana and Olimpia Paun, Ph.D., PMHCNS-BC, FGSA, professor, Rush University Department of Community, Systems and Mental Health Nursing, examined how the dementia simulation program affected the empathy of PWD family caregivers. After implementing VDT training with focus groups, the quantitative and qualitative data from the project revealed that the interventions increased empathy for the caregivers.

These findings indicate that virtual dementia simulation holds value, especially as an early intervention, increasing empathy and support for PWD caregivers. During fiscal year 2024, Karana presented the project results to all nurses during a monthly educational event hosted by the Professional Nursing Staff Education Committee.

Prevent Pediatric Patient Falls with Awareness, Risk Screenings and Intervention

Kathleen Piotrowski-Walters, PhD, APRN, PCNS-BC, CCRN

Historically, inpatient fall prevention has focused on adults and has not been associated with pediatric patients. However, inpatient pediatric falls account for a significant number of reported hospital adverse events and contribute to increased length of stay, cost, morbidity/mortality and decreased patient/family satisfaction. One challenge with pediatric fall prevention is that pediatric patients have a broad spectrum of ages and developmental abilities.

Due to increased fall events, the Pediatric Intensive Care Unit (PICU) formed a Pediatric Fall Committee at the end of fiscal year 2023. The committee, overseen by pediatric nursing leadership and clinical nurses from the unit, aimed to raise awareness of pediatric fall prevention and engage staff in fall prevention interventions.

The committee identified opportunities for improvement by reviewing adverse event data and auditing fall documentation and bedside interventions. As a result, the committee developed and implemented "Pediatric Fall Fair" sessions. Registered nurses and assistive personnel attended these sessions during the fiscal year 2024. The educational and knowledge-building sessions included a fall risk assessment tool case study, bed alarm, chair alarm, and gait belt competencies.

The Pediatric Fall Fair provided a valuable learning opportunity for the staff and the committee. Feedback from the staff indicated that many fall incidents occurred within the first 24 hours of admission/transfer, often with parents/caregivers present. This newfound understanding led to the "No One Walks Alone" initiative, where the clinical nurse evaluates each patient's fall risk and ambulation assistance needs upon admission or transfer. Patients and their families receive education and anticipatory guidance about the importance of having a nurse/assistive personnel present during ambulation. Patient room communication whiteboards and the electronic medical record are now updated with the patient's fall risk and ambulation assistance needs. The committee discusses topics from the Pediatric Fall Fair with new staff, audits documentation and the bedside fall interventions, and reviews fall events at monthly meetings to highlight essential learnings.

The Pediatric Fall Committee is a change agent that demonstrates teamwork and highlights the importance of patient quality and safety. Under its leadership, the PICU team reduced patient falls from 5 in fiscal year 2023 to 1 in fiscal year 2024 by raising awareness and implementing fall prevention risk screenings and best practice interventions.

Progressive Mobility Improves Patient Outcomes in the Adult Intensive Care Unit

Beth Day, MSN, APRN, CCNS, CCRN-K
Tia Davis, BSN, RN, CCRN

Post-Intensive Care Syndrome (PICS) is an emerging area of research in critical care. PICS is a phenomenon in which patients admitted to an intensive care unit (ICU) develop long-lasting symptoms such as weakness, fatigue, decreased mobility, anxiety, depressed mood, sexual dysfunction, sleep disturbances and other cognitive issues.

PICS can be a life-altering and debilitating diagnosis for patients. A significant predictor for the development of PICS is a patient who experiences delirium during an ICU admission. The Society of Critical Care Medicine has developed a group of interventions to prevent the occurrence of hospital-induced delirium, known as the ICU Liberation Bundle or the ABCDEF Bundle. The bundle includes six elements designed to reduce the length of stay in the ICU and expedite a timely and safe discharge from the ICU. The fifth component of the bundle is early mobility. This remains challenging for nurses in a fast-paced, high-acuity unit like the Rush University Medical Center adult intensive care unit. It is essential to understand that mobility exists on a continuum and that even a passive range of motion benefits someone critically ill. Following a practice gap analysis, the AICU Progressive Mobility Committee, under the leadership of Tia Davis, RN3, identified an opportunity to enhance patient movement. Chart reviews and real-time observations identified that only 25 to 30% of capable patients were mobilized during unit stays.

Recognizing the many facets necessary to promote mobility, the committee set goals to increase clinical nurses, patient care techs, and patients' education and awareness of mobility benefits. This would ultimately increase the movement of AICU patients. The project held the following goals:

- Increase early mobility in ICU patients
- Improve mobility documentation and use of mobility screening tool
- Improve communication with the interdisciplinary team
- Improve clinician knowledge and proper use of lift equipment and specialty beds

The AICU Progressive Mobility Committee implemented numerous interventions to reach these goals. During fiscal year 2024, weekly activities focused on staff education regarding the benefits of early mobility and the available resources. Committee members wearing specially designed T-shirts emblazoned with the slogan "Mobility is Medicine" led the unit in educational activities. Topics included the safe and appropriate use of various types of lift equipment, criteria for using specialty beds to support verticalization therapy and the "why" behind these best practices. Other interventions included:

- The unit clerk sent "Get Em' Up" reminders to the clinical staff phones, reminding them to move eligible patients to a chair by 6 a.m.
- A staff survey gathered educational needs and input on areas needing mobility practice support.
- Clinician education on progressive mobility, the screening tool and appropriate electronic medical record (EMR) documentation.
- A bulletin board highlighted team members with mobility expertise.
- A hard stop was built within the electronic admission order set for the provider to indicate patients eligible for mobility.
- Routine audits were performed to evaluate adherence to the interventions.
- The committee recognized staff members who made significant efforts to mobilize patients.

Through the work of the AICU Progressive Mobility Committee, nurses have reported increased knowledge and prioritization of early patient mobilization, including the appropriate use of supports like lift equipment and verticalization therapy. The results of the weekly audits demonstrate adherence to the activity orders and the screening tool in the EMR. In one month, night shift mobility increased by 40%, overall mobility increased by 50%, and compliance with the activity order reached 100%. Most importantly, AICU patients have benefitted from increased mobility.

Elevating Patient Care: The Rush and MD Anderson Nursing Collaboration

Melissa Arangoa Miller, MS, APRN, ACNS-BC, AOCNS

In April 2024, Rush Cancer Center formed a partnership with MD Anderson Cancer Center, offering oncology nurses the opportunity to collaborate with the nation's top-ranked cancer center. Over the past year, the focus has been on aligning nursing practices and structures to support this collaborative effort and elevate cancer care across the Rush system.

Standardizing Annual Nursing Competencies

For the first time, Rush implemented service-line-specific annual nursing competencies across the oncology specialties. This initiative helped to align best practices between Rush and MD Anderson. The educational and competency sessions included oncology nurses from both inpatient and outpatient settings across the Chicago campus and regional sites in Aurora (Copley), Lisle and Oak Park.

Led by clinical nurse specialists, clinical nurse leaders and frontline nurses, approximately 60 four-hour sessions were conducted across the enterprise beginning in June 2024 and scheduled to conclude in August 2025. A comprehensive needs assessment guided the selection of competency topics, and outcome targets were established to measure impact and inform future improvements. By the end of the initiative, approximately 350 nurses are expected to complete the training.

Hardwiring the Professional Governance Structure

To further support the partnership and enhance nursing practice, a team of frontline nurses, advanced practice nurses and leaders have strengthened the professional governance structure within the cancer service line. This structure is essential as the cancer center continues to grow and diversify in areas of specialization.

Over the past six months, new committees were established, including a steering committee and a policy review committee. These initiatives empower nurses to lead changes in practice, workflow and policy. This shared-governance model ensures representation from all oncology nursing specialties, and it supports both Magnet and Rush's mission to engage frontline nurses in leadership and decision-making.

Collaborative Leadership and Best Practice Sharing

MD Anderson leads collaborative meetings for nurse leaders across partner sites, focused on key areas such as nurse navigation, infusion, education and operations. These meetings are valuable for sharing best practices and ensuring continued alignment of care standards across institutions. Participation from other MD Anderson partner sites across the country enriches our collective knowledge, elevates clinical practices and supports consistency in cancer care delivery.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