RUSH

Rush University Medical Center

2025 Nursing Annual Report

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Chief Nursing Officer's Message

Deana Seivert

Senior Vice President and Chief Nursing Officer,
Rush University Medical Center
and Rush University System for Health

I am very proud to share the 2025 Rush University Medical Center Nursing Annual Report. It captures the dedication of our nursing team and the meaningful difference nurses make every day — both within our organization and across the communities we serve. This report reflects not just what we accomplished this year, but who we are as nurses at Rush: leaders, collaborators and compassionate caregivers.

Throughout the year, nurses stepped forward to strengthen professional governance, advance clinical practice and enhance the patient experience. Guided by Magnet principles, nurses used their expertise and authority to lead change, apply evidence-based practices and partner across disciplines. This work reflects a deep, shared commitment to excellence and to continually raising the standard of nursing practice.

The stories within these pages show how that commitment comes to life at the bedside and beyond. Nurses improved discharge education and communication, strengthened patient safety, responded decisively during emergencies, supported survivors through specialized programs and navigated patients through increasingly complex transitions in care. Each example underscores how nursing leadership, teamwork and problem solving directly contribute to better outcomes for our patients and families.

This year's report also highlights the growing influence of our nurses beyond Rush. By sharing practice improvements, research and innovations at local, regional and national levels, our nurses are shaping broader conversations about quality, safety and patient-centered care. Their willingness to lead and share elevates both the profession and Rush's reputation for excellence and innovation.

To every nurse whose work is reflected in this report — thank you. Your expertise, dedication and compassion make a difference every day. Because of you, we continue to strengthen patient care, advance nursing practice and positively impact the lives of those we are privileged to serve.

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

Fiscal Year 2025 Professional Nursing Staff Accomplishments

Abigail Brandt, MSN, RN, CMSRN
President, Professional Nursing Staff

As we close out fiscal year 2025, I reflect with deep pride and gratitude on all that we have accomplished together. It has been an incredible privilege to serve as your Professional Nursing Staff president and to represent such a remarkable community of nurses whose dedication, compassion and professionalism continue to elevate Rush Nursing.

This year, our collective achievements were guided by the pillars of People, Quality and Growth, each reflecting the strength of our shared purpose and collaboration.

Under People, we focused on connection, visibility and recognition. We partnered with nursing senior leadership and expanded our shared presence on day shift and night shift rounds and through micro–town halls, strengthening communication across all teams. The PNS Staffing Committee reviewed each unit nursing staffing grid to ensure equitable and transparent staffing practices. Elise Perron, PNS president elect, and I attended Magnet Day in Springfield, Ill., offering a powerful opportunity to continue advocating for the nursing voice at the state level. We also launched a new workload acuity tool in partnership with the PNS Documentation Committee, created a FAQ document to clarify the new attendance policy and added DAISY clings in every inpatient and outpatient room to celebrate nursing excellence daily.

In Quality and Safety, collaboration drove meaningful progress. The PNS Education Committee offered 21 continuing education hours to support lifelong learning and ensure Rush nurses have free opportunities to maintain their licensure. We also implemented a closed-loop communication tracker to strengthen accountability and sustain strong outcomes during our Joint Commission survey, guided by nursing autonomy and accountability, with nursing quality indicators and metrics tracked in partnership with the Nursing Quality Improvement Committee. These initiatives reflect our shared commitment to a culture of safety, learning and continuous improvement.

Our focus on Growth and Reach highlighted the incredible impact of Rush nurses on both our walls and across our community. We rolled out new PNS posters on every unit to enhance awareness of our communication model and help nurses identify PNS representatives. We hosted three volunteer events — health education at the Genevieve Melody Elementary School in Garfield Park, a Rush anchor mission community, PAWS Chicago and the Chicago Marathon, demonstrating our commitment to service beyond the bedside. Rush nurses also represented the organization at two Rush University College of Nursing panels, inspiring the next generation of nurses. Additionally, we established the Clinic Advisory Committee within the Rush Medical Group structure to strengthen shared governance and ensure consistent nursing representation across the ambulatory setting. In May, we partnered with Rush anchor mission vendors to host a month-long celebration for Nurses Month, and we closed the year with Professional Experience Listening Sessions, ensuring the voices of nurses across all career stages continue to guide our path forward.

These accomplishments belong to all of you. Every project led, meeting attended and idea shared reflects the unity and excellence that define Rush nursing. Together, we strengthened engagement, advanced our professional practice and continued to shape a culture where nurses lead with heart, innovation, and collaboration.

It has been an honor to serve alongside you. Thank you for your continued partnership and dedication to advancing the nursing profession at Rush.

Sincerely,
Abigail Brandt, MSN, RN, CMSRN
President, Professional Nursing Staff

PNS Accomplishments and Goals

Fiscal Year 2025

Accomplishments

People

- Provided RN support to increase engagement and in-person attendance at committee meetings by utilizing the committee expectations and consent-to-serve form
- Partnered with the Rush Creative Media team to support PNS events and DAISY awards, including photo opportunities
- Increased engagement on PNS Instagram account, achieving 116% follower growth, 22 posts in FY 25, and more than 12,000 views
- Assisted in expanded visibility of, and understanding about, the role of Nursing Senior Leadership through intentional rounding, Town Halls, and micro–Town Halls
- Utilized a one-page flyer to support the monthly review of the Department of Nursing budget
- Reviewed all Nursing staffing grids by unit
- Participated in Magnet Day in Springfield, educating Illinois representatives on nurse staffing ratios
- Partnered with the PNS Documentation Committee to build a Workload Acuity Tool
- Created a variance reporting tool to document deviations from staffing grids and presented it during June road shows
- Developed a FAQ resource to support the rollout of the new attendance policy
- Supported executive committee team-building and DEI listening sessions
- Created DAISY clings for inpatient and outpatient rooms

Quality and Safety

- Successful Joint Commission survey
- Enhanced nursing quality metric auditing. Created a sustainable plan post Joint Commission visit
- Created NQIC peer review takeaway flyer
- Offered 21 continuing education credits
- Created a closed-loop communication slide and tracker
- Vocera rollout, and subsequent alarm management committee
- PNS Documentation Committee macros and copy forward
- ZOLL Lifepak roll out
- Disruptive Behavior Smart text
- Rush is a Safe and Healing Place sign
- Improvement team to select projects for EXCITE program

Growth and Reach

- Achieved a sixth Magnet designation
- Created PNS posters for inpatient units, Rush Medical Group clinics, and new graduate resident nurses to highlight PNS history, fiscal year accomplishments and communication pathways
- Updated the cadence of PNS Executive Committee meetings to accelerate information sharing from department advisory committees
- Expanded Executive Committee representation by adding operating room and women's representatives
- Distributed PNS perks flyers
- Conducted monthly review of the PNS bylaws during PNS meetings
- Connected multiple nurses to additional committees and project opportunities through the RN3 Validation Committee, leading to applications for Wellness grants, Women's Board grants, EXCITE program and more.
- Connected nurses to PNS Evidence-Based Practice/Research Committee and Center for Clinical Research and Scholarship to support abstract submission
- Hosted three volunteer opportunities, including:
  - Chicago Marathon
  - Genevieve Melody Elementary School health education
  - PAWS Chicago
- Participated in two Rush University College of Nursing panels
- Partnered with anchor mission vendors to support May's Nurses Month activities
- Updated uniform policy to align with current practice standards
- Held Professional Experience Listening Sessions for nurses with 5–9 years, 10–19 years, and 20+ years experience

PNS Accomplishments and Goals

Fiscal Year 2025

Goals

People

- Encourage professional engagement and accountability within committees by enhancing and strengthening committee expectation guidelines
- Grow the PNS social media presence through collaboration with Rush Marketing Communications and other Rush partners
- Provide RN support to increase RN engagement and active participation in committee meetings
- Expand presence and understanding about the role of Nursing Senior Leadership
- Continue building education and awareness of hospital operations through PNS staffing

Quality and Safety

- Increase staff engagement and understanding of metrics and quality improvement projects
- Leverage the PNS education committee to develop and offer continuous Grand Rounds educational events
- Partner with project improvement groups to advance quality and satisfaction
- Collaborate with the Health Equity team to strengthen knowledge and awareness of social determinants of health resources
- Leverage new technology and product advancements to enhance clinical expertise

Growth and Reach

- Increase awareness and understanding of PNS and its impact at Rush
- Utilize RN3 advancement and maintenance projects to connect RNs to additional evidence-based practice, research opportunities and quarter one projects
- Partner with local community outreach programs for PNS volunteering opportunities
- Maximize engagement, retention and recruitment through the PNS newsletter and marketing collaboration

PNS Officers

Fiscal Year 2025

Abby Brandt, MSN, RN, CMSRN
PNS President

Elise Perron, MSN, RN, CMSRN
PNS President-Elect

Jessica Chakos, BSN, RN, CMSRN
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 2024: **Jake Moran | Neuroscience Intensive Care Unit**

August 2024: **Jada Abuhashish | Emergency Department**

September 2024: **Vanessa Sandoval | Labor & Delivery**

October 2024: **Katie Schipfer | Blood and Marrow Transplant and Hematology**

November 2024: **Katherine Qualley | Ante/Post Partum**

Daisy Award for Nurses Advancing Health Equity: **Nicole Walkowiak | Wound, Ostomy and Continence**

December 2024: **Tyla Mapp | General Medicine**

January 2025: **Olivia Wirtz | Cardiosciences Intensive Care Unit**

February 2025: **Jessica Gbur | Medical Intensive Care Unit**

March 2025: **Allie Comes | Adult Intensive Care Unit**

April 2025: **Andrew Babochay | Interventional Services**

May 2025: **Nandini Patel | Cardiosciences Intensive Care Unit**

June 2025: **Marina Silva | General Medical-Surgical**

Award winner designated in bold font.

Celebrating Advanced Practice Providers

Rush celebrates National Advanced Practice Provider, or APP, Week annually on the fourth week of September with the support of the Advanced Practice Executive Committee, or APEC. APPs are recognized for their many contributions to providing access to high-quality patient care.

APEC Distinguished Leader Award

Jessica Cherikos DNP, WHNP | Obstetrics and Gynecology

APP Preceptor of the Year

Nominees

Lory Arquilla-Maltby, DNP, APRN, ANP, BC | Internal Medicine/ Geriatrics

Mary Freeman (Ross), DNP, APRN, PMHNP-BC | Rush Road Home Program

Ashley Menich, PA-C, MMS | Otorhinolaryngology, Head and Neck Surgery

Katie Morris, PA-C, MS, BS, MA | Neuroscience ICU

Jonathan Schulz, PA-C | Substance Abuse Intervention Team

Monica Shah, PA-C | Plastic and Reconstructive Surgery

Stephanie Snyder, FNP-BC, MSN, RN | Pediatric Neurology

APP Best New to Practice

Afia Ahmed, DNP, APRN, FNP-BC | Family Medicine

Amber Altidor, DNP, APRN, PMHNP-BC | Supportive Oncology, Division of Hematology/Oncology

Jordan Elliott, DNP, AGPCNP-BC | RUSH MD Anderson Cancer Center

JD Golon, PA-C, MSc | Urology

Elizabeth Hallau, PA-C, MS, BA | Rush University Family Physicians

Jenny Jothiyood, PA, NCCPA | Hematology/Oncology

Kelly King, DNP, FNP-BC | Rush Oak Park Family Medicine

Cindy Liu, PA-C, MS | Plastic & Reconstructive Surgery

Alison Lubelchek, DNP, APRN, CPNP-P | Pediatric Neurology

Brendan Namoff, DNP, CRNA | Anesthesia

Kiara Perkins, DNP, APRN, FNP-BC | Rush School-Based Health Center, Wendell Phillips High School

Jamie Schanz, DNP, FNP-BC, OCN, MS | Hematology, Leukemia Team

Emily Sestak PA-C, MS | Transplant Program

Chloe Zito, PA-C, MMS | Bone Marrow Transplant

Outstanding PA of the Year

Hayley Altshuler, PA-C | Plastic & Reconstructive Surgery

Dana Casalino, MSPAS, PA-C | Adult Psychiatry

Rick DiSanto, MPH, PA-C | Emergency Medicine

Maragaret Dolan, MMS, PA-C | OB/GYN

Kristin Gallas, MS, PA-C | Hematology/Oncology

Meghan Hoppes, PA-C | Otorhinolaryngology, Head and Neck Surgery

Carmen Kaufman, MPAS, PA-C | Cardiology

Justine Lim, PA-C | Convenient Care

Ashley Menich, MMS, PA-C | Otorhinolaryngology, Head and Neck Surgery

Joshua Mueller, PA-C | Family Medicine

Collen Reynolds, MPAS, PA-C | Dermatology

Stephanie Schroeder, MS, PA-C | Dermatology

Allison Terry, DMSc, PA-C | Orthopedics

Ellen Elpern Voice of the APRN Award

The Ellen Elpern Voice of the APRN Award is given annually to an Advanced Practice Registered Nurses, or 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.

Sarah Anderson, DNP, AGACNP-BC | Radiation Oncology

Kimberly Blanchard, DNP, NP-C | Rush Memory Clinic

Elizabeth Breier, MSN, CNP | Rush Copley-Family Medicine

Susan Budds, DNP, ANP-BC | Hematology/ Oncology

Emily Casselbury, FNP-BC | Substance Use Intervention Team

Elizabeth Day, MSN, CCNA | Adult Intensive Care Unit

Amy Folker, DNP, FNP-BC | Endocrinology

Casey Graff, MSN, NP-C | General Surgery

Megan Jones, MSN, NNP-BC | Neonatal Intensive Care Unit

Frances Lee, FNP-BC | Bariatric Surgery

Nicole Marks, FNP-BC | Emergency Medicine

Colleen Masters, MSN, ACNP-BC | Radiation Oncology

Kathryn McAndrews, MSN, ACNP-BC | Pulmonary Critical Care

Jennifer Sgro, FNP-BC | Family Medicine

Maria Stone, DNP, FNP-BC | Hematology/Oncology

Shellie Welch, MSN, AGACNP-BC | Cardiology

Danielle Wetzel, DNP, CPNP-PC | Pediatrics

Doshaine Williams, MSN, ACNP-BC | Cardiovascular Thoracic Intensive Care Unit

Lauren Wishne, DNP, FNP-BC | Gastroenterology

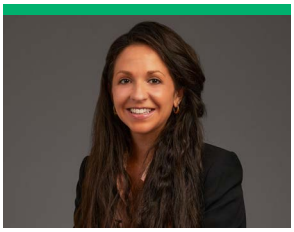
Veronica Yeung, MSN, WHNP | Obstetrics / Gynecology

Illinois Nurses Foundation 40 Under 40 Emerging Nurse Leaders

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

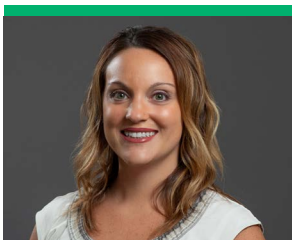
Sara Bynon Neely, DNP, APRN, PMHNP-BC

Kirsten Dickins, PhD, APRN, FNP-BC

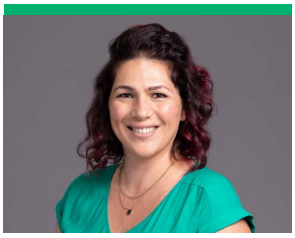


Krzysztof Garbarz, DNP, APRN, FNP-BC

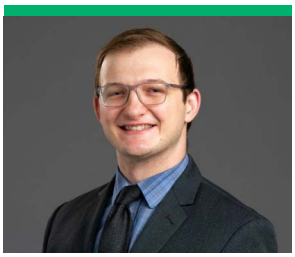
Laura Johnson, DNP, MSN, APRN, AGCNS-BC, BMTCN



Kathleen Posa-Kearney, MSN, APRN, ACCNS-AG, CCRN



Bryce Silverlight, MSN, RN, CNE, CMSRN



Eric Widstrom, MBA, MSN, RN, NEA-BC

Nursing Wellness Awards

Rush Wellness continued its fourth year of the Nursing Wellness Awards, supporting innovative projects that promote physical, emotional, mental and environmental well-being in nursing staff. Made possible through a philanthropic donation, $100,000 was awarded to projects across the Rush University System for Health. Applications were reviewed by the Nursing Wellness Award Oversight Committee, which includes frontline nurses, nurse leaders across Rush, and representatives of Rush Wellness. Below are the Rush University and Rush University Medical Center selected recipients, along with their program descriptions.

Amy Manion, PhD: Online diversity, equity and inclusion communication platform for the College of Nursing. The platform encourages open communication, strengthening relationships and fostering cultural and mental wellness.

Soumya Padala, MDS, MS: Micro-breaks during work hours for critical care nurses. These short resets help staff provide quality care and decrease burnout.

David Steedly, RN: Snow City Arts hands-on artmaking workshops. Provides opportunities for creative self-expression, community building, resilience and restorative practices.

Award winner designated in bold font.

Magnet Course for Excellence Awards

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

Individual Nominees

Maria Solonynko, RN | Medical Intensive Care Unit

Kelly McCann, BSN, OCN | RUSH MD Anderson Cancer Center

Nicole Walkowiak, BSN, RN, CRRN, CWOCN | Professional Nursing Practice

Brittany Wells. BSN, RN, CCRN | Critical Care Outreach Team

Team Nominees

Head and Neck Cancer Team

Operating Room Wellness Committee

Professional Nursing Staff Recognition Committee

UKG Nursing Team

House-wide Fall Oversight Committee

Lung Cancer Screening Program

Critical Care Outreach Team

Glycemic Taskforce

Nurses Helping Nurses

Medical Intensive Care Unit

Interventional Care Team

Adult Intensive Care Unit Progressive Mobility Team

Benign Infusion

Cardiology Electrophysiology Nursing Team

Cardiology Heart Failure Nursing Team

Fiscal Year 2025 Nurse Awards

Mary Beth O'Holleran Nurse Mentorship Award

Kelly Allworth, 7S

Angelica Sotomayor, Pediatric Intensive Care Unit

Sonisha Mosley, Cancer Center

Brenda Gonzalez, Neurosurgery

Lorraine Koh, Orthopedics

Mairead Hogan, Endoscopy

Deena Alaraj, Medical Intensive Care Unit

Fern Turner, Labor and Delivery

Lauren Zednick, Professional Nursing Practice

Grant Schluntz, Adult Intensive Care Unit

Sara Henry, Emergency Department

Cathleen Byrne, Prep/Recovery

Kathleen Kosmala, General Pediatrics

Katie Lattner, Clinical Staffing Office, Critical Care

Mae Bass, Head/Neck/Thoracic

Keeley Binion, Adult Observation

Jennifer Alvarez, General Medicine

Elena Aguilera, Affective Disorders

Lauren Wetsch, General Medicine

Stewart Taracena, Med-Surg Oncology

Grace Baker, Intermediate Care Unit

Cressalynne Ligo, Surgical Intermediate Care Unit and General Surgery

Joane Buga-ay, Bone and Marrow Transplant/Hematology Oncology

Mary Heitschmidt, Professional Nursing Practice

Award winner designated in bold font.

Deana DiMichele, RUSH MD Anderson Cancer Center

Megan Presutti, Neonatal Intensive Care Unit

Shaina Daniels, Rush Medical Group Primary Care, Access Center

Edgar Allan, Gonzalez-Caracheo, General Medicine

Luther Christman Clinical Excellence

Olivia Bouchard, Labor and Delivery

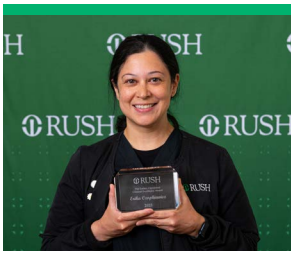
Sara Capalbo, Endoscopy

Andrew Clark, Neuroscience Intensive Care Unit

Hannah Cooper, Pediatric Intensive Care Unit

Jennifer Cranston, Med-Surg Oncology

Erika Czopkiewicz, Clinical Staffing Office, Acute Care



Meysem Dababneh, General Medicine

Saralyn Delk, Adult Psychiatry

Julie Eggert, Rush Medical Group Primary Care, Access Center RN Triage

Maribel Estrada, General Medicine

Dana Goodin, General Medicine

Megan Guzman, Med-Surg Oncology

Denise Hernandez, Immediate Care Unit

Bernadine Holland, Professional Nursing Practice

Josh Jacobs, Surgical Immediate Care Unit and General Surgery

Ofelia Jaczko, Orthopedics/Spine

Joannie James, Clinical Staffing Office, Critical Care

Zina Karana, General Medicine

Melissa Keller, General Pediatrics

Maria Malalis, Affective Disorders

Ann McClafferty, RUSH MD Anderson Cancer Center

Keimia Mehrabian, Cardiosciences Intensive Care Unit

Paul Reilly, Emergency Department

Maggie Schwegel, Neonatal Intensive Care Unit

Zoe Sims, Medical Intensive Care Unit

Taylor Tressel, General Medical-Surgical

Priya Verma, Electrophysiology Lab

Emilly Williams, Adult Intensive Care Unit

Amanda Winkelman, Radiation Oncology

Jakub Zubrzycki, Head/Neck/Thoracic

Professional Practice Model Award Nominees

Relationships and Caring

Helema Abdeljabar, General Medicine

Amanda Ary, RUSH MD Anderson Cancer Center

Sophie Barrett, Endoscopy

Sara Beugen, Labor and Delivery

Lisa Boudreau, Professional Nursing Practice

Monica Cabrera, RUSH MD Anderson Cancer Center, Infusion

Sandra Carillo, General Medicine

Leanne Carnes, General Medicine

Marie Carnevale, Peri-Operative Services

Mae Carroll, Medical Intensive Care Unit

Sheralyn Cascarano, RUSH MD Anderson Cancer Center

Evidence-Based Research

Bethany Aikenhead, Medical Intensive Care Unit

Brandon Au, Cardiosciences Intensive Care Unit

Keeley Binion, Adult Observation

Colleen Carroll, Cardiosciences Intensive Care Unit

Amalia Galarza, General Medicine

Edgar Allan Gonzalez-Caracheo, General Medicine

Kayla Grove, Clinical Staffing Office

Giovanni Guagliardo, Head/Neck/Thoracic

Reagan Hartenberger, Adult Intensive Care Unit

Megan Hartman, Clinical Nurse Specialist

Mary Heitschmidt, Professional Nursing Practice

Angela Hurley, General Medicine

Joanna Kane, General Medicine

Cori Lehman, RUSH MD Anderson Cancer Center, Infusion

Sierra Maaske, Bone Marrow Transplant/Hematology Oncology

Alex McNeely, Pediatric Intensive Care Unit

Sherry Mei, Bone Marrow Transplant/Hematology Oncology

Sammiejo Oswalt, General Medicine

Heather Price, General Medicine

Susanna Saran, General Medical-Surgical

Elena Seng, Endoscopy

Amber Simpson, Endoscopy

Autumn Thompson, Surgical Intensive Care Unit

Elsie Vazquez, General Medicine

Elizabeth Waclawik, General Medicine

Maura Waldron, General Medicine

Francesca Wegener, General Medicine

Critical Thinking

Alexa Adams, RUSH MD Anderson Cancer Center, Infusion

Maricel Alabastro, Post-Anesthesia Care Unit

Tori Brixius, General Medicine

Sharon Brown, Pediatric Care

Keturah Burrell, Clinical Staffing Office

Jennifer Cranston, Bone Marrow Transplant/Hematology Oncology

Lorena Elano, Clinical Staffing Office

Mary Ellsworth, Professional Nursing Practice

Carli Esboldt, General Medicine

Kylie Hardin, Cardiosciences Intensive Care Unit

Elyse Hroma, Labor and Delivery

Sara Izguerra, General Medicine

Autumn Jackson, Access Center

Joanna Kane, General Medicine

Alex Kott, Endoscopy

Hadley Landeryou, Professional Nursing Practice

Emma Laplante, General Medicine

Amanda Leever, General Medicine

Sarah Mahoney, Endoscopy

Phylicia Marciniak, General Medicine

Meliana Martienz, Med-Surg Oncology

Tegan McCarten, Catheterization Lab

Emily McGaghie, Critical Care Outreach Team

Brian Medley, Medical Intensive Care Unit

Nataly Montiel, Bone Marrow Transplant/Hematology Oncology

Maryann Padolina-Ramirez, Pre-op Evaluation, Peri-operative Services

Emily Parham, Surgical Intermediate Care Unit, General Surgery

Shaheen Patel, Digestive Diseases

Kira Pilatejean, Orthopedics/Spine

Megan Presutti, Neonatal Intensive Care Unit

Tara Robey, Adult Intensive Care Unit

Erin Rollag, General Medicine

Kayla Sarmento, Bone Marrow Transplant/Hematology Oncology

Erin Stafford, General Medicine

Zachary Taylor, General Medical-Surgical

Theresa Tedesco, General Medicine

Maureen Tinley, Interventional Radiology

Grace Tisdale, RUSH MD Anderson Cancer Center, Infusion

Alisa Tran, Pediatric Intensive Care Unit

Mary Claire Vachon, Endoscopy

Elizabeth Waclawik, General Medicine

Carline Wolter, General Medicine

Technical Expertise

Dana Goodin, General Medicine

Deena Alaraj, Medical Intensive Care Unit

Justine Alipio, Rush Medical Group

Jennifer Altman, Radiation Oncology

Nellie Barry, Medical Intensive Care Unit

Cindy Beren, Labor and Delivery

Jessica Chakos, Surgical Intermediate Care Unit, General Surgery

Isabel Christie, General Medicine

Samuel Chu, Medical Intensive Care Unit

Jennifer Cranston, Bone Marrow Transplant/Hematology Oncology

AnnMarie Delliquardi, Catheterization Lab

Eloy Diaz, Affective Disorders

Latisha Edwards, Interventional Prep, Recovery

Tara Esbodlt, General Medicine

Samantha Freshley, Pediatric Intensive Care Unit

Mildred Garcia, Adult Observation, General Medicine

Agnieszka Hedberg, General Medical-Surgical

Carla Hill, General Medicine

Maura Hoyt, RUSH MD Anderson Cancer Center

Maya Itah, Cardiosciences Intensive Care Unit

Joanna Kane, General Medicine

Zina Karana, General Medicine

Tom Kelly Cardiosciences Intensive Care Unit

Vraj Kharvari, Adult Intensive Care Unit

Catherine King, Professional Nursing Practice

Lindsey Lecomte, General Medicine

Amanda Mawrence, Pediatric Primary Care

Milan Norman, Clinical Staffing Office

Princess Ogolo, General Medicine

Regina Pagaduan, Endoscopy

Marisela Raso, General Medicine

Rachel Romano, Medical Intensive Care Unit

Betsy Salgado-Rios, Bone Marrow Transplant/Hematology Oncology

Jonathon Sanchez, Medical Intensive Care Unit

Katie Schipfer, Bone Marrow Transplant/Hematology Oncology

Sarah Schwartz, Neurosurgery

Elda Shehu, Bone Marrow Transplant/Hematology Oncology

Zoe Swentzel, RUSH MD Anderson Cancer Center

Allsion Thorne, Neurointerventional/Interventional Radiology

Ellen Tran Yu, Endoscopy

Mike Triplett, Emergency Department

Jamie Tse, Labor and Delivery

Kalin Wise, Community-Based Practices

Caroline Wolter, General Medicine

Caitlin Wroda, Surgical Intermediate Care Unit, General Surgery

Ellen Yu, Endoscopy

Leadership

Alecia Lewis, RUSH MD Anderson Cancer Center, Infusion

Alena Neuswanger, Electrophysiology Lab

Allan Gonzalez, General Medicine

Amy Anderson, Neonatal Intensive Care Unit

Anna Mitroszewska, Cardiosciences Intensive Care Unit

Anne McDonald, Neonatal Intensive Care Unit

Ava Frank, Cardiosciences Intensive Care Unit

Barbara Piechowska, General Medicine

Caitlin Carr, Pediatric Specialty Surgery

Candace Moore, Rush Medical Group

Cara Welsh-Rubin, Medical Intensive Care Unit

Carli Esboldt, General Medicine

Carolyn Grant, Endoscopy

Cathy Byrne, Preop/Recovery

Charmie Yi, Adult Observation

Colleen Corcoran, Interventional Radiology

David Bracho, General Medicine

Dian Mathew, Endoscopy

Elizabeth Busse, Adult Observation

Elizabeth Waclawik, General Medicine

Erin Maloney, Interventional Radiology

Erin Blackburn, Cardiosciences Intensive Care Unit

Humberto Rodriguez, Endoscopy

Jennifer Manson, Adult Intensive Care Unit

Jessica Chakos, Surgical Intermediate Care Unit, General Surgery

Jill Gold, Med-Surg Oncology

Jonanne Britt, Clinical Staffing Office

Kate Yockey, RUSH MD Anderson Cancer Center

Kendra Cerqueira, Head/Neck/Thoracic

Lenora Moen, Labor and Delivery

Liam Parpan, Bone Marrow Transplant/Hematology Oncology

Lendsey Lecomte, General Medicine

Lisa Maurer, Bone Marrow Transplant/Hematology Oncology

Lisa Monaco-Dutkin, General Medical-Surgical

Lisa Phalen, Med-Surg Oncology

Margaret Banach, General Medicine

Marina Efstathiu, Orthopedics/Spine

Marvin Balderas, Medical Intensive Care Unit

Mary Allen, General Medicine

Mary Tam, Adult Observation

Maryann Padolina-Ramirez, Peri-operative

Melissa Browning, Professional Nursing Practice

Naima Elalami, General Medicine

Nicole Mikulski, General Medicine

Nina Myers, General Medicine

Phylicia Marciniak, General Medicine

Rachael Wasmund, Pediatric Intensive Care Unit

Rachel Simoneau, Neurosurgery

Rebecca Rochacz, Head/Neck/Thoracic

Sarah Kosinski, Digestive Diseases and Nutrition

Sierra Maaske, Bone Marrow Transplant/Hematology Oncology

Susan Miran, Pediatric Intensive Care Unit

Tara Esboldt, General Medicine

Urte Siaulyte, General Medicine

Vy Khuu, Heat/Neck/Thoracic

Whitney Boyd, Adult Intensive Care Unit

Yomari Larez, Ambulatory Primary Care

Zina Karana, General Medicine

Angie Muday Nurse Engagement Award

Abby Brandt, Perioperative Care

Jean Flaws-Chervinko, Medical Intensive Care Unit

Taylor Frahm, General Medicine

Cherie Hopkins, Labor and Delivery

Anna King, Pediatric Intensive Care Unit

Lauren Mason, Surgical Intermediate Care Unit, General Surgery

Keimia Mehrabian, Cardiosciences Intensive Care Unit

Nikki Mikulski, General Medicine

Sunita Patel, Perioperative Services

Kim Quarton, Surgical Intermediate Care Unit, General Surgery

Carla Reyes, Access Center

Patty Rodriguez, RUSH MD Anderson Cancer Center, Infusion

Melissa Santiago, General Medical-Surgical

Jane Llewellyn Transformational Leadership Award

Colleen Bruen, RUSH MD Anderson Cancer Center

Christopher Ceresa, Pediatric Intensive Care Unit

Lauren Drysdale, Adult Inpatient Psychiatry

Rachel Filer, Surgical Intermediate Care Unit, General Surgery

Deb Heimberg, Clinical Staffing Office

Christine Hull, General Medicine

Angela Hurley, General Medicine

Sara Izguerra, General Medicine

Danny Lello, Surgical Intermediate Care Unit, General Surgery

Jenna McNeel, Endoscopy

Maria Cristy Medina, Pediatric Primary Care

Jeanine Murphy, Electrophysiology

Joseph Potenzone, Post-Anesthesia Care Unit

Emily Sermersheim, Professional Nursing Practice

Judy Sy-Alido, General Medicine, Bone Marrow Transplant/ Hematology Oncology (Interim)

Excellence In Nursing Management Award

Bridget Abushalanfah, Surgical Intermediate Care Unit, General Surgery

Brent Alwood, Professional Nursing Practice

Chase Lodico, Emergency Department

Heather Cook, Critical Care Outreach Team /RVAT

Kelly Dressel, Electrophysiology

Sweety Elakkatt, Interventional Services

Jacqueline Erickson, Urgent Care

Laura Johnson, RUSH MD Anderson Cancer Center

Erica Kent, Heart/Vascular/Interventional Services

Meg McClard, Obstetrics/Gynecology

Sasha Molina, Adult Observation, General Medicine

Katie Quinlan, Bone Marrow Transplant/Hematology Oncology

Sara Ruesewald, Radiation Oncology

Holly Scheltens, Oakbrook Multispecialty

Amanda Veneris, Access Center

Rebecca Weber, Neonatal Intensive Care Unit

Abigail Weilbacher, Medical Intensive Care Unit

Voice of the Professional Nursing Staff Award

Abby Brandt, Preoperative Services

Beth Joksimovic Oncology Professional Development Scholarship

Margaret Hornung, RUSH MD Anderson Cancer Center

Amy Levin, RUSH MD Anderson Cancer Center

Caroline Love, RUSH MD Anderson Cancer Center

Natalie Meil, RUSH MD Anderson Radiation Oncology

Mikayla Ranallo, RUSH MD Anderson Cancer Center

Patricia Rodriguez, RUSH MD Anderson Cancer Center

Dalia Rutkunas, RUSH MD Anderson Radiation Oncology

Nisa Vasquez, RUSH MD Anderson Cancer Center

Gayle Fewer Ambulatory Nursing Award

Susana Gonzalez-Ambriz, Bariatrics and Colorectal Surgery

Monica Bajek, Colorectal Surgery

Susan Barnett, Department of Surgery

Lorna Booker, Internal Medicine

Sharon Brown, Pediatric Specialty Clinic, Gastroenterology

Da'niesha Brown, Rush River North and West Loop

Caitlin Carr, Pediatric Subspecialty, Pediatric Surgery

Julie Eggert, Access Center

Sarah Folan, PBC Transplant

Lauren Kelzer, RUSH MD Anderson Cancer Center

Katherine Langhammer, Rush University Internists

Amy Levin, Hematology/Oncology

Alexis Mamparo, Urology

Diana Maya, Infusion

Jeanne McCormick, Otolaryngology

Geysa Ng, RUSH MD Anderson Cancer Center, Lab Triage

Audrey Peri, Rush Medical Group, Administration

Melanie Pugh, RUSH MD Anderson Cancer Center, Bone Marrow Transplant and Cellular Therapy

Victoria Scaccia, RUSH MD Anderson Cancer Center

Cynthia Torres, Developmental-Behavioral Pediatrics

Kelsey Troxel, RUSH MD Anderson Cancer Center, Infusion

Kalin Wise, Community-Based Practices, Rush Adolescent Family Center

Giovanna Zito, Clinical Practice

Hope A. Clarke Award for Operating Room Nursing

Maureen Barrett, Operating Room

Katelyn Jacobs, Operating Room

Kristina Vergados, Operating Room

Margaret Zeis, Operating Room

Elaine Scorza Excellence in Therapeutic Engagement Award

Jeda Abuhashish, Emergency Department

Ivan Calimlim, Affective Disorders

Deborah Mallers, Psych Liaison

Nursing Team Excellence Award

Manager of 4 Tower, Perioperative Services, Prep and Recovery — Meds to Bed initiative and Hot Meals, Happy Hearts

Adult Intensive Care Unit (10 West Tower) — Adult Intensive Care Unit: 10 West Mobility Team

Medical Intensive Care Unit — 10E Turn Team Task Force

Cardiovascular Intensive Care Unit (11 East) — Association of Critical-Care Nurses Cardiosciences Intensive Care Unit Heart Steps Team

General Medicine (9 North Atrium) — Education Committee

Emergency Department — Emergency Department Flood Management and Recovery

Access Center — February Wellness Challenge Bingo

Professional Nursing Practice — Glycemic Taskforce

Medical Intensive Care Unit (10 East Tower) — House Wide Fall Oversight Committee

Cardiovascular Sciences Intensive Care Unit — Nurses Helping Nurses Foundation

Operating room — Operating room Wellness Committee

Pediatric Intensive Care Unit — Pediatric Intensive Care Unit Education/Skills Committee

Medical Intensive Care Unit — Recruitment, Retention and Recognition Committee (RRR)

Rush Medical Group — Telephone Triage Optimization and Reduction in Emergency Department Visits

Electrophysiology Lab and Device Clinic — Utilizing a Hemostatic Agent to Decrease Post-Ablation Bedrest Time: A Pilot Project

The Marica Pencak Murphy Presidential Mentorship Award

Sam Davis, DNP, MHA, RN, NEA-BC, CNOR, Perioperative and Interventional Services

Friend of Nursing Award

Shawn Cooper, MS-HSM — Finance

PNS Research Grant Award

Jayne Jaramillo — Neuro Intensive Care Unit Multidisciplinary In-Situ Simulation Platform

Victoria Provido — Cancer Patients' Views and Experiences Towards Participation in Clinical Trials at an Academic Medical Center Outpatient Cancer Center. (Qualitative study)

Dana Goodin, General Medicine Oral Care Project

Appointments

Heather Cook MSN RN CCRN NE-BC CPPS CNL: International Society of Rapid Response Systems, Advisory Board

Jackie Hoskins MSN, RN, CCRN: Sigma Theta Tau International Gamma Phi Chapter, Vice President; Women in Health Care Chicago Chapter, Institutional Liaison Co-Chair

Laura Johnson MSN, APRN, AGCNS-BC, BMTCN: Oncology Nursing Society Chicago Chapter, President-Elect

Bryan Manalo MBA, BSN, RN, CPN: National Louis University Braintrust Advisory Council, Board Member

Melissa Arangoa Miller, MS, APRN, ACNS-BC, AOCNS: Chicago Chapter of Oncology Nursing Society, Past President

Marites Gonzaga Reardon, DNP, APRN, CCNS, CEN: Illinois Emergency Medical Services for Children Program, Region Co-chair, Past President; Emergency Nurses Association Illinois State Council, Education Committee Chair, Awards and Nominations Committee Chair

Nicole Walkowiak MSN, RN, CRRN, CWOCN, CNL: National Pressure Injury Advisory Panel, Think Tank Taskforce

Tiffany Ponder MSN RN NEA-BC: The Puddle Project, Board Member

Additional Awards

Laura Johnson MSN, APRN, AGCNS-BC, BMTCN: Oncology Nursing Society Chicago Chapter, Society Mentorship Award Recipient

Vo, N., Mallers D, Butler, Q. (2025, March 12 - 13). The Power is Yours: Harnessing the Power of Nursing Care and Resources. Rush Quality and Safety Fair People Award. Chicago, IL, United States.

Fellowships

Nicole Walkowiak MSN, RN, CRRN, CWOCN, CNL: Albert Schweitzer Fellowship, Health and Medicine Policy Research Group

Posters and Presentations

Benassi, H. (2025, February 13–15). Project AIM: Creating Access in Medicine. International Clinical Nurse Leader Association Conference, Charlotte, NC, United States.

Boudreau, L., Fidai, A., Solberg, E., Williams, E. (2025, June 1–4). Hospital Acquired Pressure Injury Prevention through Comprehensive Skin Assessment Training. Wound, Ostomy and Continence Nurses Society NEXT 2025 Conference, Orlando, FL, United States.

Boudreau, L., Fidai, A., Ellsworth, M., Sanford, M., Heitschmidt, M., McCarthy, R. (2025, March 12). Single Center Outcomes of Hospital Acquired Pressure Injury Disparities (HAPI-D) Before, During and After COVID-19. Rush Quality and Safety Fair, Chicago, IL, United States.

Brey, E. (2025, March 12–13). Diabetes Clinical Support Team: Advancing Nursing Professional Practice and Improving Patient Outcomes. Rush Quality and Safety Fair, Chicago, IL, United States.

Brey, E. (2025, March 12–13). Reducing Severe Hypoglycemia Rates Inpatient. Rush Quality and Safety Fair, Chicago, IL, 60646.

Brownlee, C. (2025, April 28–May 1). Bridging the Gap: A Collaborative Pathway for New Graduate Nurses in PeriAnesthesia Services. American Society of PeriAnesthesia Nurses 44th National Conference, Dallas, Texas, United States.

Browning, M., Liwanag, M., Nelson, S., and Geschrey, A. (2024, October 30). Successful Segue: New Nurse Leaders Engaged and Retained. American Nurses Credentialing Center National Magnet Conference, New Orleans, LA, United States.

Carlisle, C., Arangoa Miller, M., Willard, R. (2025, April 10). Simulation Paired with Interdisciplinary Workflow to Prepare Oncology Nurses on Administration of Hazardous Drug via Nephrostomy Tube. 50th Annual Oncology Nursing Society Congress: Celebrating Yesterday, Transforming Tomorrow, Denver, CO, United States.

Cabe, L., Gonzaga-Reardon, M., Hsu, K., Tullie, K., Henry, S., Desai, D., Heitschmidt, M. (2025, January 26). Engage, Learn, Succeed: Transforming Emergency Department RN Training for Lasting Impact. Cook County Health Nursing Innovation and Research Center Annual Evidence-Based Practice and Research Conference, Chicago, IL, United States.

Cabe, L., Gonzaga-Reardon, M., Hsu, K., Tullie, K., Henry, S., Desai, D., Heitschmidt, M. (2025, April 24–25). Engage, Learn, Succeed: Transforming Emergency Department RN Training for Lasting Impact. Illinois Emergency Nurses Association Annual Spring Symposium, Lisle, IL, United States.

Cook, H. (2025, March). The Efferent Limb: Highly Reliable Response Teams. (Webinar) Vizient.

Cook, H. (2025, March). Addressing Cultural Barriers in Rapid Response Activation. (Webinar) iSSRS Rescue Series.

Cook, H. (2025, March 28–30). Building a High Performing Critical Care Outreach Team: Transforming Care and Collaboration. Creating a Healthy Work Environment: A Sigma Event, Phoenix, AZ, United States.

Cook, H., Blackwood, A., Wells, B., Hansen, C. (2025, March 14). After Hours: In-Situ Education with Positive Impact. Ruth K. Palmer Research Symposium, Maywood, IL, United States.

Fisher, K., Porcelli, A. Cozzi, N., Slocum, G., Vargas, A., Patwari, R., Cherian, L. (2025, February 4–7). Uniting Forces: A Collaborative Approach to Enhancing Door-to-Needle Efficiency for Acute Stroke. International Stroke Conference, Los Angeles, CA, United States.

Friedrichs, J., Rumoro, A. (2025, March 28–30). The Wellness Ambassador for a Healthy Work Environment. Creating A Healthy Work Environment: A Sigma Event. Phoenix, AZ, United States.

Huang, H., Du-Fay-de-Lavallaz, J., Prasad, M., Gordon, J., Grewal, N., Dressel, K., Verma, P., Larson, T., Mazur, A., Volgman, A. (2025, April 24–27). Pulsed Field Ablation with an Ultra-Compliant Balloon Catheter using Endoscopic Visualization for Electrode-Tissue Contact: Pre-Clinical Lesion Feasibility Study. Heart Rhythm 2025, San Diego, CA, United States.

Jaramillo, J., Chepkevich, A. (2025, March 10–13). Using Elastigirl (aka the Clinical Nurse Specialist) Powers to Reach the Next Generation. National Association of Clinical Nurse Specialists 2025 Annual Conference, Boston, MA, United States.

Mossa, A. (2024). Exploring the Neuropalliative Care Needs of an Underserved Population and Supporting Their Caregivers. Clinical Grand Rounds. Rush University Medical Center, Chicago, IL, United States.

San Pedro, S., Alwood, B., Ramirez, M. (2025, April 2). Bridging the Gap with Helping Hands: A Community CPR Partnership. Association for Nursing Professional Development Aspire Conference, Las Vegas, NV, United States.

Sermersheim, E.R. (2024, July). Charting a Course to Excellence: Project Management Strategies for Nursing Professional Development Practitioners. (Webinar) Association for Nursing Professional Development.

Townsend, J., Geurkink, C., Gulczynski, B., Day, E., Posa-Kearney, K., and Pool, M. (2024, October 19–22). Evaluating the Effectiveness of a Web-Based Tracking Tool Through a Multidisciplinary Massive Transfusion Task Force. Association for the Advancement of Blood & Biotherapies National Conference, Houston, TX, United States.

Vo, N., Mallers D, Butler, Q. (2024, October 9–12). Sideways Supervision: A Novel Approach to Engage Reluctant Participants in Clinical Supervision Conference. American Psychiatric Nurses Association 38th Annual Conference, Louisville, KY, United States.

Vo, N., Mallers D, Butler, Q. (2025, March 12–13). The Power is Yours: Harnessing the Power of Nursing Care and Resources. Rush Quality and Safety Fair. Chicago, IL, United States.

Publications

Johnson, L.A., Rodts, M. (2025). Oral Oncolytic Therapy and the Oncology Nurse Navigator: Maximizing Patient Education and Follow-up. Journal of Oncology Navigation & Survivorship, 16(1). https://jons-online.com/issues/2025/january-2025-vol-16-no-1/oral-oncolytic-therapy-and-the-oncology-nurse-navigator

Arangoa Miller, M., Feliciano, D. (2025). Nausea and Vomiting in Oncology. Handbook of Oncologic Emergencies and Urgencies in Acute Care Nursing. Springer Publishing. Chapter 19.

Lally, M., Heitschmidt, M., Kautz, J., Dowding, E. (2025). Nurse-Led Initiative to Reduce Hypoglycemia When Treating Hyperkalemia. Medsurg Nursing Journal. 34(2), 86-91. Nurse-Led Initiative to Reduce Hypoglycemia When Treating Hyperkalemia [1.2 NCPD Contact Hours]

Mossa, A. (2025). Navigating Barriers in Atypical Parkinsonism Caregiving. Dissertations & Theses @ Rush University; ProQuest Dissertations & Theses Global A&I: The Sciences and Engineering Collection. (3247730305). https://www.proquest.com/dissertations-theses/navigating-barriers-atypical-parkinsonism/docview/3247730305/se-2

Mossa, A., Mayahara, M., Emezue, C., Paun, O. (2024). The Impact of Rapidly Progressing Neurodegenerative Disorders on Caregivers: An Integrative Literature Review. Journal of Hospice and Palliative Nursing, 26(2), E62–E73. https://doi.org/10.1097/NJH.0000000000000997

Ponder, T., et al. (2025). Identifying Fraudulent Responses and Imposters in Research Recruitment of Subjects Through Social Media. The Journal of Nursing Administration. 55(7), 388-394. https://doi.org/10.1097/nna.0000000000001596

Walkowaik, N. (2025) Wound Care Belongs in Opioid Use Harm Reduction Efforts. Health & Medicine Policy Research Group. https://www.hmprg.org/wp-content/uploads/2025/07/2025-07-31_Nicole-Walkowiak-OpEd-1-1.pdf

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.

Mentorship Program Strengthens Support for New Nurses

Taylor Tressel, BSN, RN, CMSRN

From late 2024 to early 2025, the general medical-surgery team experienced frequent turnover among new nurses. While the unit maintained a strong core of experienced staff, many new graduates reported feeling overwhelmed, uncertain and isolated during their first months at the bedside. It became evident that a structured, reliable method of support beyond formal orientation was needed. To address this, the Mentorship Program was developed.

The six-month Mentorship Program was designed to ensure that no new nurse feels alone during the transition to practice. Each new nurse is paired with a volunteer mentor. The mentors have at least one year of experience on the unit and hold an RN2 or RN3 designation. Mentors and mentees then meet monthly for 30 to 60 minutes to discuss progress, challenges and goals in a confidential, supportive environment. A toolkit was created to guide these conversations, including the following:

- Conversation prompts and SMART-goal templates
- Resources on effective listening
- Defined expectations for mentors and mentees
- A monthly checklist and documentation system to track participation

Since its launch in February 2025, seven new graduate nurses have completed the program with a 100 percent retention rate. Feedback has been overwhelmingly positive with, mentees reporting increased confidence and a sense of connection, while mentors note improved communication skills and stronger team relationships. The program has enhanced unit culture by fostering psychological safety, collaboration and a sense of belonging.

What began as an effort to strengthen support for new nurses has become a cornerstone of the unit's culture. The Mentorship Program reflects a commitment to developing nurses, investing in their success and creating an environment where every team member feels valued and equipped to thrive.

Leading Through the Unexpected

Chase Lodico, MBA, BSN, RN, CEN

Emergency department flooding is rare, but when it happens, the impact on patient care, safety and operations is immediate. In moments like these, preparation matters, but nursing leadership and teamwork make the difference.

When a water sprinkler pipe malfunctioned, resulting in gallons of water flooding Rush's primary high acuity emergency department, or ED, patient care area, nurses were among the first to respond, assessing the situation and taking action to protect patients, staff and the continuity of care

Within 45 minutes of the pipe burst, ED leadership and the charge nurse activated the alternative care unit space. High-acuity patients were moved out of the impacted care area to adjacent locations, while lower-acuity patients were moved to the alternative care area, ensuring every patient continued to receive timely care. This rapid response allowed clinical assessments and treatment to continue.

While patients were being moved, staff strategically placed linen carts and the blankets in them to divert water — acting as makeshift retaining walls to prevent flooding from spreading into care pods or patient rooms. This quick response bought critical time and minimized disruptions.

What began as an emergency response evolved into sustained operations. For one week the ED team stood up and managed alternative care space outside of the EDs walls to manage patient care as if this location was another care area of the ED. During that time, nurses cared for 167 patients in the temporary space while maintaining the same standards of safety, efficiency, and compassionate care that are expected.

The event highlighted the leadership, collaboration and adaptability of ED nurses. Their ability to protect patient safety while adapting to the emergency shows how they lead with confidence and remain committed to patient care.

New Beginnings in Cancer Care, RUSH MD Anderson Cancer Center at Rush Lisle

Katie Quinlan BSN, RN, BMTCN

In October 2024, Rush opened its new 55,000 square-foot cancer center in Lisle, marking a significant milestone in providing comprehensive cancer care in its communities. The RUSH MD Anderson Cancer Center at Rush Lisle offers infusion and radiation therapy, cancer support services, lab services, a pharmacy and urgent cancer care — all conveniently located in one facility.

As part of the Rush partnership with MD Anderson Cancer Center, one of the nation's leading cancer centers, this center represents the fifth RUSH MD Anderson location, joining Rush University Medical Center, Rush Copley Medical Center in Aurora, Rush Oak Park Hospital and Rush Copley Healthcare Center in Yorkville.

Prior to the center's opening both the infusion services and provider clinics shared space. Laboratory and imaging services were provided by another medical group. This model supported patient care for many years, but became limited to expand services, integrate additional resources and ensure consistent access for all patients. The move aligned with a strategic plan to expand cancer services to the western suburbs and establish a more comprehensive, integrated care environment. The new center was also an essential step to support the Rush partnership with MD Anderson.

Transitioning Care

The transition to a new cancer center is an enormous undertaking. It requires meticulous planning, logistical precision and a deep commitment to patient care. This effort demands resilience and an extraordinary level of collaboration across the entire care team. At the heart of this undertaking is the nursing team. Their unwavering dedication, adaptability and leadership have not only facilitated this transition but have also ensured that patient care remains top priority— even amidst the added challenges of onboarding new staff and accommodating an increased volume of patient visits.

The nursing team played a central role in designing workflows and anticipating patient needs, while ensuring safe, efficient and compassionate care. Their insights into patient flow, medication safety and clinical priorities were instrumental in shaping the operational protocols of the new cancer center. Working in collaboration with facilities, information services and pharmacy teams, the team ensured that the new space would enhance both patient experience and staff effectiveness. They carefully developed detailed transition plans to minimize disruptions to patient care — a testament to their foresight, professionalism and adaptability.

The simultaneous onboarding of new staff members added another layer of complexity to this transition. To build a strong foundation, experienced nurses stepped into mentorship roles, guiding new team members through orientation, clinical protocols and the culture of excellence that defines oncology nursing at Rush. They demonstrated patience, leadership and a commitment to knowledge-sharing, ensuring the new team was well integrated and confident in their roles. This not only supported individual growth but also built a cohesive, high-functioning team capable of delivering complex oncology care in a new and evolving environment.

In addition, the increase in the patient population was met with determination from the nursing team. Nurses quickly adapted their workflows, prioritized communication and implemented creative scheduling strategies to meet the needs of a growing patient base. They did so while upholding the highest standards of safety, compassion and patient-centered care.

The successful opening of the RUSH MD Anderson Cancer Center at Rush Lisle shows the extraordinary efforts of the nursing team. Their leadership during times of uncertainty, unwavering focus on patient care and ability to mentor and support one another through change was inspiring. The cancer center represents more than just a new building; it marks an exciting new chapter in Rush's shared mission to deliver exceptional cancer care in partnership with MD Anderson. These contributions and dedication will positively impact patients and their families for years to come.

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.

Advancing Trauma-Informed Care: The Rush SANE Program in Action

Anna Candoleza Muglia, BSN, RN, SANE-A
Alex Kickert, BSN, RN, SANE-A, SANE-P

In the moments following a sexual assault, survivors are faced with more than physical injuries. They are navigating shock, fear and uncertainty — often while making decisions that can affect their health, safety and access to justice. How and when care is delivered in those first hours are crucial.

At Rush, the Sexual Assault Nurse Examiner, or SANE, program was created to meet this moment with expertise, compassion and coordination. In 2025, the SANE program reached a pivotal moment, transforming years of work into measurable growth, expanded influence and strengthened support for survivors across Illinois.

Sexual assault affects people of every age, background and community, yet it remains widely underreported. Survivors often arrive seeking medical care during one of the most vulnerable moments of their lives, carrying physical injuries and emotional trauma and uncertainty about what comes next. The Rush SANE Team exists to provide more than clinical care. They bring together medical care, forensic expertise and trauma-informed support in a single, patient-centered approach.

The mission of the Rush SANE Program is to provide trauma-informed forensic examinations for individuals who have recently experienced sexual assault. This includes comprehensive medical assessments, timely and accurate evidence collection and emotional support for survivors and their families. Equally important, the program maintains strong partnerships across the community, ensuring continuity of care and a coordinated response that extends beyond Rush.

Throughout 2025, the SANE Program exemplified exemplary professional nursing practice. Patient care reflected accountability, evidence-based practice and a deep respect for patient choice — hallmarks of a professional practice model that prioritizes both healing and justice. SANE trained nurses worked autonomously and collaboratively with physicians, advocacy organizations, law enforcement and legal partners to ensure survivors received high-quality, ethical and consistent care.

Clinical Training Program Strengthens SANE Workforce

During the year, the program expanded the Rush SANE Clinical Training Program, which launched in July 2024 in part from a Health Resources and Services Administration Advanced, or HRSA, Nursing Education-SANE grant. The program has become a regional resource for forensic nursing education. Nurses from Rush and around Chicago enrolled in structured training that combined simulation-based education, structured preceptorships, peer support groups and professional conferences. These efforts strengthened the SANE workforce while ensuring nurses had the knowledge, skills and confidence to practice effectively.

As a result, Rush has the leading SANE program in Illinois, serving not only as a center for survivor care but also as a training hub for forensic nurses statewide. Members of the SANE Team frequently provide expert testimony in court, where their meticulous documentation and clinical judgment play a critical role in legal proceedings. In July 2025, the program successfully submitted its second Annual Performance Review to HRSA, reflecting continued growth and accountability.

At the bedside, the impact was immediate and deeply personal. In the hours following an assault, the SANE Team provides comprehensive medical care, meticulous evidence collection, emotional support, and connections to advocacy resources. Their work helps ensure survivors were not alone — and that they had access to both healing and justice should they choose to pursue it.

The impact of the Rush SANE Program reaches far beyond any single patient encounter. By supporting survivors in their most vulnerable moments, strengthening interprofessional collaboration and advancing forensic nursing education, the program contributes to broader societal outcomes — improving access to justice, raising awareness about sexual violence and reinforcing trust in the health care system.

Through skilled nursing practice, compassionate care and a commitment to excellence, the Rush SANE Team demonstrates how nurses lead meaningful change.

A Heartfelt Celebration: A Bedside Wedding

Kirsten Gidd-Hoffman, MSN, RN, NE-BC, CPN

Over Memorial Day weekend, a remarkable young woman with a complex medical diagnosis was admitted. She needed an organ transplant, but unfortunately, she was not a candidate. She had the unwavering support of her long-term partner and dedicated family members who visited her regularly. After a thoughtful goal of care discussion with the medical intensive care unit, or MICU, team about her poor prognosis, the patient made the courageous decision to stop curative treatment and instead shift her focus to cherishing quality time with her loved ones. One of her final wishes was to marry her partner.

With her critical condition in mind, the MICU staff rallied together to make this dream reality with only a few hours' notice. Nurses and patient care technicians transformed her room into a beautiful space filled with decorations and music the patient and her partner enjoyed. The Rush kitchen graciously provided a cake, and a Rush chaplain officiated the touching ceremony.

The event allowed the couple to share their love story with family and medical staff gathered around, creating a cherished memory in her final days. It was a poignant reminder of love, joy and the power of togetherness even in the toughest of times.

Frontline Nurses Strengthen Surgical Readiness, Communication and Patient Safety

Meghan Connery, BSN, RN, CNOR

The Pre-Evaluations Clinic nurses are a skilled team of clinical professionals who play a critical role in surgical success — often without ever meeting patients in person. Their work bridges the critical time between a patient's clinic visit and hospital admission, ensuring that every patient arrives ready for surgery and every care team has the information they need.

This team conducts comprehensive chart reviews to ensure all required documentation and testing is complete and up to date. This includes a meticulous review of consent forms, histories, physical exams, laboratory results and other essential records. Their work requires strong attention to detail, sound clinical judgement and advanced critical thinking to identify and resolve issues before they become barriers on the day of surgery.

Delivering Care Through Connection

While much of their work happens behind the scenes, Pre-Evaluation Clinic nurses connect directly with patients through pre-operative phone calls placed 24 to 48 hours prior to surgery. During these calls, nurses conduct a final chart review, assess patient readiness and provide detailed instructions to optimize the surgical day experience.

These conversations play a meaningful role in reducing anxiety, answering last-minute questions and setting expectations for the surgical day — contributing to a smoother experience for patients and care teams.

Standardizing for Safety, Clarity and Efficiency

A key opportunity for improvement was identified in how these patient calls were conducted. Previously, nurses relied on self-designed templates to guide their discussions. While effective individually, this approach led to inconsistent information sharing and made follow-up more challenging when a different nurse had to step in.

To address this, the Pre-Evaluations Clinic nurses collaborated to develop a standardized call script and template. This improvement ensures consistency across the team, reduces duplication of effort and ensures continuity of communication. As a result, call times have shortened while clarity, efficiency and reliability have improved — benefitting both patients and staff.

Professional Nursing Practice Milestones of Achievement

Fiscal year 2025 was another successful year for the Rush Department of Professional Nursing Practice, or 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.

Skin Wound Assessment Team: Achieving Excellence in Pressure Injury Prevention

Lisa Boudreau, MSN, RN, CWOCN
Andrea Fidai, MSN, RN, CWON, CNL, CMSRN
Catherine King, BSN, RN, CMSRN, CWON
Nicole Walkowiak, MSN, RN, CRRN, CWOCN, CNL

In fiscal year 2025, the Skin, Wound, Assessment and Treatment, or SWAT Team at Rush University Medical Center demonstrated its outstanding commitment to patient safety and high-quality improvement. Through consistent teamwork and prevention-focused practices, the team surpassed their goal for Hospital-Acquired Pressure Injury, or HAPI, achieving an overall rate of 0.4 percent— well below the target of 0.53 percent.

Led by Lisa Boudreau, Nicole Walkowiak, Andrea Fidai and Catherine King, the SWAT Team is made up of dedicated bedside nurses who work closely with wound, ostomy and continence nurses, or WOCNs, to advance wound care practices across all inpatient units. Team members combine clinical expertise with ongoing education and collaboration. They complete specialized training, participate in annual webinars, conduct quality improvement interventions and lead peer education efforts.

These efforts make a real difference at the bedside. Their activities include quarterly prevalence days, monthly Save Our Skin surveys and regular case reviews, all supported by data dashboards that help identify trends for quality improvement. This structured data-informed approach allows the team to address risks early and consistently reinforce prevention strategies.

This year, the WOCN team recognized Lourenz Marie Balayan, Karol Cordon, 9 North Atrium and 7 South Atrium for their exceptional commitment to staff education, product and guideline dissemination, and SOS survey completion. Balayan completed 110 Save Our Skin audits for the year, and Cordon completed 469.

The continued success of the SWAT Team over the last decade reflects the collaborative spirit and commitment to quality that defines nursing at Rush. Their sustained focus on prevention, education and teamwork made a meaning impact on patient safety and outcomes, helping ensure patients receive the highest standard of care every day.

Empowering Diabetes Patients Through Inpatient Education

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

During fiscal year 2025, the diabetes nursing team played a pivotal role in expanding access to continuous glucose monitoring, or CGM, technology for hospitalized patients with diabetes. The American Diabetes Association 2025 Standards of Care state that routine glucose monitoring or "finger sticks" may have limited clinical benefit in improving diabetes outcomes. It recommends initiating CGM for people with diabetes whenever possible to provide insight into factors that affect glucose levels.

With the growing availability of CGM devices and broadening insurance approval, the inpatient diabetes educators have initiated an average of 50 CGM starts each month, reflecting both strong patient need and the dedication of our Certified Diabetes Care and Education Specialists, or CDCES, nurses to advancing diabetes care.

Each CGM start goes beyond device placement. Our CDCESs provide approximately 45 minutes of individualized education for patients and their caregivers before discharge. The focus is on safe device use, confidence building and optimizing CGM data for improvement in diabetes self-management outcomes. This patient-centered approach supports a smooth transition from hospital to home while emphasizing the importance of consistent monitoring and securing insurance approval for uninterrupted access to supplies.

To ensure continuity of care, all CGM education and device initiations are documented using a standardized Epic smart phrase. This process ensures consistent education, captures key teaching points and supports effective communication with outpatient providers. Nurses also work proactively with patients and care teams to secure insurance coverage before discharge, helping prevent gaps in therapy and reinforcing the Rush commitment to patient advocacy.

The impact of this initiative is reflected in patient feedback. Many patients report feeling more confident and supported in managing their diabetes and express gratitude for being introduced to CGM technology during their hospital stay. These outcomes underscore the vital role nurses play in advancing diabetes care, improving patient experience and supporting better long-term health outcomes.

Building Confidence in Emergency Cardiac Care: A Crash Course in Arrhythmia Interpretation

Hadley Landeryou MSN, RN
Lauren Zednick MSN, RN, NPD-BC, CNL

The Rush Spring 2024 RN Learning Needs Assessment revealed that nurses expressed a strong desire for more education on managing emergencies in acute care settings. The following topics were identified as high priorities for additional training:

- Code Blue management
- The role of the code narrator
- Basic electrocardiogram, or ECG, interpretation
- Use of emergency equipment

In addition, reviews of several peri-arrest and peri-code safety events during the National Quality & Innovation Conference highlighted a common challenge: many nurses had limited real-life exposure to these high-risk situations. This lack of hands-on experience was identified as a recurring barrier to confidence and performance during emergencies.

To address this gap, a comprehensive, four-hour course that combines knowledge-building with practical experience was designed. Titled "Crash Course: Arrhythmia Interpretation and Mock Code Blue," the course includes:

- Common and critical heart arrhythmias review and interpretation
- Patient case studies
- Hands-on training with key emergency tools, including the code cart; Zoll defibrillator, a medical device designed to help restart the heart during cardiac emergencies; Epic's Code Narrator, used for real-time documentation; 12-lead ECGs and four different emergency simulation scenarios

This multi-model approach ensures that learners not only understand the key concepts but also have the opportunity to practice applying them in a safe, supportive environment.

The course, which is four hours in length, is divided into four distinct sections:

- Hours 1 and 2: Classroom-style learning and guided case study review
- Hour 3: Hands-on skills stations
- Hour 4: Simulation-based learning using realistic emergency scenarios

This multi-modal design allows participants to move from learning, to practice, to real-time application.

Impact and Outcomes

The course has shown strong, measurable results. Before the course, 83.3% of participants reported feeling "not so confident" in interpreting critical arrhythmias. After completing the course, 92.9% reported feeling "confident." Three months after course completion, 100% of participants reported feeling more confident about caring for patients on cardiac monitors. All participants reported that the course content was highly applicable to their daily practice.

These outcomes demonstrate that combining education, hands-on practice and simulation meaningfully improve confidence and readiness in emergency situations.

What's Next

Plans are underway to expand this course to additional care areas. Collaboration is already underway with the neonatal intensive care unit team to adapt the content to meet the specific needs of their nurses and patient population.

In addition, the course will become a mandatory component of the clinical ladder, supporting RN1 to RN2 advancement and ensuring consistent emergency preparedness across nursing practice.

Building Lifesaving Skills Across Rush and the Community

Brent Alwood, MSN, RN, CNML

The Rush CPR Training Center, accredited by the American Heart Association, played a vital role in strengthening emergency preparedness across Rush during fiscal year 2025. Throughout the year, the center provided Basic Life Support, Advanced Cardiac Life Support and Pediatric Advanced Life Support training to more than 5,900 Rush University System of Health employees, physicians, advanced practice providers, nurses, residents, students and allied health professionals.

In addition to supporting Rush staff and students, the Training Center extended its expertise beyond Rush. The team partnered with the Rush Advanced Trauma Training Program to support military medical personnel and continued the Life Saving Hands community CPR program. This initiative offers free CPR and First Aid training and certification to underserved community members through local schools, libraries and community organizations.

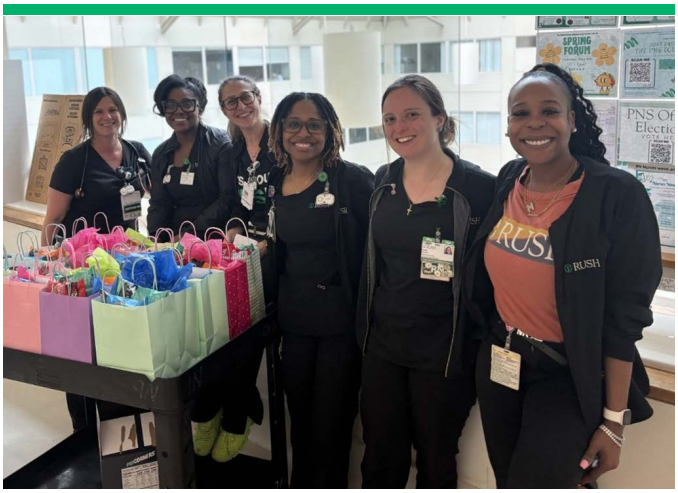
The Training Center team also supported hospital-based in situ mock codes to enhance team readiness and provided Family and Friends CPR education to neonatal intensive care unit parents, helping families feel prepared to respond to emergencies at home.

Key accomplishments this year include completion of training center systemization and full implementation of the American Heart Association's blended learning model, including HeartCode Basic Life Support, Advanced Cardiac Life Support and Pediatric Advanced Life Support. These advancements increased accessibility and consistency in training while maintaining the highest standards of lifesaving education.

From Our Team to Theirs: Supporting SisterHouse on Mother's Day

Tiffany Ponder, MSN, RN, NEA-BC

For several years, the general surgery nursing team has held a special Mother's Day tradition by delivering care bags filled with goodies and personal items to the women at SisterHouse Recovery Home, a temporary home for women seeking recovery from substance abuse. This initiative is especially meaningful because it is entirely supported by the generous donations of this team, who donate both the items and their time to pack each bag with care. This ongoing act of kindness demonstrates the unit's commitment to extending compassion beyond the hospital walls and into the community.



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.

New Programs Improve Patient Satisfaction, Outcomes

Sweety Elakatt, MSN, RN, CNL

The interventional services team, a highly skilled group of professionals who specialize in the pre- and post-care of electrophysiology, cardiac cath lab, interventional radiology and neurology patients, exhibited their dedication to enhancing patient satisfaction and outcomes through two initiatives: Hot Meals and Happy Hearts and Beds to Meds.

Hot Meals and Happy Hearts

Led by Maureen Tinley, RN, and Shannon Brunner, RN, the Hot Meals and Happy Hearts initiative addressed a critical gap in patient care. Recognizing that post-operative patients often endure long boarding times while waiting for inpatient beds — sometimes into the late evening — this initiative was born from the desire to improve patient experience during these challenging moments.

Also, patients undergoing late procedures frequently miss their scheduled dinner trays, which adds to their stress. By coordinating the timely delivery of hot, nutritious meal trays to all post-operative boarding patients and late procedure inpatients, the team promotes a comforting environment, positively impacting patients' well-being.

With a focus on heart-healthy and diabetic-friendly options, the team ensures patients receive meals that support their health needs. Through this process change, the nursing team has successfully improved overall patient satisfaction and comfort during recovery.

Beds to Meds

The nursing team, led by Orlando Maldonado, RN, has also collaborated with the cardiac cath lab team on the Beds to Meds quality project. This program ensures that all post-operative percutaneous coronary intervention patients get their dual anitplatelet therapy, or DAPT, promptly at their bedside after procedures. By working closely with recovery room nurses and pharmacy teams, the program proactively addresses prior authorizations and insurance approvals, eliminating potential delays in medication administration.

Beds to Meds streamlines patient care and plays a pivotal role in reducing readmission rates and expediting discharge processes, leading to better patient outcomes.

The success of these programs was driven by the active involvement of every team member, exemplifying a commitment, teamwork and innovative spirit.

Creating Home in the Hospital: A Story of Inclusive, Long-Term Care

Kelly Allworth, MSN, RN, CMSRN, CNL

For seven months, the general medical-surgical unit was more than a hospital corridor — it became home for a young woman whose unique needs inspired extraordinary care. Over the course of 316 days, she stayed on several units, but it was a general surgery and medicine unit where she found consistency, comfort and a community of caregivers committed to her well-being.

This patient, in her 20s, functioned at an early elementary developmental level requiring tailored support. Along with psychological and behavioral challenges, she lived with a tracheostomy and had no family support. Her history of foster care and group homes made discharge planning extremely difficult. While she didn't need acute inpatient care in the traditional sense; the greatest challenge was finding a safe and appropriate placement. Until that placement was found, the unit became her home.

Building Structure and Normalcy

The team quickly realized she needed more than medical care — she needed safety, structure and a sense of normality. A small task force developed a daily schedule that allowed her to make independent choices while maintaining routine. They also created a behavioral goals chart with visual reminders and a reward system, designed to match her developmental age. These strategies, developed in collaboration with the psychiatric nurse liaison team, helped her practice safe behaviors and feel empowered.

Creating Joy and Connection

Her room and the unit transformed into spaces where she could thrive beyond her medical needs. Staff created an activity corner in the atrium where she could explore school subjects, participate in arts and crafts, play dress-up and enjoy games with staff. This interactive space gave her opportunities to express herself and reconnect with her identity.

During the holiday season, the team's compassion reached even further. Understanding how difficult it was to spend Christmas in the hospital without family, they created an Amazon wish list filled with items for comfort, entertainment and developmental support. Gifts included self-care items, sensory objects, art supplies, and games for other holidays, her room was decorated to celebrate the changing seasons, helping her make sense of time and breaking the monotony of long-term hospitalization.

A Farewell Filled with Gratitude

Caring for her was not without challenges; her emotional and physical behaviors could be demanding. Yet, the staff and the interdisciplinary team showed unwavering patience and creativity. Over time, she became woven into the life of the unit — greeting staff by name, seeking familiar faces and forming deep bonds. Nurses, patient care techs, assistants, leadership and clerks demonstrated compassion beyond measure: laundering her clothes, providing hygiene items, gifting comfort objects and braiding her hair in colorful styles for holidays.

When the day finally came for her to leave, saying goodbye was hard. The efforts she inspired — marked by teamwork, empathy and innovation — remain a testament to the core values of the unit. Her story reminds us that compassion and creativity can transform care for patients with complex needs.

Heart Steps: A Standardized Approach to Prepare Patients for Recovery

Nathan Gomez, DNP, MSHA, RN, NEA-BC

Preparing patients for heart surgery involves providing clear expectations, reassurance and practical guidance for recovery. On the Rush cardioscience intensive care unit, or CSICU, nurses recognized that education for patients scheduled for coronary artery bypass graft, or CABG, surgery was not standardized, leading to uncertainty for patients and families once recovery began.

To address this need, a multidisciplinary nursing team launched Heart Steps, a standardized preoperative education program designed to improve understanding, reduce anxiety and support smoother recovery for CABG patients.

More than 7,000 cardiac patients are treated at the medical center each year. Before this project, there was no consistent process to guide patients through their post-surgical journey. Evidence shows that when patients understand what to expect, they are better prepared to participate in their recovery and may experience fewer complications and delays.

Using evidence from the nursing and medical literature, the team confirmed strong support for structured preoperative education. Research demonstrated that patients who receive education before CABG surgery experience lower anxiety, more stable physical responses, and, in some cases, shorter intensive care stays. These findings reinforced the importance of a consistent, patient-centered approach.

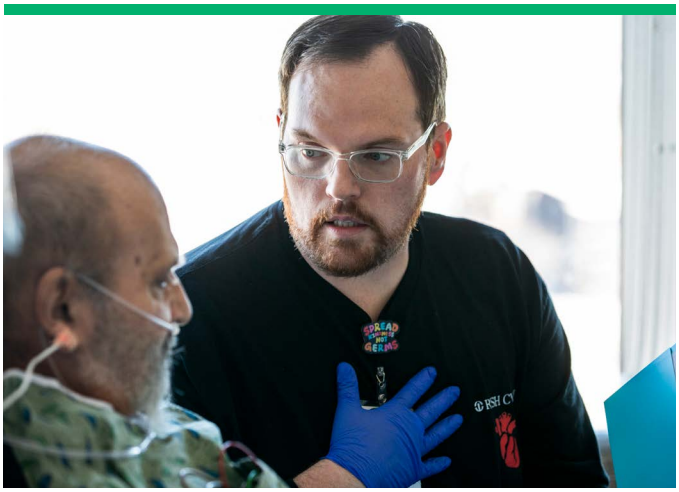
Over 12 months, the team designed and implemented Heart Steps, which included the following elements:

- Three patient-friendly educational tools were created, including a recovery timeline and visual explanations of key terms and milestones.
- Education champions were trained to deliver and reinforce the materials, ensuring patients received consistent messaging.
- In collaboration with the cardiovascular surgery team, an electronic health record process was developed to identify patients who need education and to prompt timely teaching.

The program was piloted and evaluated using length-of-stay data across four CABG-related diagnosis groups. While the overall average length of stay showed mixed results, three of the four diagnosis groups demonstrated improvement. Patients also reported greater satisfaction and a clearer understanding of their surgical journey.

As a result of this work, standardized preoperative education is now part of routine care for all surgical patients on the unit. The materials are being sustained and expanded, with plans to make them available through the patient portal to improve access and continuity.

Heart Steps highlights how frontline nurses used evidence, collaboration and patient-focused design to strengthen care delivery. By meeting patients where they are — before surgery even begins — the team helped create a clearer path to recovery. This reinforced the role of nursing leadership in improving outcomes and experience.



From Hospital to Home: Nursing's Role in Patient Success after Discharge

Urszula Walaszek, RN, BSN
Josephine Alvarado BSN, RN, CMSRN

The Head, Neck and Thoracic Surgical Unit at Rush University Medical Center provides care to patients recovering from complex, life-altering procedures. When patients are discharged from the unit, it marks the beginning of a new reality that requires significant education and skill development. Nursing plays a critical role in preparing patients for a safe transition home.

Although the principle "education begins at admission" is widely accepted, staff found it difficult to implement consistently. Often, education updates were missing from handoffs, which left the discharge nurse responsible for completing comprehensive teaching on the patient's discharge day. This often resulted in rushed and stressful interactions for both patients and nurses.

To address this, nurses initially created a laminated tracking tool to monitor education progress. However, inconsistent use limited its impact. Recognizing the need for a standardized approach, the unit advisory council recommended embedding education into the existing IPASS handoff tool. This integration ensured education topics were reviewed at every shift change, promoting accountability and continuity.

Working with leadership, nurses developed an IPASS dot phrase listing essential discharge topics. The admitting nurse adds the phrase at admission, and subsequent nurses update progress using a dropdown menu and brief notes. This workflow transformed education from an optional task to a required component of handoff.

By integrating education into daily practice, the unit improved the timeliness, consistency and quality of discharge preparation. This initiative demonstrates nursing leadership in collaboration and patient advocacy, ensuring patients leave the hospital equipped for success.

Addressing the Challenge of Alarm Fatigue

Amanda Hernandez, BSN, RN
Kaelin Walsh, BSN, RN

In the post-anesthesia care unit, or PACU, nurses balance constant vigilance with the responsibility of ensuring patient safety. This challenge is heightened in the PACU's Phase II bays, where visibility of patients and their monitors is limited; nurses often rely on their hearing to determine the urgency of each alarm. With bedside monitors situated inside individual rooms, this reliance has led to alarm fatigue, unnecessary interruptions and reduced efficiency, ultimately impacting nurse workflow, nurse satisfaction and potentially patient safety — prompting the PACU team to seek a more effective, sustainable solution.

Recognizing this challenge, the PACU nursing team explored ways to improve patient safety and overall nurse experience. The solution was straightforward yet transformative: placing an additional monitor outside the PACU bay near the nurses' station allowed nurses to access real-time visual data regarding patient vital signs and alarms without having to enter patient rooms for every beep or minor fluctuation.

Immediate Benefits for Patients and Staff

The impact was immediate and meaningful for all nurses. From a safety standpoint, the monitors outside the bays provide an extra layer of vigilance. Nurses can now quickly scan multiple patients at once, prioritizing care for those who need immediate intervention while keeping an eye on stable patients. The situational awareness enabled staff to respond faster to real emergencies while minimizing unnecessary disruptions. Patients benefited from faster recognition of changes in their condition and a calmer environment as nurses no longer had to rush in and out for every minor alarm.

Equally important was the positive shift in nurse fatigue and satisfaction. Before the monitors were installed, frequent trips in and out of patient bays created a physical and mental burden on top of the 15-minute rounding required in the recovery room on postoperative patients. Each alarm, regardless of severity, demanded attention, even if it was not clinically significant. Nurses can now evaluate situations from outside the rooms and determine if immediate intervention is indicated. This has drastically reduced alarm fatigue, streamlined workflows and allowed nurses to focus more energy on direct patient care when it matters most.

A Ripple Effect of Positive Change

Feedback from the staff has been overwhelmingly positive, highlighting a newfound sense of workflow manageability, efficiency and safety. This seemingly minor change has demonstrated how significant impact small changes can have on patient safety, nurse workflow and team morale. The power of listening to frontline staff and addressing their daily stressors and inefficiencies can lead to significant improvements in care. It's clear that thoughtful, simple changes can lead to the most significant impacts, reaffirming our commitment to patient safety and the well-being of the care team.

Building Clinical Best Practices: A Data-Driven Journey to Improve Nurse/Medical Assistant Communication

Justine Alipio, MSN, RN, CCRN, LSSGB

Consistently delivering high-quality patient experience is fundamental to effective, patient-centered care. In today's increasingly integrated and complex care environment, achieving scalable and sustainable best practices are essential to drive system-wide engagement, accountability and measurable outcomes.

This initiative focused on strengthening communication between registered nurses and medical assistants, or RN/MA Communication, a key driver of patient trust responsiveness and experience. The goal was clear: improve communication scores above the Press Ganey benchmark of 95.0 by identifying gaps, standardizing practice and embedding accountability into daily workflows.

Understanding the Opportunity

At the start of this project, overall RN/MA Communication scores were 94.9, just below the benchmark. This initiative began with a crosswalk of evidence-based interventions, education and training specific to patient experience at each location to gain a better understanding of the current state. While performance was strong, initial data revealed significant variability in workflows across sites with no defined guiding how messages were received, responded to and escalated. This variability created uneven patient experiences, highlighting the need for a unified approach.

A Three-Pronged Strategy for Sustainable Change

To close these gaps, the following three-pronged approach, focusing on awareness, technology and accountability was used:

1) Building awareness and education

- The initiative began with the implementation of a Patient Experience Awareness Campaign, inclusive of staff training and engagement.
- To supplement this work, a Standard Operating Procedure, or SOP, was created. The SOP established a framework and set parameters to guide patient communication response timeliness and escalation process.

2) Leveraging technology to improve responsiveness

- In collaboration with Epic teams, new electronic medical record, or EMR, capabilities were built to allow more seamless communication. RNs and MAs gained the ability to forward a message to a provider while simultaneously responding to the patient that the message has been received and was being addressed by the care team.

3) Creating accountability through real-time data

- A central component of this strategy was the use of real-time technology platforms that provide patient experience data at both the provider and clinic levels.
- Custom dashboards were developed to present actionable metrics to clinical and operational leaders. These tools were integrated into existing workflows, making patient experience data a routine part of clinical performance reviews and operational discussions.
- To reinforce accountability, weekly leadership forums were launched to review performance trends, celebrate wins and address areas of concern. Clinics used their data to develop targeted action plans tailored to their unique data profile.
- Interventions included staff training on empathy and communication, redesigned workflows for patient check-in and discharge, and enhanced care coordination for complex cases.
- Patient experience metrics were also embedded into performance evaluations and quality dashboards, fostering a culture of shared responsibility.
- Coaching was provided for underperforming teams, while high-performing clinics were recognized and engaged to share best practices across the system.

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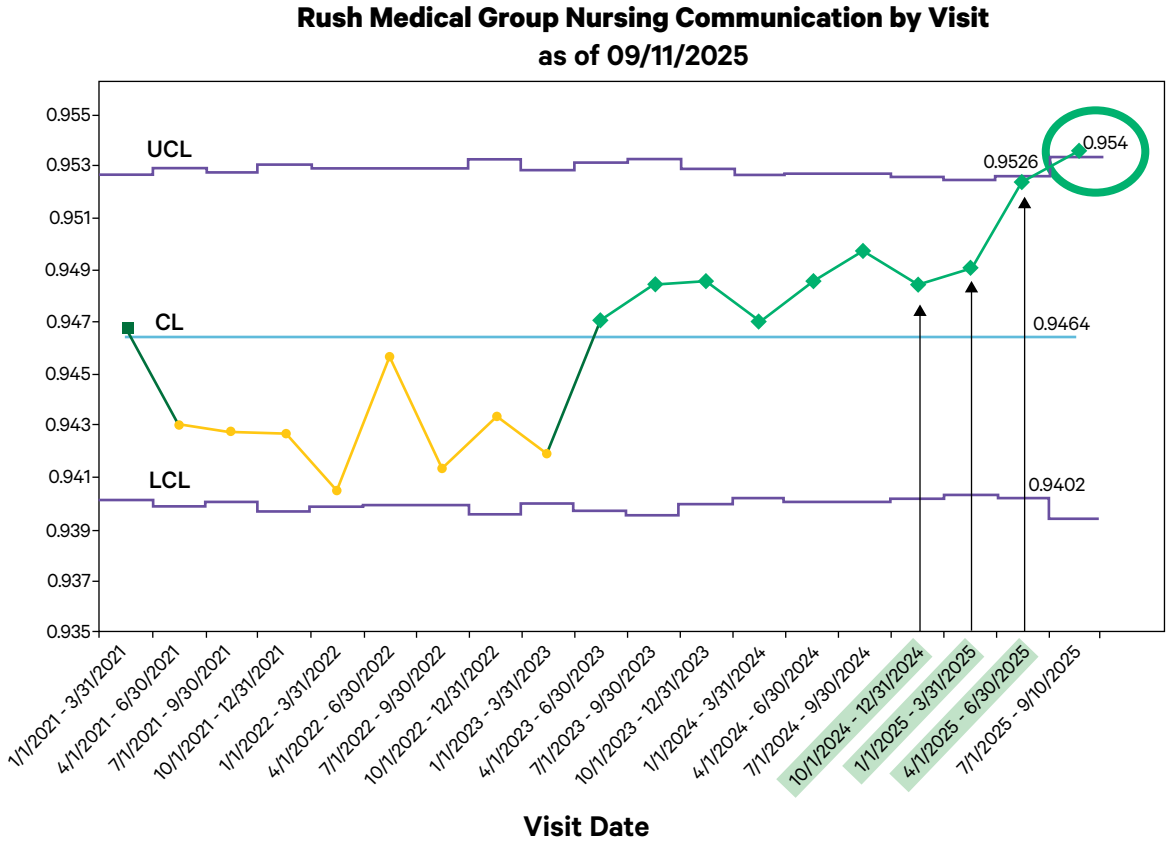
Measurable Results and Lasting Impact

Over a seven-month period, patient experience scores steadily improved across all clinics, with the group average **surpassing the 95.0 benchmark and sustaining that level for two consecutive quarters**.



Notably, RN/MA Communication scores increased by 0.5%, a significant achievement given the high-volume outpatient setting where incremental gains and limited margins for improvement are difficult to achieve. By the close of the fiscal year, RN/MA Communication scores nearly surpassed the Upper Control Limit, underscoring the value of a structured, data-driven approach to improving patient experience.

A Replicable Model for Excellence

This initiative demonstrates the power of data, frontline engagement and standardized best practices to drive meaningful improvement in patient experience. By embedding communication standards into technology, workflows and accountability, a sustainable framework was created that other health systems seeking to embed patient experience as a core quality domain can be replicated.

Future efforts will focus on refining interventions, scaling new service lines and further leveraging technology to advance patient-centered innovation — ensuring that patient experience remains a core pillar of quality and operational excellence.

Reducing Discharge Time Through Frontline Engagement

Megi Mehmeti, MSN, RN, CMSRN
Sasha Molina, BSN, RN

Getting patients home efficiently is more than a metric — it is a key part of safe, timely and patient-centered care. A clinical nurse leader, or CNL, and assistant unit director, or AUD, on the Rush medical observation unit built a tool to reduce discharge order-to-exit times and boost staff engagement by celebrating nurses who meet the unit's 90-minute discharge goal. The tool titled the GOALBall Machine turned a discharge goal into something visible, engaging and motivating.

Before the project began, the unit's average discharge order to patient exit time was 130 minutes, well above the 90-minute goal. While staff understood the importance of timely discharges, engagement around this metric was limited. The team wanted a new, low-cost approach — one that would recognize effort, build teamwork and connect actions to broader patient-flow goals.

Launched in June 2024, the GOALBall Machine is a simple paper display that resembles a gumball machine. Each time a nurse discharged a patient within 90 minutes of the discharge order, they wrote their name and date on a paper "GOALball" and placed it on the display. Over time, the board filled with colorful reminders of success.

Behind the scenes, the CNL verified discharge times in the electronic health record to ensure accuracy, while the AUD coordinated the rollout and helped personalize monthly prizes based on staff preferences. Recognition, including monthly shout-outs and small celebrations, keeping motivation and friendly competition high without adding cost or complexity.

The GOALBall Machine also encouraged collaboration. Nurses worked more closely with providers, case management and transport teams to ensure patients were ready to leave promptly.

Meaningful Results

The results were meaningful and sustained. After the GOALBall Machine was introduced, the average discharge order-to-exit time improved to 112 minutes by Nov. 2025, a 14 percent reduction that saved about 18 minutes per patient. These improvements were sustained for 18 months, demonstrating that this creative improvement drives measurable and lasting improvement.

Today, the GOALBall Machine remains active on the unit, with ongoing data collection to support continued improvement.

The GOALBall Machine shows how shared leadership and creative thinking can turn routine data into motivation — supporting patient flow, strengthening accountability, teamwork and advancing nursing excellence.

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.

New Tool Strengthens Behavioral Health Awareness, Empowers Frontline Nurses

Bridget Abushalanfah, RN, BSN, CM

Disruptive behaviors in inpatient settings, including verbal aggression, repeated limit-testing and escalating agitation, can pose significant safety risks for patients, staff and visitors.

Although the medical center has established processes for addressing violent behavior through BART activation and Safety Alerts, nursing leadership identified a critical gap — early disruptive behaviors were not consistently documented in Epic. Minor but repeated incidents often lacked structured reporting, which limited clinicians' ability to recognize patterns and intervene proactively.

Documentation Challenges

A review of reported documentation from July 2023 through July 2024 revealed that essential details — minor behavioral episodes, staff interventions and patient responses — were frequently missing or inconsistently recorded. This variability made it challenging to identify behavioral trends, ensure continuity of care and facilitate effective communication among interdisciplinary teams.

Standardizing Documentation: The Disruptive Behavior Progress Note Smart Text

In 2024, the surgical and neuroscience immediate care unit nursing teams, nurse psychiatric liaisons, risk management, Epic analysts and unit leadership worked together to design a standardized documentation tool: the Disruptive Behavior Progress Note SmartText. Built within Epic SmartLists, this tool guides nurses through objective, behavior-focused charting by prompting them to select descriptive behaviors, document staff interventions and record patient responses. By standardizing these elements, SmartText improves early recognition of behavioral patterns, enhances communication across shifts and supports informed clinical decision-making.

Pilot Program: Successful Implementation and Feedback

A pilot program launched in early 2025 demonstrated strong adoption. The tool was used 23 times by 16 clinical team members across the surgical immediate care and neurosciences units and 100 percent of staff reported that it would be helpful if implemented hospital wide. Nurses praised the structure and clarity the SmartText provided. Feedback from the pilot informed refinements, including improved editability and optimized dropdown menu options.

Hospital-Wide Safety Strategy

On February 18, 2025, the Disruptive Behavior SmartText went live across all inpatient units. What began as a unit-level initiative evolved into a hospital-wide safety strategy, showcasing the power of frontline innovation and collaborative design. This standardized approach supports early recognition, enhances communication across teams and prioritizes the safety of patients, staff and visitors.

The Disruptive Behavior SmartText now serves as an important tool in strengthening behavioral health awareness and empowering frontline nurses to manage complex behavioral situations effectively.

MOVE Huddle: Advancing Throughput Through Transparency and Teamwork

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

Improving patient flow in a complex health care environment requires more than isolated fixes – it demands shared visibility, disciplined follow-up and strong accountability across teams. Over the past year, MOVE Huddle has emerged as a powerful tool to support these goals, expanding significantly and driving meaningful operational alignment.

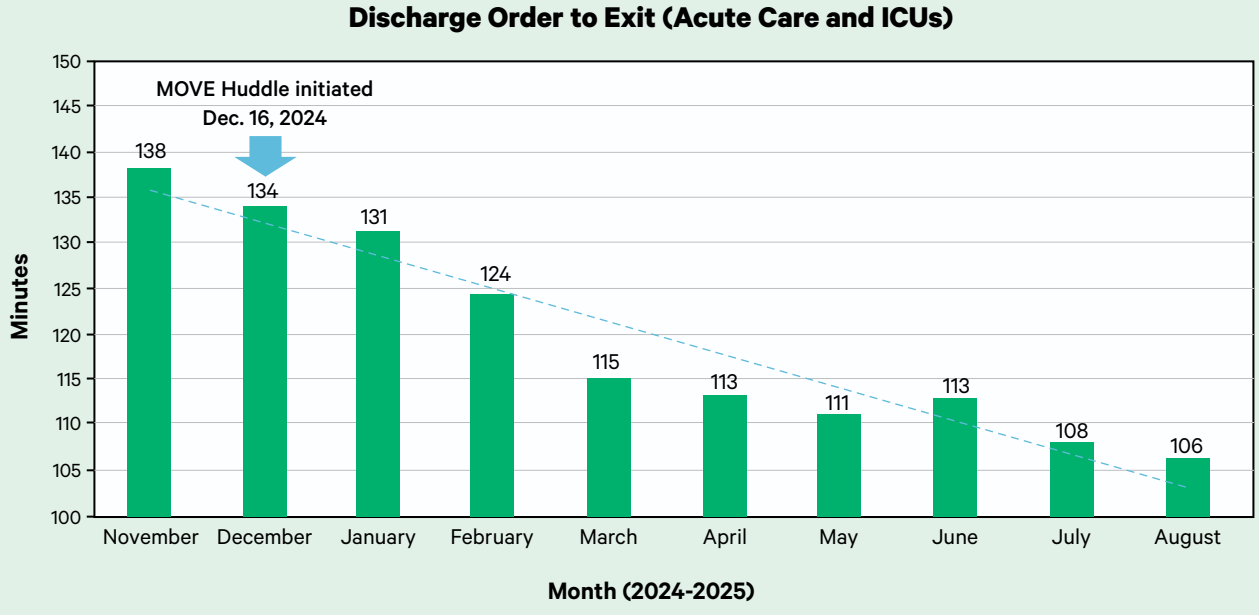
Originally adopted from Rush Oak Park Hospital, MOVE Huddle was implemented to create a structured forum for communication and action planning. Its purpose is simple, but impactful: improve transparency, facilitate follow-up and support both immediate and long-term action plans.

MOVE huddle takes place every weekday, Monday through Friday, at 9 am. Each department updates a shared spreadsheet before the huddle, and a rotating moderator — selected from the leadership team — facilitates the discussion. During the huddle, key metrics are reviewed, areas that are not meeting goals are identified and opportunities for improvement are discussed. Team members leave the meeting with action items, designed to drive progress and motivate throughput throughout the day.

MOVE Huddle was developed at the medical center in response to challenges that could not be solved within a single unit. Reducing "Left Without Treatment" rates in the emergency department and decreasing length of stay on both surgical and medical units required a multidisciplinary approach.

Without shared situational awareness, opportunities for improvement were difficult to identify. MOVE Huddle created a consistent structure where teams could align around challenges, escalate concerns and strengthen accountability with the goal of improving patient throughput.

Implementation of the MOVE Huddle resulted in significant improvement in the elapsed time between the ED discharge order to admission to acute and intensive care units.



Transforming Loss into Life: The Impact of the Gift of Hope Organ Donor Care Center at Rush

Janet Ladone, BSN, RN, CNOR

The Gift of Hope Organ Donor Care Center at Rush, or ODCC, began operations in September 2024. It is Illinois' first medical and surgical unit specifically dedicated to managing the recovery of lifesaving organs from brain-dead, or deceased, organ donors. The nurses of the ODCC take immense pride in the groundbreaking achievements of this pioneering unit during its first year.

The ODCC is a unique intersection of innovation, compassion and critical care excellence, where the loss of life is transformed into the gift of life for others. As the only donor care center in the state, and among just a few in the nation, the team has built an extraordinary facility from the ground up. Drawing on their diverse intensive care unit backgrounds in medical, surgical, neurological and transplant care, the nurses collaborate to design systems, workflows and protocols that optimize organ donor management and ensure every donor is treated with dignity and respect.

The unit has celebrated significant milestones, including exceeding donor goals and optimizing the viability of hearts and lungs for transplantation through advanced care techniques. The staff emphasizes the importance of utilizing data to drive improvements and foster collaboration among different health care disciplines.

Recognizing the Emotional Journey

Understanding the emotional depth of their work, the team is deeply aware of the donor families' generosity in times of profound grief and recognizes the comfort organ donation can provide. They also witness the positive outcomes for transplant recipients, who recover and thrive thanks to the care and efforts provided by the ODCC.

Empowering Staff for Excellence

Adaptability and teamwork have been vital to overcoming the challenges associated with establishing a new unit. A strong partnership with Gift of Hope has played a crucial role in enhancing outcomes and communication throughout the donation process. The meticulous nature of donor management is apparent, as every medical intervention — from various lung recruitment treatments to managing medications — can significantly influence the number of lives saved.

The ODCC team promotes a culture where everyone is encouraged to take on leadership roles, valuing their unique strengths and fostering professional growth. The unit has rapidly evolved, refining supply systems, improving workflows and forming in-unit committees tailored to fit the needs of the ODCC, all focused on the common mission of respect and excellence in care.

Committed to Honoring Life

In its first year, the ODCC team facilitated over 460 transplanted organs, with over 400 patients receiving lifesaving organs, demonstrating a new standard for collaboration and innovation in nursing. Their work embodies a commitment to honoring life through technical expertise, compassionate care, and an unwavering dedication to ensure every donor's final act of generosity continues to offer others a chance for a new beginning.

The Gift of Hope

Between Sept. 19, 2024, and Sept. 19, 2025, the ODCC honored the memories of 128 organ donors who were transferred to the center. Their courageous decision to donate has brought hope and healing to many. Through their selfless acts of generosity:

- 567 organs were recovered
- 463 organs were successfully transplanted
- 414 recipients in both the U.S. and Canada received the gift of life from the ODCC

Additionally, many organs that were not suitable for transplantation were sent for valuable research purposes.

Organs Transplanted Breakout

Category	Heart	Kidney	Liver	Lung	Intestine	Pancreas	Heart	**Total**
Transplanted	68	183	99	102	1	10	68	**463**
Recovered	78	229	102	136	8	15	78	**567**

In partnership with Gift of Hope, Rush is envisioning a world-class organ recovery center focused on increasing organ yield, enhancing efficiency of the donation process and providing the best possible donor family experience for all donors, with the aspiration to jointly save additional lives and maximize each donor's gift of life.

Strengthening Handoffs to Reduce Risk

Meghan Connery, BSN, RN, CNOR

Safe, efficient surgical preparation depends on clear communication — especially during shift transitions. In the prep areas, the handoff between evening and morning charge nurses is a critical moment that sets the tone for the entire day. When that exchange lacks structure or visibility, the consequences can include workflow disruption, staffing inefficiencies and increased risk to patient safety.

Prep charge nurses identified a critical gap in this transition. Morning charge nurses often began their shift without full awareness of overnight patient changes, high acuity needs or last-minute operating room additions. At the same time, evening charge nurses had limited insight into how morning staffing resources would be deployed. This misalignment led to reactive decision-making, delayed patient preparation, and unnecessary operational strain.

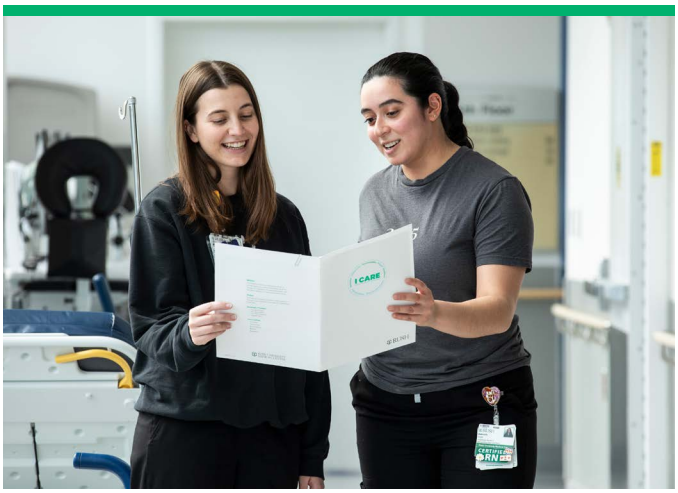
A Frontline-Led Solution

To address this vulnerability, the prep charge nurses collaborated to design and implement a PM-to-AM Handoff Tool — a structured, reliable communication tool that captures key operational details from the evening shift. The tool includes:

- Patient volumes across the three prep areas
- Staffing levels, including nurses and patient care technicians
- High-acuity patient considerations (e.g., cardiac or intermediate care) that require more intensive nursing support
- Anticipated OR add-ons or workflow challenges

Each evening, a PM charge nurse completes the handoff sheet and distributes it to the following day's three AM charge nurses, the nurse clinical manager and the assistant unit director.

The handoff tool has transformed the start of the day. Morning charge nurses now begin their shifts with situational awareness and a clear, actionable staffing plan. Early visibility into patient needs allows for proactive nurse allocation — especially for high-acuity patients — reducing the risk of operating room delays.



In addition, the tool has facilitated improved communication and accountability across shifts while providing leadership with timely insight into staffing challenges and opportunities for support.

Turning Risk into Reliability

This initiative reflects the power of frontline leadership. By standardizing communication, improving continuity and anticipating patient needs, nurses transformed areas of vulnerability into dependable processes.

By creating a predictable and structured handoff, the prep charge nurses have advanced operational efficiency, strengthened collaboration and — most importantly — supported safer, more seamless surgical care for every patient, every day.

Enhancing Care: The Impact of the Pediatric Rapid Response Committee

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Rapid response teams in both adult and pediatric settings have proven to be invaluable, significantly decreasing morbidity and mortality rates. However, specific pediatric rapid response team, or PRRT, activation triggers are not well established in pediatric studies. At Rush Children's Hospital, a proactive approach has been taken to bridge this gap, ensuring that pediatric patients receive critical care expertise right at their bedside.

Activating Expertise

Pediatric rapid response events are activated by general pediatric clinicians to bring pediatric critical care expertise in medicine, nursing and respiratory therapy to a child's bedside. Debriefing sessions have revealed challenges in knowledge, skills and attitudes of "activators" and "responders." Understanding these hurdles was the first step toward improvement.ately 350 nurses are expected to complete the training.

A Collaborative Effort

In mid-2023, the Pediatric Rapid Response Committee was established, overseen by pediatric nursing, medical and respiratory therapy leadership and staff nurses from both the general pediatric unit and pediatric intensive care unit, or PICU. The committee's mission was clear: evaluate events based on the PRRT activation criteria and response algorithms, identify trends and implement effective interventions to support the rapid response process.

Empowering Clinicians Through Education and Simulation

The committee reviewed all policies and clinical resources pertaining to pediatric rapid responses. The review led to important documentation updates, including enhancements to the flowsheet documentation on the Pediatric Early Warning Score, or PEWS, and an updated electronic event debrief form. The changes not only improved data collection but also strengthened the overall evaluation of the PRRT processes.

With the knowledge gained from this data collection and evaluation stage, the committee moved into action, planning didactic and simulation training sessions to improve knowledge, skills and attitudes of activating and responding clinicians. The educational sessions covered the benefits of PRRT, a summary of policies and clinical resources, including PEWS, activation requirements, documentation, roles/responsibilities and essential communication skills, including effective debriefing practices. The simulation exercises focused on the most frequent rapid response scenarios, such as respiratory distress, seizures and sepsis/systemic inflammatory response syndrome. In late 2024 and early 2025, PRRT sessions were attended by nearly 80 registered nurses and all pediatric resident physicians.

Expanding Impact

Overall, approximately 80 nurses attended PRRT education sessions, including all general pediatric, PICU, and Department of Women, Children and Family Nursing nurses. Additionally, all pediatric residents received a PRRT session during a conference.

The reach of PRRT process is expanding. As the Pediatric Rapid Response Committee was launching, a Rush University College of Nursing Doctor of Nursing Practice, or DNP, student, who is also a PICU registered nurse, completed an evaluation project of PRRT processes. Another PICU registered nurse is completing a DNP project to evaluate the effectiveness of the PRRT didactic and simulation course.

Continued Commitment to Patient Safety

The Pediatric Rapid Response Committee continues to strive to highlight the importance of continued evaluation of patient safety initiatives by formally reviewing PRRT events monthly, continuing education for new registered nurses and medical residents and auditing documentation. In fact, a group of Rush University College of Nursing Generalist Entry Master's in Nursing students is actively engaged in documentation audits, further emphasizing the multidisciplinary teamwork that defines the committee's initiative. By fostering a culture of collaboration and education, Rush is setting a standard that benefits our youngest patients and enhances their quality of care.


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