



## Teamwork



## Resiliency



## Wellness



Rush Copley Medical Center

NURSING 2020 ANNUAL REPORT

*To do what  
nobody else will  
do, in a way that  
nobody else can do,  
in spite of all we go  
through, that is to*

**BE A NURSE.**

— Rawsii Williams

# 2020: Year of the Nurse



Abby Hornbogen, MBA, MS, RN, NE-BC  
Vice President, Patient Care and Chief  
Nursing Officer

2020 was declared the Year of the Nurse by the World Health Organization before the pandemic struck. What a year it has been and how insightful that designation was!

Coming to Rush Copley in July as your new chief nursing officer, I have been in awe of the nursing community. The integrity, resilience and kindness that you have demonstrated in your daily practice, along with the professional expertise, really exemplifies what it means to be a Rush Copley Magnet nurse.

Nurses have stepped up and out of their comfort zones to be transformational leaders, whether that was at the bedside or in the boardroom. Nurses have learned on the go as they cared for COVID patients, keeping up with the latest recommendations and treatments to assure excellent nursing care. Nurses developed a wellness team and took care of each other to make this crazy journey of 2020 more bearable. Nurses have persevered, finding personal strength and growth. Whether that was acquiring a new skill at work, going back to school, learning to cook or taking a yoga class, there are many examples of personal growth.

Rush Copley nursing moved forward throughout the year. In the coming pages you will see some of the amazing accomplishments of our nursing community. Thank you to all of you for your part in making Rush Copley stronger each and every day.

2020 really was the Year of the Nurse, and what an amazing year it has been. Thank you for welcoming me in to the Rush Copley community, and also for all that you do every day to make excellence just the beginning.

Sincerely,

A handwritten signature in black ink, which appears to read 'Abby Hornbogen'. The signature is fluid and stylized, with a large loop at the beginning and a long, sweeping tail.

# Overcoming Challenges and Emerging Stronger than Ever

This was the Year of the Nurse, and what a ride it has been! Although we faced some unexpected and difficult circumstances, I can honestly say that the nursing community at Rush Copley is stronger than ever. All the fears, uncertainties and heartbreak resulted in stronger teams and a level of resiliency none of us ever imagined possible.

The beginning of the year brought many challenges, including the unexpected COVID-19 pandemic. With the rapid spread of this virus, we had to think and act quickly to care for the huge influx of patients with an illness no one knew anything about. The fear and anxiety was overwhelming. The unknowns were terrifying. But as a team, we came together and supported each other every step of the way.

Safety and employee wellness became priorities. Staff were trained as PPE coaches to help ensure proper use of protective equipment, education modules were created, seminars were offered, and nurse-to-patient ratios were adjusted. Nursing teams were cross-trained and the Resource Team increased staff to assist in staffing shortages. Alongside the Incident Command teams that were created, the Nurse Executive Council played an instrumental role in developing strategies to improve processes and maintain positive patient outcomes. In response to our concerns, the Epic team activated surge charting to allow nurses to focus more on direct patient care, and Pharmacy reduced nurse exposure time by shortening the list of medications requiring bedside co-signatures. Alternate care areas were opened, labor pools were created to assist in busy areas, and the list goes on.

So many initiatives created, so much innovation witnessed — all made possible by teamwork. When faced with the most difficult of circumstances, we rose up stronger than before. When we saw a peer breaking down, we stepped in to offer emotional support. When our peers got sick, we picked up extra shifts, came in early and stayed late. Through personal and organizational support, we took care of each other day in and day out. Additional wellness rooms were created, wellness websites and programs were launched, and the Rush Wellness Assistance Program offered 24/7 counseling services. These resources allowed us to keep pushing forward.

I am so proud to be part of the Rush Copley family. In more than a decade as a nurse I have never witnessed stronger teamwork and resiliency. We have all laughed and cried together. We have seen and experienced things we never thought we would see. We have been through the darkest of hours with our patients and their families and did it all with dignity, love and compassion. We were knocked down together and we got back up together.

To every single nurse at Rush Copley, thank you for your hard work, dedication, strength and perseverance. I am so proud of you all! Here's to a new year filled with positivity, innovations and beautiful moments to be shared together.

Sincerely,



**Tanya Antal, MSN,  
CMSRN, SCRNP  
Resource Team/Float Pool  
Chair of Nursing Executive  
Council (NEC)**



# Transformational Leadership

## Emerging Leaders Program Preparing Leaders for the Future

Today's complex health care environment needs innovative tools to nurture talented clinical professionals to become effective leaders. To do this, the Emerging Leader Development Program was designed to assist promising leaders in their growth. The program's curriculum was designed by an interprofessional team of leaders — nurses, physicians, human resources professionals and business people using competencies outlined by the American College of Healthcare Executives (ACHE), Executive Healthcare Competencies and the American Organization for Nursing Leadership (AONL). This program allows Rush Copley's executive leadership to attract and retain individuals who support the organization's mission, vision and strategic direction.



**Team Building Day 1 paired participants with their preceptors.**

Selected applicants either actively sought, or were willing to take on, progressive leadership responsibilities. They also committed to Rush Copley's mission, vision and Promise. These emerging leaders value fresh experiences, learning new skills, ongoing self-discovery and personal development. Along with structured classes, immersion activities enhanced the participants' skills, knowledge and behaviors. After completing the program, participants identified potential professional opportunities to obtain progressive leadership roles — and the first cohort was completed in March of 2020.

As we move forward in 2021, the executive team is committed to growing the program to ensure a prepared and astute next generation of health care leaders.

# Shorter Intervals to Triage

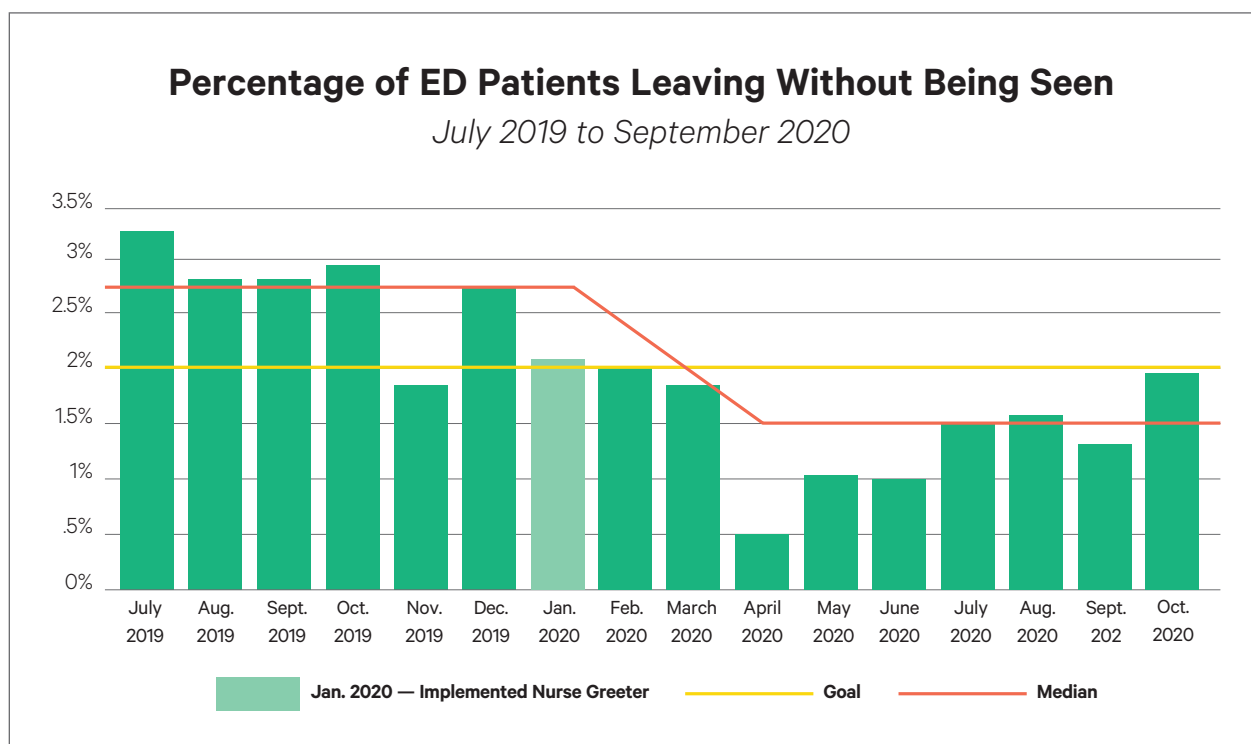
## Lower LWBS Rates

Studies show that patients in the Emergency Department (ED) who leave without being seen (LWBS) by a provider reflect quality and safety concerns. The Joint Commission and the Centers for Medicare & Medicaid Services (CMS) recommend the LWBS rate be a quality indicator for hospitals. A low LWBS rate in the ED exemplifies effective communication and appropriate coordination of patient care. Therefore, the LWBS rate is a marker of quality and considered an ED performance metric.

In the traditional staffing model, the walk-in ED patient is greeted by the registration staff. The registrar asks about the patient's primary reason for the ED visit. After being registered, the patient is sent to the waiting room until the triage nurse assesses their acuity level. This second interaction should occur within 11 minutes, but that may vary based on the time of the day. Naturally, longer intervals between these interactions heighten the risk of patients leaving.

In January 2020, the ED implemented a new process to minimize the percentage of ED patients who leave without being seen by a provider. Now, each day ED nurses are assigned to the role of nurse greeter from 11 a.m. until 11 p.m. The nurse greeter is stationed with the registration staff and asks each patient several questions to identify their acuity level. This is an opportunity for the greeter to address patients' immediate concerns as well as assess patient satisfaction. This process initiates triage much sooner than the former staffing model and helps to better manage patients' expectations.

The results have been very positive. The percentage of ED patients who leave without being seen decreased below the established goal.



# It's 'Game On' for Assessing Competency!

Assessing nursing competency is an annual regulatory requirement. In ICU and NSU, the Critical Care Education team, led by the clinical nurse educator, manages Competency Day and determines how and what skills to assess.

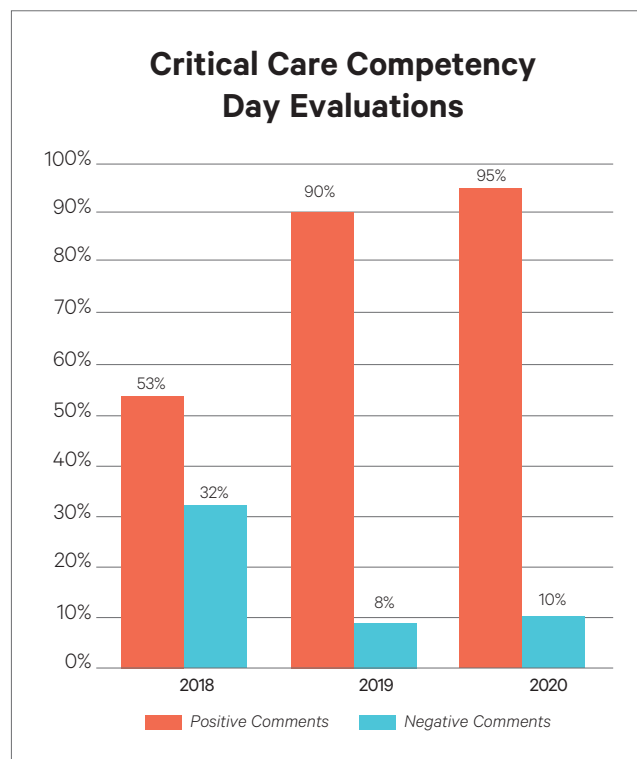
In the past, Competency Day was limited to skill stations, quizzes and case studies to evaluate proficiency. However, with the opening of the STAR Center in 2015, interactive mannequins accommodated simulations. This enhanced interaction created a more realistic environment for the staff to demonstrate their skills. In addition, the staff participated as “live patients” in physical games. Technology, such as iPad games, also increased staff engagement.

In 2020, the critical care education team improved their competency “game” — and nurses approved with high scores. First, groups were scheduled to participate in cycles that made more efficient use of their time. The activities immersed nurses in “The Price is Right” game show concept with music from the program, branded t-shirts, and stations with that theme. There was also an “escape room.”

**Results:** The staff evaluations overwhelmingly showed an increase in positive feedback. These post-Competency Day measures reflect their enthusiasm:

- 100% of respondents said they AGREE or STRONGLY AGREE that gaming is an effective and engaging way to assess knowledge and competency
- 100% of respondents reported feeling SATISFIED or VERY SATISFIED with the new format
- Comments included a desire for another escape room and an appreciation for games and technology to validate their skills.

The game show theme and music created a relaxed atmosphere that reduced much of the anxiety that accompanies the stress of being tested. Gaming engaged staff and aided in demonstrating their skills.



# A Prescription for Same-Day Discharge in Orthopedics



Rush Copley embraces challenges. That's why, when an increased number of patients requested outpatient orthopedic surgeries, the staff relentlessly worked to accommodate them. However, the limited infrastructure hindered the necessary level of collaboration between the interdisciplinary team members.

Historically the patient first met with the surgeon for an evaluation and surgery recommendation. Next, the patient discussed the details of the surgery and agreed on a date and time with the provider's nurse and surgery scheduler. From there, the patient's primary care physician performed a comprehensive preoperative exam and optimization. Then, the patient attended a preparatory class specific to their surgery. Finally, the patient worked closely with the joint replacement coordinator to navigate the stages of care to be discharged the same day.

To ensure a safe and efficient same-day discharge, the joint replacement coordinator and director of orthopedics gathered the nursing administrative supervisor, unit managers, director of perioperative services, clinical nurse educator, therapy services, surgery schedulers and clinical nurses. To enhance communication between all departments, the team created a step-by-step process that outlined roles and responsibilities. For instance, weekly communications from the surgery schedulers notify the team of upcoming same-day joint replacement surgeries. A nursing administrative supervisor provides bed placement, and the care manager arranges home care and therapy to start soon after discharge. Then, the team organizes responsibilities for care until discharge. The joint replacement coordinator also collaborates with each stakeholder and facilitates a final conference call to determine the status of the patient's discharge. The unit managers and clinical educators taught the staff the process.

With an interdisciplinary approach to patient care, Rush Copley overcame barriers to expanding same-day joint replacements. Countless hours and dedication fostered positive outcomes. Previously, about one or two same-day surgery patients were cared for each month. In the latter half of 2020, that number has doubled. The new process demonstrates how excellent teamwork and collaboration are the keys to success in fulfilling patients' expectations, while preserving quality care.



# Structural Empowerment

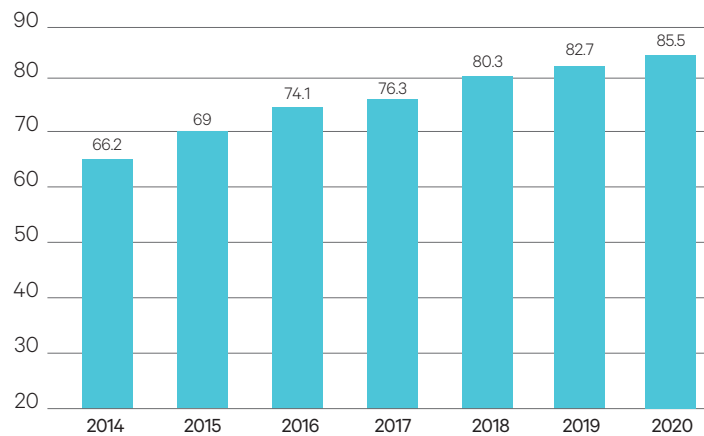
Congratulations to the following registered nurses for obtaining their national specialty certification in 2020:

**Jenna Borkowski**, CEN  
**Laura Bowgren**, C-ELBW  
**Emily Burian**, RNC-NIC  
**Nicole Chapman**, RNC-MNN  
**Lauren Collins**, RNC-NIC  
**Charla Cools**, CMSRN  
**Shara Dupree**, CNML  
**Louise Fazio**, CNML  
**Katelin Frost**, RNC-MNN  
**Alexandra Glazer**, RNC-NIC  
**Madison Harms**, RNC-NIC  
**Taylor Herman**, CMSRN  
**Dakota Johnson**, SCRNI  
**Susan Miller**, C-ELBW  
**Dolores Mitchell**, CMSRN  
**Allison Moore**, RNC-NIC  
**Marissa Nalezny**, RNC-NIC  
**Alyssa Nasman**, CMSRN  
**Jill Newberg**, RNC-MNN  
**Alisia Pantaleo**, C-ELBW  
**Sarah Pawelko**, CMSRN  
**Christian Reyes**, SCRNI  
**Ariel Roche**, CCRN  
**Jessica Schlitter**, SCRNI  
**Laura Snider**, RNC-OB  
**Madison Tassone**, RNC-NIC  
**Rebecca Welch**, RNC-NIC

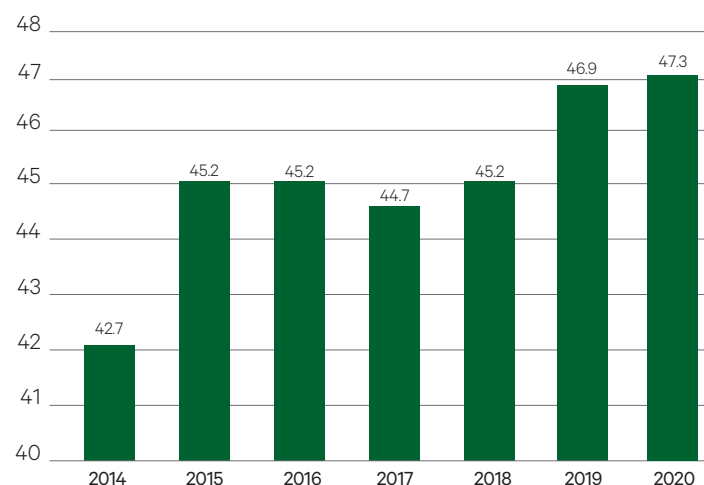
## BSN and Certification Rates Reach New High

Lifelong learning is the cornerstone to successful professional growth and development. In 2020, Rush Copley's nursing community achieved its highest percentages for BSN and certification rates. Formal education and professional recognition in a national specialty are a few of many ways to measure this learning. The graph exemplifies the professional growth of nurses at Rush Copley.

**BSN Percentage**



**Certification Rates: All RNs**





## Merit-Based Scholarships Ease Nurses' Path to the Future

Graduate-level Future of Nursing Scholarship recipients received a \$4000 merit-based award to assist in funding their graduate-level nursing education. Congratulations to Wendy Biela, Lauren Bordenkircher, Nickie Bounsayngam, Allison Budde, Courtney Buttrum, James George, Calena Goins, Olivia Lemberger, Elizabeth Pina, Melissa Reeder and Melissa A. Schmidt.

## Undergraduate-Level Nursing Scholarship Recipients

BSN scholarship recipients were awarded a \$2000 merit-based scholarship to complete their undergraduate studies. The scholars include Margaret Burdue, Abbie Hamilton, Melissa Jenkins and Shital Patel.



Pictured left to right: Abby Hornbogen, MBA, MS, RN, NE-BC; Abbie Hamilton, ADN; Margaret Burdue, ADN, RN; Sharon Brooks, MSN, RNC-OB, CENP; Melissa Jenkins, RN, CGRN; Shital Patel, RN; Jennifer Perry, MSN, BA, RN, TNS, CEN.

# Prone to Better Outcomes in the ICU

In 2020, it hasn't been easy to think of the good that has emerged, but the use of the manual proning protocol is definitely a positive development for patients in the ICU. This important intervention helps patients who experience Acute Respiratory Distress Syndrome (ARDS) by turning them onto their stomach, which can make breathing easier. Because patients with COVID-19 are vulnerable to ARDS, adopting manual proning protocols is critical.



In the past, proning a patient meant that a special bed was ordered that would safely turn a patient to the prone position. However, these beds could take many hours to arrive at the hospital, which could cause devastating delays. Second, there were not enough specialty beds available for the number of patients requiring them. And third, the beds are very expensive and cumbersome to operate.

However, at Rush Copley, manual proning began before COVID-19. In fact, in May 2019, several Rush Copley ICU nurses attended the annual National Teaching Institute & Critical Care Exposition (NTI) after winning the Beacon Gold award from the American Association of Critical Care Nurses. Their amazing experience included a session on how one hospital successfully created their manual proning protocol, educated their staff, and implemented this vital intervention.

Within one week after the nurses returned, the protocol was constructed, the necessary materials obtained, and 100% of staff were trained by Christine Jewell, BSN, CCRN, ICU, clinical nurse, and Dawn McQuality, BSN, RN, CNML, clinical nurse manager, ICU. The ICU team, through the Practice Guidelines Council, fast-tracked the protocol, while maintaining patient and staff safety. The team held education sessions that also included staff from ICU, NSU and Respiratory Therapy. During training, they practiced proning fellow staff members, which allowed the “patient” to provide real-time feedback about what worked and what didn't.

When staff saw how quickly, easily and safely a person could be manually proned, they were convinced and immediately began manually proning patients. The newer ICU Linet beds with the Hercules mattresses aided in this process by allowing the team to safely move patients and place them in the reverse Trendelenburg position for optimal lung expansion. Then, Rush Copley began seeing its first COVID-19 cases — and it was quickly evident that manually proning was an essential intervention. The team continues to use this protocol for manual proning.

# Dream Team Improves Sleep for Patients in PMR

It's no secret that a good night's sleep improves mood and helps patients heal, feel more satisfied and improves their sense of well-being. For acute rehabilitation patients, sleep also encourages patient participation in their therapy sessions.

With this in mind, in August of 2019, the PMR nurses began a quality improvement project with a sleep hygiene program. Each month, they chose 15 patients to participate.

Upon admission, patients

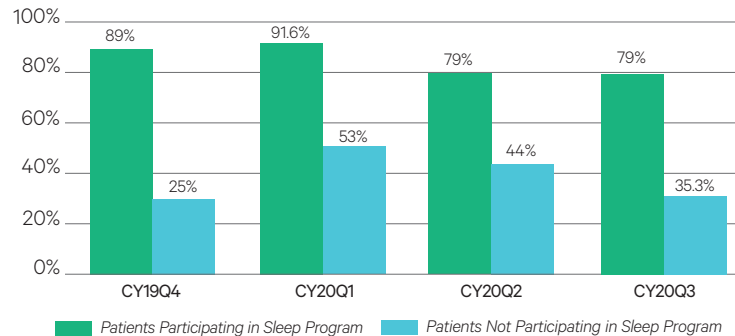
completed a short questionnaire regarding their bedtime, daily activities, wake time and evening routine, which included information on beverage intake and sleep aids. Patients also received tips on:

- What foods and drinks fostered better sleep
- Daytime napping
- Being in natural light during the day
- Creating a comfortable sleep environment
- Sleep aids, aromatherapy and relaxation techniques
- The importance of "downtime"

Participants were offered sleep masks and earplugs. They were encouraged to ask a family member to bring in their own pillow and blankets. A do-not-disturb sign on each patient's door communicated their bedtime to reduce interruptions. Staff also kept noise level to a minimum to maintain a peaceful environment.



**Percentage of Patients Answering “Always” to “Did You Feel that You Were Rested Enough in the Morning to Participate in Therapy?”**



Upon discharge, the patients were asked if they received an uninterrupted night of sleep and felt “well rested” and able to participate in therapies during the day. The sleep hygiene program was positive for those who participated (see graph). To maintain a sustained improvement, all staff members need to be involved. Consistent awareness of the program is communicated through daily huddles, unit partnerships, one-to-one coaching and shift handoffs. In daily leadership rounds, the PMR staff continues to learn new ways to help promote a good night's sleep.



# Exemplary Professional Practice



## PPE Coaches Have Their Eyes on Safety

The first wave of the COVID-19 pandemic required a flurry of stronger safety practices. Staying current was another challenge. To be sure the hospital staff was constantly updated, a team of 35 staff members was outfitted with green vests, trained in the latest procedures and deployed as Personal Protective Equipment (PPE) coaches. Many were nurses from departments that were temporarily closed due to government mandates, such as GI/Pain Clinic and Surgery.

Their mission was to prevent exposure and contamination while caring for COVID-19 positive patients. The coaches actively ensured that proper procedures and techniques were followed. They also educated and communicated the rapidly changing guidelines from the Illinois Department of Public Health (IDPH) and Centers for Disease Control and Prevention (CDC). These green-vested coaches worked with staff in the ICU, Med/Surg II and ED. Coaches in ICU and Med/Surg II visited other inpatient units and ancillary departments to speak with staff and provide information. The PPE coaches also maintained the donning/doffing areas, assisted with cleaning CAPRs/PAPRs between uses, stocked isolation carts and implemented other infection prevention measures. In fact, patient care teams felt more at ease when they saw a green vest coming because they knew the coaches' top priority was safety — and their dedication was relentless. This amazing, innovative team provided support 18 hours each day during the surge.

## ED Expands Expertise for Sexual Assault Victims

Victims of sexual assault need to be treated with special expertise and sensitivity. To improve care to these patients, the Emergency Department (ED) increased the number of nurses credentialed by the Sexual Assault Nurse Examiner (SANE) program.

In order to be verified as a SANE, one must attend a 40-hour class and complete the clinical requirements within 12 months. To promote competency, lessons include: performing medical forensic exams, collecting evidence, and compiling the experiences and activities to better understand events.

The following six nurses completed the adult/adolescent SANE training offered by the Office of the Illinois Attorney General:

- Gina Becker-Espinoza, MSN, RNC-MNN, CLC
- Christine Carlin, BSN, RN, TNS, CEN, CPEN
- Courtney Classen, BSN, RN
- Tia Conard, BSN, RN, TNS
- Betsy Heasley, RN
- Anna Holuj, BSN, RN

In addition, three ED nurses and two Women's Health nurses are currently completing their clinical log for adult/adolescent patients, while three ED nurses are training to care for the pediatric/adolescent population. The increased number of SANE graduates assures the ED is always prepared to provide sexual assault victims with the competent, sensitive care they need.



# New Knowledge, Innovations and Improvements

In 2020, Rush University's Center for Clinical Research and Scholarship (CCRS) sponsored Rush Nursing Research Fellowships. The inaugural award supported one clinical nurse from each Rush hospital in pursuing a research project. During the year-long fellowship, nurses were paid for eight hours per week to design, implement, evaluate and report their research.

## Mindful Moments Decrease Nurse Stress Levels



**Stephanie Patronis, BSN, RNC-NIC**

Rush Copley's Stephanie Patronis, BSN, RNC-NIC, NICU clinical nurse, was awarded the 2019-2020 fellowship. Patronis was mentored by PhD-prepared nurses from the CCRS. Her research tested whether a 20-minute Mindful Moment session conducted before beginning a shift could help decrease nurses' stress and burnout rates. The

Mindful Moment sessions, delivered in-person or online, included yoga, self-reflection and meditation. Burnout was assessed using the Maslach Burnout Inventory at weeks zero, four and eight. Participants indicated their levels of stress (0=no stress to 10=high stress) before and after each Mindful Moment session.

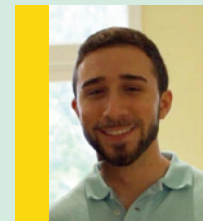
Forty-seven nurses agreed to participate with 20 nurses completing the eight-week study (43%). The results showed:

- Emotional exhaustion decreased by 31%.
- Depersonalization reduced 31%.
- Perceived stress pre- and post-sessions, reduced an average of 37%.
- A sense of personal accomplishment increased by 10%.

This data affirms that Mindful Moment sessions are feasible and help nurses feel less stressed. Because exhaustion, depersonalization and work-related stress are prevalent among nurses and were trending upward, these changes are significant. Furthermore, even a brief, self-care intervention can reduce levels of burnout and perceived stress. Patronis' research was also submitted for publication and accepted by *Holistic Nurse Practice Journal* for the September 2021 issue.

## Medero Works to Improve Documentation

The 2020-21 Rush Nursing Research Fellowship was awarded to Javier Medero, BSN, RN.



**Javier Medero, BSN, RN**

He will study whether nursing documentation at the bedside improves its accuracy and timeliness. The study will be conducted in two phases. The first phase will be a retrospective analysis on charting data. Phase two will be a 22-question survey to examine nurses' demographics, use of electronic health records, nursing preferences of keyboard vs mouse, and barriers to documentation. Medero's goal is to identify which documentation method can be most timely as well as what barriers nurses experience with bedside charting.

# Podiums, Posters and Publications



Olivia Lemberger, MSN, RN, CHSE, was an invited panelist who discussed innovations in nursing.



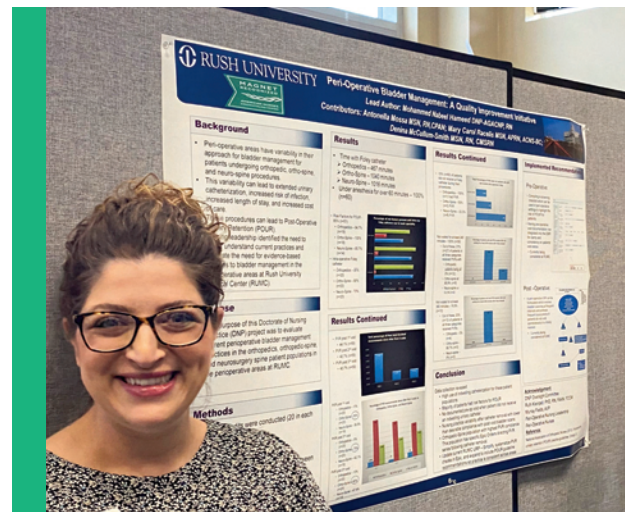
Lauren Franker, DNP, APRN, ACNP-BC, took the podium to speak on *Preoperative Prevention of Surgical Site Infection in Spine Surgery*.



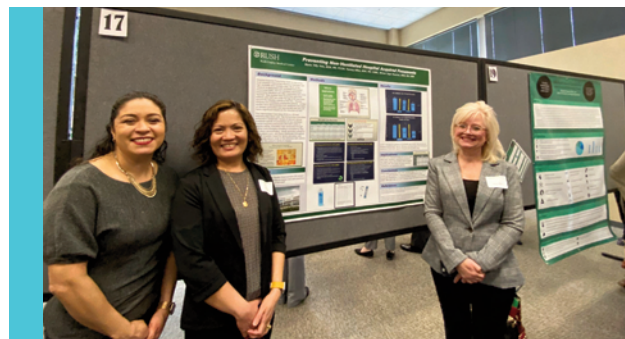
Claire Anderson, DNP, APRN, FNP-BC, CHFN, presented *Too Many Voicemails: The Redesign of Telephone Nurse Triage in an Ambulatory Primary Care Clinic*.

## System-Wide Symposium: A Resource for Innovation and Quality

In February, Rush Copley nurses shared the results of their research and other projects with their colleagues at the Rush System Nursing Research/EBP (Evidence-Based Practice) 2020 Symposium. Here are a few of the highlights.



Antonella Mossa, MSN, RN, CPAN, presented *Peri-Operative Bladder Management: A Quality Improvement Initiative*.



Tammy Allen, BSN, RN, CNML, Miriam Vegar-Ramirez, MSN, RN, CEN, and Maria Tiffy Yelo, BSN, RN, PCCN, presented a poster on *Preventing Non-Ventilated, Hospital-Acquired Pneumonia*.

Tanya Antal, MSN, RN, CMSRN, SCRNP, along with Mary Applequist, BSN, RN, CNML, presented *Promotion of a Healthy Work Environment via the Development of a Nursing Restoration Space*.

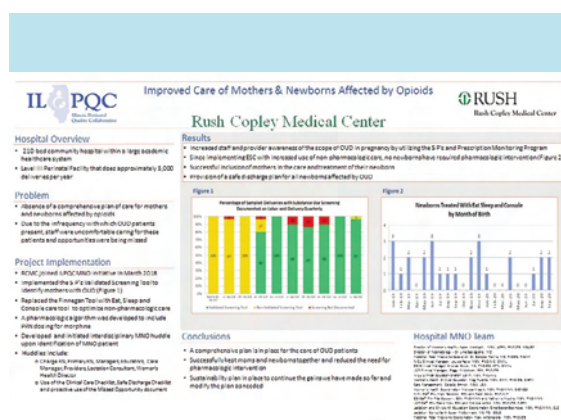


# Interactive Learning Yields Improvement in Education



**Sharon Colin, MSN, RNC-NIC**

Sharon Colin, MSN, RNC-NIC, clinical nurse educator, NICU, presented *Escaping the Escape Room: An Innovative Concept for NICU Annual Competency Assessment*. She discussed how interactive game-based learning helps sustain learning outcomes, improve critical thinking, and transfer knowledge to other situations. An escape room game was designed to engage learners, promote teamwork and meet the objectives of competency assessment.



**Olivia Lemberger, MSN, RN, CHSE, Maureen Lugod, MSN, RN, CEN, Beth Garrison, MSN, MBA, APRN, ACNP-BC, CWOON, RN-BC, Sharon Colin, MSN, RNC-NIC**

# Women's Health MNO Project

RCMC Maternal and Newborns Affected by Opioids (MNO) team presented a poster at the Illinois Perinatal Quality Collaborative (ILPQC) 8th Annual Conference in October 2020. The poster depicted Rush Copley's successes with the implementation of the various ILPQC initiatives in caring for mothers and newborns affected by opioids.

# A Play-by-Play to Improve Education

In February 2020, team players Olivia Lemberger, MSN, RN, CHSE, Sharon Colin, MSN, RNC-NIC, Maureen Lugod, MSN, RN, CEN, clinical nurse educator, Emergency Services, and Beth Garrison, MSN, MBA, APRN, ACNP-BC, CWOCN, RN-BC, clinical training coordinator, Epic, presented *Interactive Learning for Nurses through Gamification* at the Rush System Nursing Research/EBP 2020 Symposium. They also presented their findings as a virtual poster presentation for the Association for Nursing Professional Development 2020 Annual Convention in September.

# High-Flow Nasal Cannula Therapy Wins High Praise

Maureen Lugod, MSN, RN, CEN, clinical nurse educator, Emergency Services, Lisa Keller, RRT, adult respiratory clinical specialist, and Ruth Karales, BS, RRT, manager, Respiratory Therapy, were awarded first place for presenting their

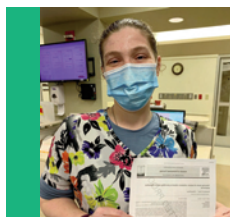
poster on *Implementing High-Flow Nasal Cannula Therapy in the Emergency Department* at the Rush System Nursing Research/EBP 2020 Symposium in February 2020. Their topic showed the results of using high-flow nasal cannula therapy for treating respiratory distress and reducing ICU admissions.

They also presented this research at the Emergency Nurses Association (ENA) conference and won second place. As winners, they were invited to present at the Illinois chapter of ENA in April; however the conference was postponed due to COVID-19. In September, the trio presented the poster virtually at the Emergency Nurses Association's National Conference.



**Lisa Keller, RRT; Maureen Lugod, MSN, RN, CEN; Ruth Karales, BS, RRT**

## Helping Student Volunteers be More Effective

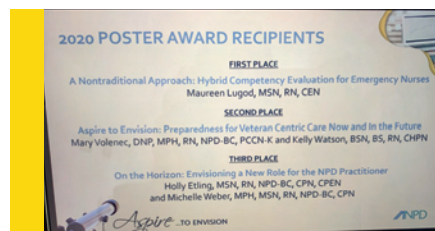


**Rose Fong, MSN, CNL, RN**

Rose Fong, MSN, CNL, RN, Emergency Department clinical nurse, published her capstone findings *Assessing Needs of Student Volunteers Related to Providing Care to a Homeless Population* in the October 2020 issue of *Journal of Professional Nursing*.

## Competency Evaluation Takes First Place

Maureen Lugod, MSN, RN, CEN, presented *A Non-Traditional Approach: Hybrid Competency Evaluation for Emergency Nurses* as an online oral and



poster presentation to the Association for Nursing Professional Development (ANPD) 2020 Annual Convention in September — and won the first place Evidence Based Practice Poster Award. She also virtually presented the poster and oral presentation for the Emergency Nurses Association National Conference earlier in September.

## Moving Beyond Meds and Beds with Patients

Mary Shilkaitis, MSN, MBA, RN, NEA-BC, FACHE, co-authored *Integrating the Social Determinants of Health into Nursing Practice: Nurses' Perspective* with Janice Phillips, PhD, RN, CENP, FAAN, Angelique Richard, PhD, RN, CENP, Karen Mayer, PhD, MHA, RN, NEA-BC, FACHE, Louise Fogg, PhD, and Hugh Vondracek, MSc, in the July 2020 issue of *Journal of Nursing Scholarship*.



Rush Copley Medical Center