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WELCOME TO THE 2014 NURSING ANNUAL REPORT FOR RUSH UNIVERSITY MEDICAL CENTER. WE ARE VERY PROUD TO SHARE THIS REPORT AS WE REFLECT UPON THE EXCEPTIONAL CARE THAT IS DELIVERED BY THE NURSES HERE AT RUSH TO OUR PATIENTS AND OUR COMMUNITY.

The foundations of Rush nursing are relationships and caring and leadership in the profession. In this report, we will share examples of how our nurses partner with the community and members of the interdisciplinary team to live our vision to be a leader in transforming healthcare for the patients we serve.

This report showcases the many accomplishments of nurses over the past year toward the goal of transformation. Nurses have been involved in continuous improvement efforts that impact the care we provide, such as creating and implementing a nurse driven palliative care screening tool in the adult ICUs or resurrecting a bedside report on 13West Tower. Giving back to the community is important to Rush nurses who demonstrate their support by volunteering for quarterly health screenings at Thresholds. In FY14, there were more than 50 volunteers from nursing that saw over 90 patients. Other projects improved patient satisfaction such as the Rush University Cancer Center that saw an increase in nursing scores from the 37th to the 90th percentile.

As a leader and founder of nursing shared governance, this past year Rush celebrated its 30th year of shared governance. All nurses at Rush are considered members of the Professional Nursing Staff (PNS) and each nurse makes his or her own unique contribution toward our highly coveted professional practice environment. I value the ongoing and open conversations I have with nurses regarding their practice environment, which includes opportunities to make innovative improvements. As we dialogue and problem solve together, we are building a lasting culture of nursing excellence and professionalism.

On behalf of the nursing team here at Rush, we hope you enjoy learning about the important contributions of nurses at Rush in our vision to be a leader in the region, and nationally recognized for transforming health care.

CYNTHIA BARGINERE, DNP, RN, FACHE
Chief Nursing Officer
Associate Dean for Practice
PNS Executive Committee

FY 2014 GOALS

- COMMUNICATION
- COMMUNITY SERVICE
- CLINICAL LADDER
COMMUNICATION

- Surveyed entire nursing staff regarding PNS
- Utilized data responses to develop communication plan
- Developed SharePoint sites for all PNS committees
- Collaboration Meeting PNS Executive Committee and Nursing Senior Leadership
- Collaboration Meeting PNS Committee Chairs
- Utilized DAC Communication Tool
- Utilized streamlined email communications to all members
- Utilized all charge nurse pagers to remind staff of events real time
- Developed Table Top Tool for Marketing PNS to members
- Provided emailed versions of all events for all members to review
- Developed and restarted Quarterly PNS Newsletter

CLINICAL LADDER

- Supported RUMG work toward development of outpatient clinical ladder structure
- Participated in multiple RUMG education events to support increased shared governance structure development and clinical ladder education
- Identified concerns of inconsistency amongst inpatient units and departments with annual review of clinical ladder requirements
- Identified need for work group to review inpatient clinical ladder requirements, tools and on-going evaluation
- Identified and planned to continue this work next year

ADDITIONAL ACCOMPLISHMENTS

- Provided activities for annual Nurses Week and PNS Shared Governance 30th Anniversary Celebration, including education event regarding external nursing societies, Blessing of the Hands, Unit Celebration Tool kits, updates on national events, and supported Nursing Awards Ceremony and Celebration
- Provided Nurses Week recognition voucher and celebration pin for 2,225 nurses
- Partnered and shared knowledge to support PCT Recognition Events
- Facilitated PNS Quarterly Nursing Forums for nursing staff
- Met with Michael Dandorph, executive vice president and chief operating officer, and discussed clinical nurse concerns
- Supported medical-surgical certification process (CMSRN)
- Partnered with I CARE I Innovate program
- Added PNP Department clinical nurse representative
nursing annual report

DATA

- Central Line Associated BloodStream Infections (CLABSI)
- Catheter Associated Urinary Tract Infections (CAUTI)
- Hospital Acquired Pressure Ulcers (HAPU)
- Falls with injury
OVERALL CENTRAL LINE BLOODSTREAM INFECTION RATE: FY 2014

FY14 CLABSI INTERVENTIONS YTD

<table>
<thead>
<tr>
<th>Driver</th>
<th>Intervention</th>
<th>Status</th>
<th>FY14 Q3 and Q4 Plan</th>
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<tbody>
<tr>
<td>Maintenance</td>
<td>CLABSI Accountable Education and Peer Feedback Process*</td>
<td>Rolled out to 14E (10/11K), 14W, ICUs, PICU, NICU, 5 Pav</td>
<td>Increase compliance to &gt; 50% x 3 mo w/o CLABSI</td>
</tr>
<tr>
<td></td>
<td>CHG Bath Utilization*</td>
<td>14E (10/11K), 14W, MICU</td>
<td>Increase compliance to &gt; 50% x 3 mo w/o CLABSI</td>
</tr>
<tr>
<td></td>
<td>Neutral Access Device</td>
<td>Product implemented House wide Sept 2013</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>PICC Securement Device Pilot</td>
<td>Pilot initiated in IR Sept 2013, Nov 2013</td>
<td>Q3, Jan ‘14 Identify preferred product &amp; roll-out</td>
</tr>
<tr>
<td></td>
<td>Curos Cap Pilot*</td>
<td>Pilot initiated NICU, 14E (10/11K), 14W, MICU Sept 2013</td>
<td>Increase compliance to &gt; 50% x 3 mo w/o CLABSI</td>
</tr>
<tr>
<td></td>
<td>Reason for Culture</td>
<td>Blood Culture Order revisions in EPIC in progress</td>
<td>House-wide Rollout in Sept 2014</td>
</tr>
<tr>
<td>Prompt Removal of Line</td>
<td>EPIC Workbench Report</td>
<td>Ability to run/use report by October 31, 2013</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Hardware Daily Needs Assessment</td>
<td>Rounding Tool / Line Indication revisions in progress in EPIC</td>
<td>April ’14 Implemented on General Medicine</td>
</tr>
<tr>
<td></td>
<td>Fenestrated Drapes</td>
<td>Implemented August 2013</td>
<td>Completed</td>
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<tr>
<td></td>
<td>Cultures of safety</td>
<td>Event report out by unit leaders to HAI</td>
<td>Ongoing</td>
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<tr>
<td></td>
<td>Celebrate Successes</td>
<td>Celebrating Units with 100+ w/o a CLABSI</td>
<td>Ongoing</td>
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CLABSI INTERVENTIONS TIMELINE

August-September 2013
- Maintenance
  - CLABSI Accountable Education and Peer Feedback Process
  - CHG Bath Utilization
  - Neutral Access Device
  - PICC Securement Device Pilot IR
  - ETOH Cap Pilot

October 2013 - January 2014
- CLABSI Diagnosis
  - Peripheral vs. Central Pilot IR

February-March 2014
- CLABSI Diagnosis
  - Reason for Culture

April 2014 - Ongoing
- Culture of Safety
  - Celebrating Units with 100+ w/o a CLABSI
- Prompt Removal of Line
  - EPIC Physician Rounding Tool
- Fenestrated Drapes
- Event Report Out by Unit Leaders to HAI
OVERALL CATHETER ASSOCIATED URINARY TRACT INFECTION RATE  
FY 2014

FY14 CAUTI DRIVERS AND INTERVENTIONS

- Enforcing with OR / IR Inserters correct insertion technique
- Training nurses / PCTs on catheter maintenance
- Educating nurses / PCTs on specimen collection. Process supported with new urine collection kits
- Present on admission catheters now to be removed and after need is reassessed, replaced with new catheters. Epic changed to support this.
- Reinforcing use of nurse removal protocol with nurses and physicians
- Reinforcing need for continuous catheter assessment
- Urinary retention management protocol developed to support catheter removal. Epic changed to support this.
- OR/IR post op huddle questions, including on catheter removal, made mandatory. Epic/ Optime changed to support this.
Each year we set a goal to decrease our Hospital Acquired Pressure Ulcers (HAPU). Our specific goal for FY14 was to decrease the occurrence of HAPU Stage II or greater to below 3.4%. Once each quarter we conduct a Pressure Ulcer Prevalence Day. The wound ostomy nurses, together with specially trained staff nurses, evaluate each and every patient for the presence of pressure ulcers. The FY14 Prevalence Days were held in August 2013, November 2013, January 2014 and April 2014. The graph illustrates the percentage of patients with HAPU Stage II or greater each quarter. In 1QFY14 there were seven patients (1.6%), in 2QFY14 seven patients (1.5%), in 3QFY14 18 patients (4.2%), in 4QFY14 15 patients (3.3%).
Each year we set a goal to decrease the number of patients who fall and sustain an injury. Our goal for FY2014 was to decrease our injury falls to 0.3 or less per 1,000 patient days. The graphs show our rate of injury falls by month and by quarter.

We count our falls “per 1,000 patient days” in order to compare months evenly. Just looking at raw numbers is not enough as one month might be very busy with many patients in the hospital and another month might be a little less busy with fewer patients. One would expect that the busier months would have more falls than the less busy months.
The Employee Engagement Survey was available to clinical nursing staff (staff nurses or advanced practice nurses that spend more than 50% of their time in patient care) throughout October 2014.

Participation rates for 2014: N=1706 which is a 96% participation rate.

For the Advisory Board results, content and engaged rates should trend higher while disengaged and ambivalent rates should trend lower. In 2013, 75% of our staff nurses were either engaged or content. Rush improved the percent of engaged or content nurses to 82.4% in 2014. We also have a lower rate of disengaged nurses in 2014 at 4.4%, down from 6% in 2013.

For the 42 questions that are considered “drivers” of engagement, Rush exceeded the national median for 22 of the questions and was below the median for 20 questions. This shows we exceed the median at 52%.
COMMUNITY SERVICE BY PNS

• Community outreach that consists of working with people living with mental illness, a consistently under-served population, was one of the Professional Nursing Staff main initiatives for FY14. PNS chose to volunteer with an organization called Thresholds with a focus on the mental health population. By doing this, they offer their real expertise by contributing clinical skills and talent to educate, screen and prevent future ailments in this often neglected group.

• Requests for nursing leadership, clinical nurse and patient care technician (PCT) volunteers were made for each opportunity this year. Mini health fairs have been provided on the South Side of Chicago, which included the following:
  – Health education via a presentation from several topic experts on healthy living and better lifestyle choices
  – Assessments of body mass index (height and weight), blood pressure checks, and glucometer readings with a nurse to summarize and explain the findings and need for follow-up if necessary with Threshold’s medical staff
  – HIV screening performed by Threshold’s staff

• Health fairs were held in October 2013, January 2014, April 2014 and June 2014.
  – October 2013: 20 patients - 100% agree/strongly agree fair was useful, 13 volunteers (seven RNs, two PCTs, four student nurses)
  – January 2014: 17 patients -100% agree/strongly agree fair was useful, 20 volunteers (14 RNs, four PCTs, two student nurses)
  – April 2014: 25 patients - 87% agree/strongly agree fair was useful, 20 volunteers (15 RNs, two PCTs, two student nurses, one community outreach worker)
  – June 2014: 28 patients - 95% agree/strongly agree fair was useful, 18 volunteers (12 RNs, four student nurses, two PCTs)

• Donated $5,000 for ongoing education of Thresholds members

THRESHOLDS JUNE 2014
PNS OFFICERS

President
Lisa Oslovich, RN (RN2, CICU)

President Elect
Eric Zack, DNP, RN, ACNP-BC, AOCN, BMTCN
(RN3, 14 East Tower)

Treasurer
Alison Keck, MSN, RN, CCRN (RN2, SICU)

Secretary
Katie Maschoff, BSN, RN, CCRN (RN2, CICU)
Looking specifically at the goal of “improving ambulatory flow and improving RUMG care provider communication,” the PEAS group decided to focus on clinics that were chosen based on their volumes, delays in patients being seen and a mix of specialty/primary areas. The clinics were:

- Rush University Cancer Center
- Senior Care Rush University Internists (RUI)
- University Neurosurgery
- University Gastroenterologists
- Internal Medicine at Rush

In August 2013, the PEAS group, with Brian Smith, vice president, Clinical Affairs and executive director, Rush University Medical Group, and Cynthia Barginere’s leadership, approved the focus on ambulatory clinics with a specific interest on the Rush University Cancer Center and RUI. The rapid cycle event for the Rush University Cancer Center was held in October 2013 and was led by the clinic’s nursing operations manager Marie Duval and Phil Shaw, who is a performance improvement (PI) consultant and member of Performance Improvement Oversight Committee (PIOC) and Patient Experience Accountability Subgroup (PEAS). They identified the need to reduce clinic wait times through a collaborative effort between the physicians, nurses and medical assistants. A proposal was made to create flow stations in the clinic where these teams could coordinate their activities around patient care in a more efficient workflow. Phil brought forward the plan for the Rush University Cancer Center to the PEAS committee for approval from Cynthia and Brian (co-leader).

The Flow Station pilot process was put into place and monitored very closely with a “chip” pilot. Patients were given poker chips and asked to rate their wait time after seeing the care team. As patients and staff provided feedback, adjustments were made. The Rush University Cancer Center improvements were successful. In June 2013, the Rush University Cancer Center was in the 37th percentile for the score on overall patient visit. Their score jumped to the 79th percentile in March 2014. Additional metrics included an increase in provider and nursing scores based on University HealthSystem Consortium (UHC) percentiles. Nursing was in the 37th percentile from July 2013 - January 2014 and jumped to the 90th percentile in January 2014 - April 2014.

The Rush University Cancer Center chip project demonstrated a positive change in the patient experience from the oversight of the PEAS committee that Cynthia co-leads. As a leader, she stressed the importance of including the entire organization on this project.
PC providers primarily focus on complex pain and symptom management, discussion of care goals, patient preference and family support (Nelson et. al, 2011). Historically, PC has been underutilized in the adult ICUs. An outcome from this has been nursing frustration with futility of care issues. Elpern (2005) studied factors that contribute to nursing moral distress and identified the highest levels of distress were associated with the provision of aggressive care to patients not expected to benefit from that care. PC consultation can bridge the gap between futility and cost, while improving outcomes related to moral distress (Morrison et al., 2008). Better utilization of PC services is so important that the American Association of Critical Care Nurses (AACN) created an advocacy initiative of advancing the priority of palliative and end of life care.

Rush has an existing palliative care program. However, we continue to struggle with receiving PC consults in the ICUs when deemed necessary by the nursing staff. Based on that, an interdisciplinary task force convened in December 2012 to determine next steps to increase the palliative care presence in the ICUs. After conducting a literature review, it was felt that implementing a nurse driven screening process to identify appropriate patients for PC consults would be the best intervention to increase the presence of PC in the ICUs and to improve interdisciplinary collaboration. This was based on studies from Nelson et al 2011, Nelson et al 2013, and Weissman and Meier 2011.

The screening tool was first implemented in October 2013 in the MICU and NSICU because they already had strong collaboration with PC. The more challenging units of CICU and SICU implemented the screening process of December 2013 and February 2014. ICU patients are screened on admission, Mondays, Thursdays and as needed. Nurses document the screening in the ICU flow sheet. If they feel a patient meets criteria, they notify PC services. PC then discusses the case with the intensivist, and they collaboratively decide if a consult is warranted.

The screening tool consists of the following:

- Hospital stay >one month
- Cardiac arrest (either in or out of hospital)
- Family request
- Multi-system organ failure three or more systems in failure (i.e. heart, liver, brain, kidney, lung, skin)
- Stage IV malignancy/refractory hematologic malignancy
- Liver failure, not a candidate for transplant
- Poor neurologic prognosis, inability to wean from the vent
- Patient/family disagreement with health care providers, each other or patient’s advance directive

By nurses performing a palliative care screening, they are utilizing measurement criteria for an evidence-based assessment. Ultimately, the screening process will increase PC consults and provide higher quality care to adult ICU patients through interprofessional collaboration.
The INROADS mission that Frank advanced was — to develop and place talented minority youth in business and industry and prepare them for corporate and community leadership. INROADS began in Chicago with just 25 college student Interns and 17 sponsoring corporations. Today, INROADS is an international organization with over 35 offices serving nearly 2,000 interns at over 200 companies.

In February 2013, Rush explored the possibility of creating a nurse extern program targeted at increasing diversity in nursing at Rush. Based on those discussions, it was decided to create a program for nurses enrolled in a Bachelor of Science in Nursing (BSN) program so they could experience an apprenticeship with the possibility of employment as a nursing assistant and also as a future RN. Guidelines were created for requirements the apprentice would need to meet prior to an interview, which included the following:

- GPA 3.5 or higher
- Two letters of reference: one from College of Nursing indicating student in good standing
- Follow a preceptor’s schedule
- In a BSN program
- Must have completed first medical/surgical clinical rotation

Once these details were finalized, Patty Nedved, RN, associate vice president, Professional Nursing Practice, reached out to unit directors to determine which units would be interested in working with the program. Six apprentices were hired to units where unit directors volunteered to participate.

Through the program, the apprentices received additional training from the Professional Nursing Practice department, which included time in the simulation lab, interventional radiology, financial training and cooking classes. After each apprentice finished the program, five of the six were hired as NAIIs in August 2013. Because the apprentices were not considered part of the daily staffing numbers, there was flexibility in learning opportunities for them. One such example occurred in the CICU where Andrew Reichard began his clinical apprenticeship. He was very much in awe of the patient population and the opportunities to participate in the care of these patients. For many days, he and his preceptor had taken care of a 32-year-old peripartum cardiomyopathy patient with worsening renal involvement. Her condition worsened, warranting listing for a heart and kidney transplant. On July 21, 2013, the patient and staff were informed of her impending transplants. Andrew’s preceptor thought that this would be an once-in-a-lifetime experience for him to go to the operating room (OR) and view the operations. After seeking approval from the patient, surgeon and the OR staff, Andrew went to the OR with the patient. He was afforded an opportunity that the staff in the CICU only hear about. Following this experience, Andrew knew that he wanted to be a cardiac ICU nurse. When the INROADS apprenticeship culminated, he requested to continue to work as a nursing assistant. Andrew graduated, passed his nursing boards and was hired in the CICU. As of October 2014, two of the five apprentices that were hired as NAIIs were also hired as RNs at Rush.
When the Tower was completed in January 2012, NICU and L&D were scheduled to move with the other units. Because MBU was going to a previously occupied unit in the Atrium Building, they had to wait several months for their new unit to be recommissioned. NICU, L&D and the MBU felt it would be a smoother transition if all were to move at once rather than having NICU and L&D go without the MBU. In 2015, the PICU and general pediatric unit will move together to their new units so they are closer to the Tower and MBU once their new units have been recommissioned.

Issues occurred that delayed the Women’s and Children’s move, such as the 14 East airflow problem that resulted in an additional move back to Kellogg after the Tower move. The first move for Women’s and Children’s was scheduled for fall 2012 but the actual move occurred on March 9, 2014. As the associate vice president of Women’s and Children’s, Diane was involved in multiple aspects of the move. The strategies she implemented included being prepared for all possible situations, ensuring patient safety and supporting the nursing staff. She accomplished this through multiple methods, including the following:

- Use of activation teams in all three units
- NICU mock move
- Table top moves in all three units
- Passport training
- Creating a supportive environment for the nursing staff
- Diane led her team to create a move manual that identified their goals, guiding principles and weekend timeline of the actual move

Each unit had an activation team. These teams included Diane, the unit leadership, support services, etc. Goals of the activation teams included partnering with support services to ensure all equipment and supplies would be available and determining what new technologies would be available and useful. The activation teams started in 2012 but became quite active in 2013 as the move was tentatively scheduled for fall of 2013. Initially the teams met monthly and then increased their frequency as they were closer to the move date. Diane’s role was more of a support for the unit directors (UD) who led the meetings. She also functioned as the resource when the UDs needed assistance with unresolved issues, problem solving or senior leadership support for implementing plans. One suggestion from the NICU activation team was to utilize a move team and a receiving team, which worked well in the previous Tower move. By doing this in the NICU, they were able to safely move 34 patients on the move day.

Each unit participated in a table top move on Dec. 17, 2013. Diane’s role was that of an observer for any process issues. Several strengths and opportunities for improvement were identified.

Example: Limit staff and transporter fatigue. Identify the triggers as well as breaks for after the move. Room 659 is set as the break room. Additional ideas to have another location equidistant, in the Tower, and/or a table in 4 Atrium.

As the leader, Diane kept staff informed about the changes to the timeline. To ensure patient safety on the actual move day, staffing was increased. For those working during the move time at 8 a.m. on March 9, 2014, breakfast and lunch were provided. She also supported the purchase of T-shirts with a goal of saying thank you to the team. The T-shirts said “FBC-family birth center” with all three units’ names. In addition to buying the staff T-shirts, she also supported the purchase of onesies for the babies. Diane’s role on move day was supportive. She checked in with each team and monitored their progress. She also notified the Hospital Incident Command System if there were any concerns. As a move summary and a staff thank you, a message from Diane was highlighted on the Rush intranet. All moves were successful, and there were no adverse events noted.
Evidence-Based Practice

ALCOHOL PORT PROTECTORS (CUROS CAPS)
For Central Line Associated Blood stream Infection (CLABSI) Prevention

Despite educating about and auditing use of the maintenance bundle, 14 East and West Tower continued to struggle with high CLABSI rates. Jen Novak, RN2, on 14 West Tower (oncology), was a member of the unit-based infection control committee so she had a passion for finding innovative ideas to prevent infections in their unique patient population. After Jen and Erin Dowding, clinical nurse specialist (CNS), attended the 2013 Oncology Nursing Society (ONS) conference, Jen brought back the concept of disinfecting with alcohol impregnated port protectors to her unit infection control committee. As a member of the hospital CLABSI reduction team, Erin brought her suggestion forward to that group. Once the suggestion with supporting evidence was brought forward to the CLABSI reduction committee, it was decided on Sept. 4, 2013, to proceed with Curos Cap Pilot on 14 East (bone marrow transplant), 14 West (oncology), medical intensive care unit (MICU) and pediatric intensive care unit (PICU).

The pilot began October 2013 and went through April 2014. For the units utilizing the port protectors, audits were completed by unit super users on how often the protectors were actually placed on patient lines.

- **14 East Tower** - October/November 2013-80% or above, Dec 2013/April 2014-90% or above
- **14 West Tower** - November 2013 to April 2014-80% or above
- **Both units** - April 2014 to June 2014 were 95% or above (discontinued data collection after June)

Realizing the port protector pilot is one step in a multi-pronged approach toward CLABSI reduction, it was decided to continue with the port protectors and roll out the initiative house wide (Feb. 2015). 14 West Tower has seen a dramatic reduction in CLABSIs (no CLABSI during the pilot) and 14 East Tower remains below the internal target. The CLABSI reduction team meets monthly and reviews the port protector pilot progress. Lastly, this pilot was viewed successfully and was part of the CLABSI reduction poster that was created for the Rush Quality Fair in April 2014. This poster received “most impactful” safety and quality poster.

IT IS WELL KNOWN THAT LINE MAINTENANCE IS A MAJOR CULPRIT TOWARD DEVELOPING A CLABSI, ESPECIALLY IN IMMUNOCOMPROMISED PATIENTS. IN FY13, 76% OF CLABSI AT RUSH DEVELOPED SEVEN DAYS OR LATER AFTER LINE INSERTION, INDICATING A NEED TO IMPROVE LINE MAINTENANCE.
Feeling the bathing process embodies the relationships and caring component of the nursing professional practice model, Kydie Schriver, assistant unit director (AUD), and Mary Carol Racelis, clinical nurse specialist (CNS), 13 East Tower, felt her idea warranted investigation.

Initial data review in the summer of 2013 found that bathing was completed approximately 33% of the time. Kydie, Mary Carol and Alison Keck, (CNS student), conducted observations of baths to collect baseline data on bathing duration and barriers that included the following: setup, bathing and clean up. They found the average time was 18.5 minutes per bath. Other barriers to bathing included inconsistent bathing and product use, facility barriers leading to staff work-arounds, patient refusal and excessive walking.

In July 2013, the 13 East Tower leadership along with staff (Kerin Meyer, Karen Fisher, Keisha Newsom, Lida Pieruccini, Monica Leake and Melissa Talaski), formed a team to improve the regular occurrence of bathing. They identified barriers to bathing, such as time and proximity of supplies, so a time study was conducted. In addition, the team contacted Patty Nedved, associate vice president of Professional Nursing Practice, and a representative from the hospital products committee. After research into practice options, the team decided to implement a pilot for basinless bathing in an effort to reduce the barriers and increase the occurrences of care through bathing. From Sept. 30 – Oct. 7, 2013, staff was educated on the new process through in-services. From Oct. 14 – Nov. 18, 2013, there was a pilot implementation of basinless bathing. The pilot revealed 90% bathing and catheter care compliance. Patient centric staff workflow improvements and high staff and patient satisfaction were measured. Savings included increased staff time to give back to the patient, improved bathing compliance, improved call light responsiveness, as well as decreased overall cost.

The pilot for basinless bathing was so well received that 13 East Tower nursing leadership presented a recommendation for a house-wide rollout of basinless bathing. The recommendation was approved in May, 2014, so the team on 13 East Tower reconvened to plan for implementation not only in their unit but to guide the hospital implementation for medical/surgical units.
THE AMERICAN PSYCHIATRIC NURSES ASSOCIATION (APNA) RECOGNIZES THAT THE ULTIMATE RESPONSIBILITY FOR MAINTAINING THE SAFETY OF BOTH INDIVIDUALS AND STAFF IN THE TREATMENT ENVIRONMENT AND FOR MAINTAINING STANDARDS OF CARE IN THE DAY-TO-DAY TREATMENT OF INDIVIDUALS RESTS WITH NURSING AND THE HOSPITAL LEADERSHIP OR BEHAVIORAL HEALTH CARE ORGANIZATION LEADERSHIP THAT SUPPORTS THE UNIT.

Thus, APNA supports a sustained commitment to the reduction and ultimate elimination of seclusion and restraints, and advocates for continued research to support evidence-based practice for the prevention and management of behavioral emergencies.

In November 2012, an improvement team was assembled and led by Susan Mangano, RN, director of Mental Health Nursing and co-chair of the Safe Campus Steering Committee. The team included a nurse led partnership between leaders of psychiatry/mental health, the emergency department, Professional Nursing Practice and medical nursing with security and Safe Campus members. There was also clinical nurse feedback (Geri Dugan, RN) regarding nurse led education of “home grown” de-escalation training not effectively reducing seclusions and potential for staff injuries. In December 2012, they performed a literature review, reviewed potential programs and obtained recommendations from other sites utilizing Pro-ACT and their results.

Pro-ACT was chosen as the new de-escalation training method program that emphasized de-escalation as well as additional alternative ways of managing aggressive patients. The team was sponsored by the Safe Campus Committee, a hospital-wide committee focused on safety and security for everyone at Rush. From June-August 2013, the Rush Day School (RDS) was the pilot unit and educated by the Rush trainers. The goal for each student at the RDS is to return to a less restrictive school environment, while maintaining the safety of the nursing staff and others in the environment. The majority of our students return to a public or private school in regular education with support. RDS has a typical school year from September - June with a summer school option and is one unit within the Mental Health Department.

There were no nursing injuries related to aggressive care for FY14 Q1-2.
Taking on the challenge to better understand medication administration errors, Marianne Durham, education quality coordinator, in the Professional Nursing Practice Department, completed a Doctor of Nursing Practice project during 2013 - 2014 on “Reducing Medication Administrative Errors in Acute and Critical Care.” This project had much importance based on the Institute for Safe Medication Practices advocating for improvements in medication administration and launched the 2014 - 2015 Targeted Medication Safety Best Practices for Hospitals to identify, inspire and mobilize widespread national adoption of consensus-based best practices on specific medication safety issues that continue to cause fatal and harmful errors in patients.

In July 2013, Marianne convened an interprofessional team using the RUSH (R-ready, U-understand, S-solve, H-hold/sustain) Way process improvement methodology. Using failure mode effects analysis results, four drivers for medication errors were identified, which included rushing, process variation, interruptions/distractions and lengthy computer log-in times. These barriers sometimes lead to nurses not reviewing medication orders at the time of removal from the Pyxis. Errors of the five rights of medication administration can occur and may not even be visible to the administering nurse. Direct observation of RNs administering medications revealed these invisible errors on 7 North Atrium and neuroscience intensive care unit (NSICU) pilot units with different workflows. These units had reported error rates similar to the institution as a whole, with no plans to relocate and had stable leadership.

An educational plan was developed to reflect the reality of medication administration at the bedside. The team developed a medication safety intervention bundle, including education on consistent process, safe behaviors, mindfulness, no interruption zones and increased time for EMR log out. Educational sessions were conducted in the simulation lab through April-May 2014 and attended by 80% of the nurses in NSICU and 7North Atrium. Sessions included content on safety science and just culture with a video of an actual adverse event, mindfulness training, simulation of medication administration and documentation with real time feedback, and facilitated self study. Based on the education intervention, medication errors significantly decreased in the pilot units.

### SE4 EO EXAMPLE 1: 7NORTH AND NSICU RATE OF MEDICATION ADMINISTRATION ERRORS

<table>
<thead>
<tr>
<th></th>
<th>Dec-13</th>
<th>Jun-14</th>
<th>Jul-14</th>
<th>Aug-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>7North: Rate of Medication Administration Errors</td>
<td>11.66%</td>
<td>0.00%</td>
<td>2.63%</td>
<td>1.96%</td>
</tr>
<tr>
<td>NSICU: Rate of Medication Administration Errors</td>
<td>15.31%</td>
<td>3.79%</td>
<td>1.41%</td>
<td>2.70%</td>
</tr>
</tbody>
</table>
IN 2011, 8 SOUTH ATRIUM (NOW 13 WEST TOWER), A MEDICAL ACUTE CARE UNIT, CREATED A GOAL TO IMPROVE COMMUNICATION, SPECIFICALLY RELATED TO KEEPING PATIENTS INFORMED. ONE STRATEGY TO REACH THIS GOAL WAS TO IMPLEMENT BEDSIDE CHANGE OF SHIFT REPORT ON THE UNIT, WHICH WAS DONE IN FEBRUARY 2012, AFTER THE MOVE INTO THE NEW TOWER.

Based on this initiative, the unit saw increases in their Press Ganey patient satisfaction score of “nurse kept me informed.” Unfortunately, as the engagement in the bedside report dropped over the next year, the result was a decline in the unit’s “nurse kept me informed” Press Ganey score.

Literature on bedside report has shown to improve satisfaction for both RNs and patients, improve patient safety, increase RN accountability, increase efficiency of shift report, improve accuracy of patient information, decrease in patient anxiety regarding the oncoming nurse, and improve patient being informed regarding the plan of care. With a focus on keeping patients informed about their plan of care by having bedside shift report, 13 West Tower has a goal of increasing the “nurse kept me informed” Press Ganey question.

Christy Aliposa, RN3, medical-surgical certified nurse since 2005, was concerned about the lack of engagement with bedside reporting and decided she wanted to work on improving the process.

The first thing Christy did was receive support from the leadership team and created a workgroup of clinical nurses that could help re-energize the nursing staff. The team identified barriers to bedside report, such as transmission based precautions (decided that one RN could touch environment and other would write) and patients sleeping during report time (decided to encourage RNs to let patients know about report before nap/sleep time). Inservices were provided to nurses using a Jeopardy game theme, literature from AMSN was distributed and flyers were posted on the unit with tips to overcome barriers to bedside report. Christy presented a poster at the AMSN conference in Oct. 2013.

**13 WEST TOWER PRESS GANEY “NURSE KEPT YOU INFORMED” PERCENTILE**
PROBLEM IDENTIFIED: Process on surgery day for breast surgery patients was lengthy and the cause of significant wait time prior to surgery. This was a poor patient satisfier as demonstrated in the patient satisfaction scores. The project began in ambulatory surgery with the goal of improving the patient experience for women with breast cancer.

BACKGROUND: This patient population requires services from several different departments on the day of surgery. Because of campus geography, patients were required to register in one area, then proceed to OR prep area for a pre-anesthesia screening. An RN in the perioperative area performed the screening. From there, patients were then required to travel across campus to mammography for the wire placement, return to the Tower and if they were having a sentinel node injection, report to another location in the Tower.

The significant issues identified were: wait times and the distance traveled for patients to complete their pre-surgical procedures.

TEAM INVOLVED: Nursing leadership from ambulatory surgery, Rush University Surgeons Nursing and Physicians, breast imaging and nuclear medicine leadership.

TIME INVOLVED: Problem identified in March 2013. Team met, identified problem then nursing leadership from Ambulatory Surgery met individually with key team members to develop work flows. Staff nurses were involved in both the planning and implementation. They were trained in new patient flow and given new responsibility for ensuring patient day of surgery treatments progressed smoothly and without undue wait time. This was accomplished by:

- Coordinating wire placement with surgical start time to reduce patient wait time between procedures.
- Created resource sheets to alert nursing team across three areas of patient needs on day of surgery. This assured the plan was communicated to all involved in the care of the patient.
- Revising day of surgery instructions given to patients that allowed them to bypass registration and check in at breast imaging.
- Ensuring availability of clinic nurse or prep nurse to travel to breast imaging to complete pre-op screening.

- Designating space in breast imaging for clinic or prep nurse to complete pre-op screening and communicate results to prep recovery RN team.
- Supplying necessary equipment to perform screening.
- Coordinating with nuclear medicine to provide node injection in prep recovery area.
- Nurses used critical thinking to assure patient was in right location at right time and utilized new assessment skills not regularly practiced in their area.

RESULTS: Significant reduction in travel through the Medical Center was reported and appreciated by patients and their families. Surgical delays were reduced due to the coordination with breast imaging times and nuclear medicine willingness to administer injection outside of their department.

EVALUATION: Attention to this process and implementation of a revised work flow yielded immediate results. It also provided the structure to implement a modified version of this process in another surgical location. Working on this project helped demonstrate the importance of collaborating across disciplines to create the optimal patient experience. The team continues to look for opportunities to improve patient care.

<table>
<thead>
<tr>
<th>Press Ganey Question</th>
<th>Pre-implementation 5/12-4/13</th>
<th>Post-implementation 5/13-11/14</th>
<th>UHC current peer group rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of scheduling appointment</td>
<td>89.6</td>
<td>94.1</td>
<td>98</td>
</tr>
<tr>
<td>Information received prior to surgery</td>
<td>86.5</td>
<td>96.7</td>
<td>99</td>
</tr>
<tr>
<td>Wait time prior to procedure</td>
<td>73.1</td>
<td>88.6</td>
<td>94</td>
</tr>
<tr>
<td>Information about delays</td>
<td>77.8</td>
<td>94.2</td>
<td>99</td>
</tr>
<tr>
<td>Overall rating of care</td>
<td>92.3</td>
<td>97.8</td>
<td>99</td>
</tr>
</tbody>
</table>
New Certifications

NURSES CERTIFIED FY14

Nadia M. Abbasi
Nadia U. Ahmad
Michael Alagna
Rebecca C. Albro
Sarah A. Beattie
Jessica L. Bee
Lauren Benjamin
Lori S. Blakey
Clara O. Bonsu
Camille Brownlee
Laurie A. Bui
Ashley M. Calandra
James A. Campbell
Kelli L. Cannon
Karla M. Cavazos
Kristen M. Cerve
Amanda E. Conway
Heather J. Cook
Catya E. Craig
Margaret A. Crain
Penny M. Dale
Katherine L. Dato
Caroline K. Donovan
Geraldine F. Dugan
Conrad Duncker
Jennifer Y. Feden
Christine M. Feinstein
Bethany Figura
Rachel K. Filer
Lacey Fournier
Denise J. Geraci
Travis Gesell
Savannah R. Glazer
Maria Goetz
Jennifer C. Gray
Renee Greene
Mark E. Hagerty
Shawna V. Hebert
Laura Heiting
Jessica L. Hinkle
Ashley A. Holbrook
Allison Hughes
Kelli Hunckler
Andrea L. Iverson
Laura A. Johnson
Nicholas B. Kinder
Jacqueline K. King
Teresa N. Kirwan
Benjamin N. Koch
Kristina Lacplesis
Jennifer J. Lam
Dana C. Larson
Kathleen Laude
Janice Lott-Hopgood
Jasprit Marahar
Lauren Mardiroian
Jessica L. Margwarth
Megan E. Mattingly
Colleen J. Mccutcheon
Cally Mckinney
Nevada J. McKoy
Julia G. Mcmahon
Sara E. Medema
Hannah Megacz
Justin Meyer
Carolyn M. Moran
Lia V. Munoz
Ami M. Nardi
Laura E. Nemec
Solomon K. Njuba
Shequita Shvonn Nminibapiel
Kimberly A. North
Seema Patel
Stephanie Pearson
Sarah K. Roche
Jaclyn Rodewald
Humberto Rodriguez
Amanda M. Rubino
Sirena B. Russell-Ambrose
Sheri L. Rylko
Margaret Sadik
Emily Sagan
Erika L. Salvador
Evelyn B. Senewo
Whitney Shiner
Anna Siepierska
Heather Faith Skuble
Alexandra S. Sontag
Natalie Stella
Sarah C. Sweeney
Lindsey Textor
Mark Thetford
Nora J. Trybula
Betty L. Vega
Joy L. Warner
Kirsten Warner
Angela Washek
Elisha Watkins
Lindsey N. Weder
Amanda J. Wei
Rachel Welch
Kalin N. Wise
Eric S. Zack
Jennifer L. Zavacki
DAISY

JULY 2013
Grace Lynn Huber
8S JRB

AUGUST 2013
Erica Sis
SICU

SEPTEMBER 2013
Kathy Naanes
MBU

OCTOBER 2013
Kim Tavajian
SICU

NOVEMBER 2013
Maura Hoyt
14 East Tower

DECEMBER 2013
Wanda Varnadoe
MBU

JANUARY 2014
Maureen Finigan
L&D

FEBRUARY 2014
Margaret “Gosia” Balaban
12 West Tower

MARCH 2014
Leslie Radz
14 East Tower

APRIL 2014
Abner Pepito
5 North JRB

MAY 2014
Valerie Wilkins
9 Kellogg

JUNE 2014
Maggie Sadik
5 North JRB

RELATIONSHIPS
AND CARING
Amanda Conway
Angela Hurley

Barbara Ragsdale, SICU
Courtney Ellender
Diane Gonsior
Eleanor Whelan
Elena Piloni
Emily Fraser
Erica Kent
Eva Sebastian
Geri Dugan
Humberto Rodriguez
Jaclyn Rodewald
Janice Grodecki
Jennifer Sunnquist
Joanie James
Joyce Buchholz-Kelley
Kathiee Laffee
Kelsey Cramer
Laura Denney
Lester Osano
Linda McClintock
Lindsey Rivers
Lisa Monaco-Dutkin
Lorena Sandoval
Maria Keegan
Molly Daniels
Pat Williams
Shirley Kazmierski
Tiffany Hilliard
Tresca Wilson
Tyler Huff

LEADERSHIP
Ben Koch
Colleen Russell
Danielle Pawlus
Dawn Bounds
Dawn Reimann
Dorota Czernecki
Eileen D’Ambrogio
Elizabeth Light
Emily Lynch
Emma Smith
Katy O’Shea
Lauren Sieglaflf
Lydia Bryant-Pettus
Lynn Kasmer
Mallarie Mullen
Mayra Barragan

Raymond Ledda,
6 North JRB - clinical nurse

Renee Luvich, 9 North
- administration
Sheila Levins
Tia Davis

EVIDENCE BASED PRACTICE
Agnieszka Hedberg
Angela Geschrey
Christy Aliposa
Colleen McDevitt
Dawn Bounds
Erinda Talla

Kathleen Bredael, PICU

CRITICAL THINKING
Barbara Lettiere
Catherine Healy-Cleary
Cynthia Deraedt
Henrietta Nkemeh
Jennifer Nolan
Jenny Abraham

Margie Par, 6 North JRB
Molly O’Malley
Peggy Crain
Susan Barnett
Wendy Gordon

TECHNICAL EXPERTISE
Catherine Healy-Cleary
Emily Fraser
James Campbell
Laura Ritchie

Lynn Grenier, SICU
Mallory Heydorn
Maricsa Sanchez
Mary Henseler
Sarah Godbois

*Bullet points indicate winner.*
AWARDS

PNS COMMUNITY SERVICE GRANT

- Mary Heitschmidt
  The Clare Association of Chicago’s Day for Special People

- Susan McMillan:
  ALAS WINGS Spanish Speaking Support Group

NURSING DIVERSITY AWARD

- Connie Lemme
- Cristine Provenzano
- Erica Lopez
- Moniquita Sierra
- Susan McMillan, RUMG

THE MARY BETH O’HOLLERAN NURSE MENTORSHIP AWARD

MEDICINE/ONCOLOGY/ CARDIOLOGY NOMINEES

- Diane Obrochta
- Frances Uy
  Heather Goldberg
  Katherine McArdle
  Lauren Mardirosian
  Reena Modi

MENTAL HEALTH NOMINEES

- Dawn Bounds
  Joyce Buchholz-Kelley
  Lisa Williams

IR/PERI-OP NOMINEE

- Claire Schafer

SURGICAL, NEURO, MUSCULOSKELETAL & REHAB NOMINEES

- Amy Noll Litzinger
  Danielle Pawlus
  Donna Vainisi
  Dorota Czernecki
  Jeanne Billo
  Nevada McKoy
  Pamela Pearson

EMERGENCY DEPARTMENT NOMINEE

- Tiffany Sebok

NURSING RESOURCE MANAGEMENT NOMINEE

- Shonda Morrow

PROFESSIONAL NURSING PRACTICE NOMINEE

- Mary Ellsworth

WOMEN’S AND CHILDREN’S NOMINEES

- Anne McDonald
  Loren Nero
- Mary Ellen Sarna
  Tarissa Stanciel

COLLEGE OF NURSING FACULTY SENATE NOMINEE

- Cathy Catrambone

2014 AWARD RECIPIENT

- Frances Uy, 7 South Atrium

*Bullet points indicate department winner.
**THE LUTHER CHRISTMAN CLINICAL EXCELLENCE AWARD**

**MEDICINE/ONCOLOGY/CARDIOLOGY NOMINEES**
Jacqueline King
Jessica Walker
Rachel Welch
Robin Melendez
Thomas Okrasinski

* Tori Brixius

**SURGICAL, NEURO, MUSCULOSKELETAL & REHAB NOMINEES**
Agnieszka Hedberg
Alison Lennhardt

* Christina Schaefer
  Karen Vehrs
  Karen Walsh
  Katie Froio
  Melissa Talaski
  Stephanie Laurusonis

**WOMEN’S AND CHILDREN’S NOMINEES**
Ataya Poonsapaya

* Brooke Schwarz
  Kathy Naanes
  Lajeune Vaughn
  Nadine Solsar

**MENTAL HEALTH NOMINEES**
- Emily Fraser
  Christine Feinstein
  Geraldine Dugan

**IR/PERI-OP NOMINEE**
- Barbara Alliod

**EMERGENCY DEPARTMENT NOMINEE**
- Janine Fromm

**NURSING RESOURCE MANAGEMENT NOMINEE**
- Phil Vick

**PROFESSIONAL NURSING PRACTICE NOMINEE**
- Mary Ellsworth

**RUSH UNIVERSITY MEDICAL GROUP NOMINEE**
- Joan Swiatek

**COLLEGE OF NURSING FACULTY SENATE NOMINEE**
- Kathryn Swartwout

**2014 AWARD RECIPIENT**
Brooke Schwarz, NICU

---

**THE JANE LLEWELLYN ADVANCING & LEADING THE PROFESSION AWARD NOMINEES**

Daniel Maher
Dawn Bounds
Deborah Pach
Doreen Portugal
Gilroy Gonzalez
Joseph Reid
Judy Friedrichs

* Kathleen Fischer, RUMG

**THE MARCIA PENCAK MURPHY PRESIDENTIAL MENTORSHIP AWARD**

This award will be given annually by the president of the Professional Nursing Staff to a mentor who has aided in his or her success throughout the presidential term.

* Charlotte Ramazinski, CICU AUD

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*Bullet points indicate department winner.*
AWARDS

2014 MANAGER OF THE YEAR

Cheryl Siegall, MS, RN
Unit director, Rush Day Hospital

Click here to listen to her youtube interview.

2014 EMPLOYEE OF THE YEAR

Jasmine Shannon
PCT, 9 South Atrium

Click here to listen to her youtube interview.

2014 NURSE.COM FINALIST

ADVANCING AND LEADING THE PROFESSION
Patty Nedved, RN
Associate vice president, Professional Nursing Practice

Nedved has oversight of Magnet designation and is the nursing lead for the Joint Commission accreditation process. She teamed with the Universidad Nacional Autonoma de Mexico Chicago extension to build a program for nurses and physicians to learn basic medical Spanish and build their cultural diversity education.

Browning, M.; Lough, A.; Wright, B. Is it Possible??? Palliative Care in the ICU, Midwest conference, Itasca, IL. (March 2014)

Browning, M.; Lough, A.; Wright, B. Is it Possible??? Palliative Care in the ICU, National Teaching Institute, Denver, CO. (May 2014)

Browning, M.; Richter, L. Staying even keeled: Strategies for decreasing glycemic variability. AACN Midwest Conference (NWCAC-AACN), Itasca IL. (March, 2014)

Buchholz, S.W.; Bloch, J. R.; Fogg, L.; Courtney, M. Where We Are and Where We Need to Go: DNP and PhD Nurse Practitioner Faculty Research. National Organization of Nurse Practitioner Faculties Conference, Denver, CO. (April 2014)


Catrambone, C.D. Surviving your first years as a nurse. National Student Nurses Association, 62nd Annual Convention 2014, April 12, 2014, Nashville, TN.


Catrambone, C.D. Talking together: Leader and clinician perspectives on inspiring a culture of clinical inquiry (Panel). 2nd Annual Advocate Nursing Research Symposium: Collaborating to Advance the Profession, April 9, 2014, Chicago, IL.

Kuhr, M. SICU Morale Study, RUMC Medical Nursing Department Advisory Committee, Chicago, IL.

Kuhr, M. SICU Morale Study, RUMC Surgical Nursing Department Advisory Committee, Chicago, IL.


Nedved, P. American College of Healthcare Executive Congress. (March 2014)


Nedved, P. Magnet Conference. (October 2013)

Nedved, P. National Center for Healthcare Leadership. (November 2013)


Johnson, A. The Nuts and Bolts of Ventriculoperitoneal Shunts, National Association of Pediatric Nurse Practitioners, Las Vegas, NV.

Kuhr, M. SICU Morale Study, RUMC Medical Nursing Department Advisory Committee, Chicago, IL.

Kuhr, M. SICU Morale Study, RUMC Nursing Operations Council, Chicago, IL.

Kuhr, M. SICU Morale Study, RUMC Research Forum, Chicago, IL.

Kuhr, M. SICU Morale Study, RUMC Surgical Intensive Care Unit, Unit Advisory Committee, Chicago, IL.
Ambutas, S.; Luvich, R.; Phillips, A.; Tito, N.; Yohannan, S.
An interdisciplinary approach to fall reduction on a postoperative transplant unit. Sixth Annual AMSN Chicago Chapter Symposium, November 5, 2014; Chicago, IL.


Brown, F.; Schriver, K.; Ruby, D.; Racelis, M.C.; Guillen, M.; Nedved, P.; Goodwin, E.
13E CAUTI Reduction Project.

Buchholz, S.W.; Wilbur, J.; Ingram, D.; Manning, A.; Fogg, L.
(2014, March). The Use of Phone Technology to Deliver Motivational Messages for an African American Women’s Lifestyle Physical Activity Program. Midwest Nursing Research Society, St. Louis, MO.

Buchholz, S.W.; Wilbur, J.; Manning, A.; Ingram, D.; Fogg, L.
(2013, December). Automated Phone Call Technology in the Women’s Walking Program. 2013 Health Summit, National Harbor, MD.


Carroll, V.; Bak, J.; Freitag, M.
Nursing Staff Perceptions of Embeddedness and Teamwork. 20th National Evidence-Based Practice Conference, University of Iowa College of Nursing, Iowa City, IA.

Carroll, V.
Transformative Learning: Bridging the Practice Gap between Student and Staff Nurse. 40th Annual National Conference on Professional Nursing Education and Development. Kansas City, KS.

Carroll, V.
Writing for Publication. American Association of Neuroscience Nurses Annual Conference, Charlotte, NC.

Delaney, K.R.
Building Environments for Patient Centered Care. Nurses Week Meeting. Brattleboro Hospital, Brattleboro, VT.

Delaney, K.R.
How to integrate the new PMHNP competencies into current and new PMHNP programs. NONPF Annual Meeting, Denver, Colorado. With M. Weber; D. Snow; and H. Vause.

Delaney, K.R.

Delaney, K.R.
Patient Centered Outcome Measure for Psychiatric Environments. American Public Health Association Meeting, Boston, MA. 2014

Delaney, K.R.

Delaney, K.R.
Update on Illinois Workforce Initiatives. Indian Nurses Association Annual Meeting, Chicago, IL.

Ferry-Rooney, R.; Moss, A.
Capturing Clinical Practice Data: A Cross-Sectional Study Informing Outcome Collection Across Multiple Faculty Practice Sites; AACN Faculty Practice pre-conference, San Diego, CA.

Friedrichs, J.
“Challenge-No Promises.” Pregnant in the Shadow of Loss workshop-Alliance of Perinatal Bereavement Support Facilitators-Chicago Region, Hinsdale, IL.

Friedrichs, J.; Lewis, C.; Freidenfelds, L.; Moyer, T.; Banks, N.; George, S.; Mulroe, M.; Lopez J.; Stephan, P.
Respectful Disposition: Morgue Improvement, RUMC Quality Week, Chicago, IL.

Friedrichs, J.; Wydra, M.

Gonzaga-Reardon, M.; Altman, P.; Serafin, F.; Valentine, R.

Gonzaga-Reardon, M.; Stults, J.; Mathie, C.; Nuno, M.

Heitschmidt, M.; Hamilton, R.
Quality of Life of Patients with Adult Diagnosed Congenital Heart Disease, Pediatric and Adult Interventional Cardiac Symposium, June, 2014, Chicago, IL.

Heitschmidt, M.
Family Presence in the Congenital Catheterization Lab, Poster presentation, Golden Lamp Society Annual Luncheon, Tuesday, May 20, 2014, Rush University Medical Center, Chicago, IL.

Holstead M.
12E Fall Reduction Initiative, Take Five for Safety and Quality, The Rush Safety and Quality Fair 2014, Chicago, IL.
Inventor, B.; Farran, C.J.; Paun, O.P.; McCann, J.J. (2014), Behavioral Management of Skills in Family Caregivers of Persons with Dementia, Sigma Theta Tau Annual Conference, Indianapolis, IN.


Moisio, K.; Mahon, G.; Maloney, P.; Farran, C.J.; Cothran, F.; McCann, J.J. (2014). Person-Centered Care Objective Measure (PCOM); Expert Review Results, Western Institute of Nursing Research, Seattle, WA.

Nedved, P. Passport Training to Success! How to Prepare Staff for a New Hospital., National Magnet Conference, Dallas, TX.


Schriger, K.; Racelis, M.C.; Brown, F.M. Overcoming Barriers to Achieve Patient Hygiene: Improving Quality of Care, Satisfaction, Workflow Efficiency, and Cost.

Senewo, E. Pressure Ulcer Prevention project on 12E, Take Five for Safety and Quality, The Rush Safety and Quality Fair 2014, Chicago, IL.


Zack, E. DNP Project, Golden Lamp Society's Luncheon, Chicago, IL.

Zack, E. DNP Project, MNRS 38th Annual Conference, St. Louis, MO.

Zack, E. DNP Project, Rush Research Forum, Chicago, IL.

Zack, E. Schwartz Center Rounds, National Magnet Nursing Conference, Dallas, TX.


**ADDITIONAL AWARDS/APPOINTMENTS**

**Buchholz, Susan** - Fellow of the American Association of Nurse Practitioners

**Carrigan, Tim** - Member, Illinois Organization of Nurse Leaders, Membership Engagement Committee

**Catrambone, Cathy** - Sigma Theta Tau International, Honor Society of Nursing, President-Elect 2013-2015

**Friedrichs, Judy** - Innovation Award-Division of Nursing. 2014. Respectful Caring Door cards

**Friedrichs, Judy** - National Board for Certification of Hospice and Palliative Nurses, National Board Member

**Friedrichs, Judy; Freidenfelds, Lauris; Moyer, Tim; Banks, Nancy; George, Selma; Mulroe, Mike; Lopez, Julie; Stephan, Paige.** RUMC-Interdisciplinary Quality Team Award-Quality Week, “Respectful Disposition: Morgue Improvement”

**Killeen, Kathryn** - Ellen Elpern Voice of the APN Award

**Miller, Joanne; Odiga, Jan** - 2013-2016 Interprofessional Education-Pediatrics through Aging (IPEPA), Department of Human Services Health Resources and Services Administration (HRSA) Grant No. D09HP25915, total funds over 3 years $1,119,455. PIs

**Miller, Joanne** - 2013 Distinguished Nursing Alumni, Illinois Wesleyan University, Bloomington, IL, Awarded October, 2013

**Nedved, Patricia** - Clinical Technology Award, Sigma Theta Tau, November, 2013

**Nedved, Patricia** - Executive Healthcare Leadership Fellow, Advisory Board Company (Fall 2013 Cohort)

**Puchalski, Mary** - March of Dimes Graduate Nursing Scholarship, February, 2014

**Puchalski, Mary** - Procter & Gamble Doctor of Nursing Practice Post Master’s Scholarship through the American Association of Nurse Practitioners (AANP), February, 2014

**Zack, Eric** - Juliet A. Schaffer Recine Nursing Oncology Research Award: Golden Lamp Society-Rush University