Table of Contents

1 | MESSAGE FROM RUSH NURSING LEADERSHIP

2 | PNS EXECUTIVE COMMITTEE
   FY 2015 GOALS
   Communication
   Community Service
   Nursing By-Laws

5 | IMPACTING PATIENT OUTCOMES
   CLABSI
   CAUTI
   HAPU
   Falls with Injury
   Nursing Engagement Data

11 | COMMUNITY SERVICE

12 | PNS OFFICERS

13 | TRANSFORMATIONAL LEADERSHIP
   Ebola
   Ambulatory shared governance

15 | STRUCTURAL EMPOWERMENT
   Falls Project
   Prep/Recovery-Discharge Instructions

17 | EXEMPLARY PROFESSIONAL PRACTICE
   Tracheostomy Associated Pressure Ulcers
   Animal Assisted Therapy

20 | NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS
   Stroke Notification Emergency Department
   Baby-Friendly, Breastfeeding

21 | CERTIFICATION

22 | AWARDS

25 | PRESENTATIONS

27 | POSTERS

29 | PUBLICATIONS

33 | ADDITIONAL AWARDS/ACKNOWLEDGEMENTS
WE ARE PLEASED TO SHARE THE RUSH UNIVERSITY MEDICAL CENTER NURSING ANNUAL REPORT FOR FISCAL YEAR 15 (JULY 2014-JUNE 2015). RUSH NURSING CONTINUES TO MAKE TREMENDOUS CONTRIBUTIONS TOWARD IMPROVING QUALITY, SAFETY AND OUTCOMES FOR OUR PATIENTS.

The report showcases the many accomplishments of nurses over the past year. Nurses have been involved in a variety of projects, which include implementing an RN activated stroke alert process in the Emergency Department, promoting a shared governance structure in ambulatory nursing, pursuing Baby-Friendly designation and reducing tracheostomy related pressure ulcers. Rush nurses have a strong commitment to community involvement and the Professional Nursing Staff continued to work with those coping with mental health issues by providing four community health fairs along with education.

This past year signified a great amount of change. We both took on greater leadership roles at Rush. On June 1, then Chief Nursing Officer Cynthia Barginere was promoted to be the Senior Vice President and Chief Operating Officer at Rush. Cynthia is also the Rush System for Health Chief Nursing Executive. Patricia Nedved assumed the role of acting Chief Nursing Officer beginning in June 2015.

Rush responded to the Ebola crisis on Oct. 14, 2014 and became part of the Chicago Department of Public Health’s local Ebola response network (CERN). Nursing leadership was critical to this effort.

Lastly, we continued to prepare for our upcoming Magnet site visit as part of our fourth Magnet designation. The work of the Magnet champions and committee was phenomenal!

We hope that you enjoy learning about the important contributions of nurses at Rush. Our goal is to provide the highest quality of care to the patients of the Chicagoland community.
PNS Executive Committee

FY 2015 GOALS

COMMUNICATION

COMMUNITY SERVICE

NURSING BY-LAWS
COMMUNICATION

- **Improved Rush Nursing Site (on Inside.Rush.edu)**
  - Focused on improving PNS team sites for better communication among nurses
  - Moved previous PNS tab for ease of finding site and associated PNS resources and moved all 19 PNS team sites (including other important resources) under this tab
  - Added RUMG Nursing site to PNS tab
  - Made all PNS sites readable by all nursing staff (once logged in) to view content and stay informed. Team site owners (such as chairpersons) have full range of capabilities to add/delete text and update the site, while committee members have been granted contributory access.
  - Developed two additional sites: PNS structure and hospital-wide journal club team sites
  - Educated staff how to access and use team sites at PNS Forums, PNS educational offerings, and various PNS committee meetings

- **Educated nurses about our Professional Practice Model (PPM)**
  - Education (PowerPoint and voiceover) prepared by Eric Zack about our PPM that was recorded and uploaded to our nursing portal to educate all nurses
  - Developed 3D PPM models
  - Others developed 3D models part of Magnet Fair competitions
  - Incorporated PPM education at all GNO, RUMG RN orientations, and GEM student introductions to PNS
  - Shared this at RN leadership meetings, PNS committee meetings, PNS Forums, etc.
  - PNS survey regarding PPM’s current relevance (PNS executive, and other staff RNs)
  - PNS executive committee and Magnet champions evaluated the PPM and no changes were needed

COMMUNITY SERVICE

- **Improved local community health by offering primary prevention, health education, and screening for people with persistent mental illness by partnering with Thresholds**
  - Provided four community outreach offerings at various locations (completing eight offerings in past two years)
  - Donated previously promised $5,000 to Thresholds for member nicotine replacement resources not covered by insurance
  - Dates included Sept. 30, 2014; Jan. 29, 2015; April 30, 2015; and June 30, 2015.
NURSING BY-LAWS

- Revised the Nursing By-Laws in the following ways:
  - Reduced PNS president term to three years total
  - Required BSN before election of PNS officers
  - Updated inclusive verbiage (APNs, Ambulatory, etc.)
  - Defined current committees and their structures
  - Operationalized the approval process of by-law revisions
  - Required 60 percent attendance at PNS committee meetings
  - Established succession plans for committee chairs

ADDITIONAL ACCOMPLISHMENTS

- Prepared nurses for our fourth Magnet designation (site visit planned in Fall 2015)
  - Magnet Fair, education, PNS forums, Rush University Medical Group (RUMG) educational offerings, etc.

- Revised Rush nursing inpatient and outpatient clinical ladders

- Developed and utilized Rush’s Ambulatory DAC into PNS structure
  - Created a RUMG DAC charter and multiple educational offerings for RUMG staff
nursing annual report

IMPACTING PATIENT OUTCOMES

- Central Line Associated BloodStream Infections (CLABSI)
- Catheter Associated Urinary Tract Infections (CAUTI)
- Hospital Acquired Pressure Ulcers (HAPU)
- Falls with Injury
- Nursing Engagement
CLABSI

FY 2015 PROGRESS

Maintenance
- CHG Bath Utilization
- Alcohol-impregnated caps implemented House wide
- CLABSI Accountable Education and Peer Feedback process to all units
- Creation of the Maintenance Bundle

CLABSI Diagnosis
- Peripheral VS Central Line
  Blood Culture preferred House wide
- Reason for Culture order revision

Prompt removal of Lines
- Hardwire Daily Needs Assessment tool on Internal Medicine Floors
- Decrease use of SlimPorts

RN CLABSI Re-education
- Education module to all RNs
- Port-a-cath dressing re-education and creation of champion units
- Revised Central Line dressing change kits implemented on all floors and educated all RNs

Into FY16
- Focus on practice standardization and bundle compliance
- Partnering with physician and proceduralist colleagues on insertion-related factors that contribute to maintenance success

CENTRAL LINE BUNDLE

Hand Hygiene
- Before and after contact with or manipulation of the line

Line Care
- Tubing change every 96 hours
- Cyprus Caps on ALL Ports for ALL Lines
- Needle Free Caps (changed every 96 hours and on admission)
- Cannulation by a validated RN

Skin & Site Care
- Dressing changes every 7 days and when compromised
- CHG bathing (on high risk units)

Blood Draws
- No central line blood cultures!
- Proper aseptic technique for central line blood draws

Assess catheter necessity
- Daily review of necessity
- Prompt removal!
REDUCE CAUTI INCIDENCE TO ACHIEVE ORGANIZATIONAL GOAL OF 0.46 SIR

CAUTI DRIVERS AND INTERVENTIONS

**Driver:**
- Insertion Practice
  - Resident supervision of catheter insertion in procedural areas
- Catheter Maintenance Practice
  - Flushing of catheter (breaking closed system) found to be common practice on many units
- Diagnosis
  - CAUTI events where patient was cultured near predictable end-of-life however results did not change/influence care provided
- Removal
  - Consulting service contradicts decatherization protocol
  - Variability in service rounding causing delays in removal

**Evidence:**
- Continue resident supervision of catheter insertion in procedural areas
- Development of a flushing protocol for Foley catheters (breaking closed system) found to be common practice on many units
- Working with palliative care to appropriately use culturing in end-of-life circumstances
- Facilitating communications between surgical services and staff nurses regarding Foley removal
Each year we set a goal to decrease our Hospital Acquired Pressure Ulcers (HAPU). Our specific goal for FY15 was to decrease the occurrence of HAPU Stage II or Greater to below 2.38 percent. 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 FY15 Prevalence Days were held in August 2014, November 2014, January 2015 and April 2015. The graph illustrates the percentage of patients with HAPU Stage II or greater each quarter. In 1QFY15 there were 10 patients (2.34 percent), in 2QFY15 10 patients (2.14 percent), in 3QFY15 10 patients (2.25 percent), in 4QFY15 7 patients (1.5 percent).

Our HAPU Stage II or greater rate for FY15 was 2.06 percent and we exceeded our goal.
Each year, we set a goal to decrease the number of patients who fall and sustain an injury. Our goal for FY2015 was to decrease our injury falls to 0.14 or less per 1,000 patient days. The graph shows 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 less busy with fewer patients. One would expect that the busier months would have more falls than the less busy months.

Our injury fall rate for FY15 was 0.13 per 1,000 patient days, which exceeded our goal.
At Rush, we utilize the Advisory Board Employee Engagement Survey. The survey was open during the month of October 2014. The survey has been in place since 2008 and their benchmark currently stands at 650 facilities with more than 650,000 respondents. Their research has shown that 42 questions are “drivers” of engagement across eight categories: baseline satisfiers, communication and input, employee support, feedback and recognition, manager effectiveness, mission and values, professional growth, and teamwork. The Employee Engagement Survey was available to clinical nursing staff (staff nurses or advanced practice nurses that spend more than 50 percent of their time in patient care) throughout October 2014.

We had 1,706 nurse responders to the survey, which was a 96 percent participation rate. For the survey results, content and engaged rates should trend higher while disengaged and ambivalent rates should trend lower. In 2013, 75 percent of our staff nurses were either engaged or content. Rush improved the percent of engaged or content nurses to 82.4 percent in 2014. We also had a lower rate of disengaged nurses in 2014 at 4.4 percent, down from 6 percent in 2013.
COMMUNITY SERVICE

PNS
- Community outreach consists of working with people living with mental illness, a consistently underserved population. This was one of the main initiatives for FY15 for PNS. PNS chose to continue volunteering with an organization called Thresholds. By doing this, nurses from Rush offer their real expertise by contributing clinical skills and talent to educate, screen and prevent future ailments in this often neglected group.
- Health fairs were held September 2014, January 2015, April 2015 and June 2015
  - 111 participants
  - 86 volunteers

NURSING SENIOR LEADERSHIP (NSL):
- Members of NSL participated in two programs.
  - Senior wellness program on September 17, 2014
  - Chicago Senior Fest on September 18, 2014

During the senior wellness event, nursing leaders provided blood pressure screenings and educational handouts. Senior Fest volunteers promoted wellness by giving away Rush donates apples, hand sanitizer (provided by Infection Prevention Department) and wellness educational handouts. They also provided health screenings, which included checking blood pressure and weight.
PNS OFFICERS
FY15

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

President Elect
Christy Aliposa, BSN, RN, CMSRN (RN3, 13 West Tower)

Treasurer
Thomas Starr, MSN, RN, CNL, CCRN-CMC (RN3 MICU & AUD NSICU)

Secretary
Katie Maschoff, BSN, RN, CCRN (RN2 CICU & AUD CSO)
The team in Professional Nursing Practice developed the content to provide levels 1-3 PPE training in a short time frame. This request came on October 14 and training began two short days later on October 16. Many activities were completed by the PPE training team, which included the following:

- Developing content for the didactic portions of level 1 and 2 training
- Video development for all three levels
- Developing checklists for level 1, 2 and 3 PPE
- Orchestrating a train-the-trainer concept as well as a second demonstration for all levels
- Hosting other organizations to view training;
- Providing daily reports to the Ebola preparedness committee
- Providing expert advice to the public via communications to the media, as well as internally at Rush
- Meeting with experts from the Centers for Disease Control and Prevention and Illinois Department of Public Health as well as hazmat laboratory experts to continually refine the equipment we used to keep Rush staff safe
- The Ebola PPE Training team was so successful that they received the Magnet Course for Excellence Team award in February 2015.

While PPE training continued, plans for developing a core team of caregivers began. Core team members were recruited by soliciting volunteers from Infection Prevention and Control specialists, Emergency Department RNs, Adult and Pediatric Intensive Care Unit RNs, attending intensivists, lab techs, radiology techs, dialysis techs, respiratory therapists, Environmental Service managers, attending physicians (ED and Pulmonary Critical Care intensivist, pediatrics, obstetrics, surgeons) and chaplains. Service lines identified a core group who would be responsible for patient care for all shifts. In addition, support services identified a core group of individuals to train who would participate in regular drills. Training included hands-on practice, photographs, video modalities and return demonstration for competency.

While the core team concept was in progress, the biohazard containment unit (isopod) was being created using the conference rooms in the Medical Intensive Care Unit (MICU) 10 East Tower. This required a team to develop the design of the isopod, coordinate workflows with ancillary departments, develop a PAR list and set up for supplies. Stacey Harvey, RN, unit director in the MICU, was integral to this process and received the award for manager of the quarter and subsequently manager of the year for her work with the isopod and core team. Additional activities included developing core team schedules, a team directory and on-call schedules. To house all of this information in one location, a SharePoint team site was created on the nursing portal.

Professional Nursing Practice staff continues to work with the core team to provide regular preparedness training. Also, the PPE videos are used to augment onboarding of all new employees.
Transformational Leadership

EMPOWERING AMBULATORY NURSES WITH SHARED GOVERNANCE

In 2010, Rush University Medical Group (RUMG) recognized the need for shared governance in the ambulatory setting. The leadership appointed an ambulatory representative to the Hospital Professional Nursing Staff (PNS) Executive Committee along with starting monthly Ambulatory Council meetings. The meetings continued on an informal basis for the next few years. In 2013, a formal ambulatory advisory council was formed.

The goal of the Ambulatory Advisory Council was to promote the shared governance structure in the ambulatory practice. Meetings were led by two co-chairs who discussed shared governance and how ambulatory nurses could be strong partners in patient care. The group defined their purpose, meeting structure and developed a formal charter establishing the council as an official PNS group. At this time, the ambulatory nurse engagement scores were obtained and showed that only 53 percent of RUMG nurses were either engaged or content. This became a significant driver in the need to establish shared governance.

In January 2014, RUMG leadership met to determine the next steps to promote nursing engagement. An assessment of nurses showed they had a limited understanding of shared governance, Rush PNS and Magnet concepts. Rush nursing experts collaborated to develop a mandatory educational program for all RUMG nurses. The objective of the program included key components of structural empowerment, the forces driving the change in the ambulatory nurses’ role, the relationship of the Magnet model of nursing to ambulatory and the Rush professional practice model. The sessions were held in March and April 2014. Ambulatory nurses completed the course and provided feedback that they felt more empowered.

During July-December 2014, the ambulatory nursing structure continued to develop with the establishment of the clinical ladder, broader staff representation at meetings and the formation of ambulatory committees. These committees included: professional development, standards of care and recognition. The October 2014 RUMG Ambulatory Nursing engagement scores increased to 80 percent of RUMG nurses being engaged or content. The development of the structure, improved communication, stronger connections between clinics, manager support and collaborating with our physician partners all made an impact.

Nursing leadership played a vital role in the success of improving the RUMG shared governance structure. Susan Hurley, MPH, BSN, RN (practice administrator), and Kathleen Fisher, BSN, RN-BC (clinical nurse manager), were instrumental in the process. Kathleen chaired the RUMG departmental advisory committee while Susan attended PNS committees such as Magnet and Nursing Quality Improvement. Both Susan and Kathleen collaborated with Eric Zack, DNP, RN, ACNP-BC, AOCN, BMTCN (past PNS president and RN 3 14 East) to make this a successful transition. It was considered so successful and groundbreaking that in October of 2015, Susan, Kathleen and Eric presented a program at the National Magnet conference entitled, “Establishing Shared Governance in the Ambulatory Setting.”
This project was Shirley Ambutas’ doctor of nursing practice (DNP) project entitled, “Fall Reduction and Injury Prevention Toolkit: Implementation on Two Medical-Surgical Units.” It was completed in May 2015. One of the keys to success was that clinical nurses were involved in the analysis of the problem, implementation of the fall toolkit, ongoing review of falls, and continual evaluation of the process of intentional rounding, patient education, staff compliance with the fall bundle through auditing and post fall reviews. The organization’s safety climate has improved as nurses are committed to take accountability for reducing falls and preventing injury.

The results of this project provided compelling data that infrastructure and capacity can be enhanced through structured program evaluation. There was a 66 percent reduction in falls and fall injuries on 13 West and 61 percent on 12 West.

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<thead>
<tr>
<th></th>
<th>Baseline FY14</th>
<th></th>
<th>Post-toolkit FY15</th>
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<th>% improvement</th>
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<tbody>
<tr>
<td></td>
<td>Falls</td>
<td>Falls with Injury</td>
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<td>Falls with Injury</td>
<td>Falls</td>
<td>Falls with Injury</td>
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<tr>
<td>13 West</td>
<td>7.98</td>
<td>.68</td>
<td>6.6</td>
<td>.53</td>
<td>23.8%</td>
<td>66%</td>
</tr>
<tr>
<td>12 West</td>
<td>4.8</td>
<td>.94</td>
<td>4.5</td>
<td>.19</td>
<td>20%</td>
<td>61%</td>
</tr>
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She reviewed the information with attending physicians from multiple surgical service lines and reviewed current evidence to provide specific discharge instructions based on different surgical procedures. After obtaining the information, Katrina worked with Frances Jacobs, RN, patient education coordinator, to update or create new patient education materials that were uploaded into the Krames On-Demand system. Krames provides nurses with easy access to print materials for patients to review and take home.

This project was completed in June 2015 and was intended to help streamline the discharge process for nursing staff, improve patient quality of care, and also improve patient satisfaction in the prep/recovery area. Now that the initial project has been completed and all discharge and after-care instructions have been uploaded, each surgical service will provide updates yearly or as needed to keep up to date with the most recent evidence-based practice. The feedback has been positive from patients, nursing staff and providers on this initiative, and it will continue to be an ongoing process to provide patients with the best possible guidelines for at home care.
A process improvement (PI) team convened in December 2013 with the aim to reduce TRAPUs. Patty Nedved, MSN, CENP, FABC, was the executive sponsor, with Natalie Jacobs, MSN, RN, CNS, as the improvement leader and the WOCN team (Laura Crawford, Bob Maurer and Lisa Boudreau) as the process owners. Additional interdisciplinary team members were identified and recruited from nursing, medicine, respiratory therapy and information services: Phil LoSavio, MD, (physician sponsor), Shirley Ambutas, RN, APN, DNP, CCRN, CCNS, Cassandra Brooks, Gil Gonzales, Barb Gulczynski, Julia Hernandez, Michael Larkner, Cris Lowry, BS, MBA, RN, Brady Scott, and Karen Walsh.

From December 2014 to March 2015, the PI team established a project charter, conducted voice of the customer interviews of clinical staff, completed a Failure Mode and Effects Analysis (FMEA) of the tracheostomy care process, and performed literature reviews for tracheostomy dressings, suture removal time, and pressure ulcer prevention bundles. In April 2014, the team utilized consensus voting to select interventions for implementation. Approval was then obtained from participating care teams and clinicians, including Otorhinolaryngology, General Surgery, Cardiovascular Thoracic Surgery, the Nursing Quality Improvement Committee, and the Surgical Quality Improvement Committee.

The project goal was to reduce TRAPUs to be less than 5.88 percent by the end of FY15. To build a reliable process for TRAPU prevention, the PI team decided upon a TRAPU bundle approach that would be designated as the standard of care for adult tracheostomy surgery patients. The TRAPU Bundle components include:

1. Hydrocolloid dressing (duoderm signal) placed perioperatively for all adult tracheostomy procedures
2. Suture removal within seven days
3. Polyurethane foam dressing (PolyMem) placed upon suture removal
4. Neutral positioning of head and neck

FY13 AND FY14 DATA INDICATED THAT MORE THAN 11 PERCENT OF ADULT TRACHEOSTOMY SURGERY PATIENTS ACQUIRED TRACHEOSTOMY-RELATED ACQUIRED PRESSURE ULCERS (TRAPUS). LACK OF STANDARDIZED TRACHEOSTOMY DRESSINGS AND INCONSISTENT SUTURE REMOVAL TIME WERE FACTORS THAT CONTRIBUTED TO TRAPU OCCURRENCE.
Additional steps were taken to hardwire the TRAPU bundle. In the operating room, hydrocolloid dressing supplies were added to the surgeons’ equipment preference cards. In Epic, a date row was added for documentation of suture removal and included information that sutures should be removed within seven days. Definitions of stay sutures and plate sutures were also added to Epic to increase nurses’ understanding of the different types. The nursing policy on tracheostomy care was also revised to include the TRAPU bundle.

The TRAPU bundle was implemented in June 2014. Since then, the percentage of adult tracheostomy surgery patients who developed a TRAPU has decreased significantly to 1.25 percent in FY 2015.

To sustain this success, audits continue to be conducted on new tracheostomy patients to ensure TRAPU bundle compliance and any TRAPU occurrences are reported to the Skin Oversight Committee for peer review.
Kara Kettelson, RN, began the adult AAT program for her GEM capstone project while she was an NAII on 9 North Atrium. She worked in conjunction with Shirley Ambutas, RN, APN, DNP, CCRN, CCNS, clinical nurse specialist for 9 Kellogg and 9 North Atrium.

From January to May 2014, 222 visits were conducted. Nurses were surveyed and 100 percent wanted to see pet therapy continue. Shirley continued to work on developing the program and increasing the frequency of AAT visits. Two additional GEM students, Angela Phung and Colleen Joyce, began working with Shirley to help develop and validate the benefits of the AAT program.

At that time a committee was developed and it included nursing leadership from various units, occupational therapy and palliative care. The team decided to collect more patient data to determine what impact AAT had on patient outcomes. Data was collected from October 2014 to December 2014 and IRB approval for an exempt study was given; 69 patients were surveyed.

Results were analyzed with SPSS: Pain, anxiety, and fatigue were assessed before and after AAT.

The average pain score before AAT was 3.48, which decreased to 2.70 after AAT (p=0.000). The average anxiety score before AAT was 3.17 and decreased to 1.93 after AAT (p=0.001). The average fatigue score went from 4.46 before AAT to 3.30 after AAT (p=0.001).

All three variables showed a statistically significant improvement after an AAT visit demonstrating substantial impact to patients in both ICUs and progressive care. A third GEM student (Emily Rose Gippe) began working with Shirley in May 2015 and collaborated with the AAT committee to develop and publish patient education materials on AAT. The program continues to flourish as additional volunteers are on-boarded.
New Knowledge, Innovations and Improvements

EMERGENCY DEPARTMENT RN ACTIVATED STROKE ALERT PROCESS

TIME IS CRITICAL WHEN ASSESSING AND TREATING ACUTE ISCHEMIC STROKE. RECOGNIZING STROKE AND ACTIVATING STROKE CODES ARE THE FIRST VITAL AND TIME-SENSITIVE STEPS IN THE CHAIN OF ACUTE STROKE TREATMENT.

To improve quality, we changed our Emergency Department acute stroke evaluation algorithm from being primarily physician-driven to nurse-driven. We sought to improve our acute stroke process metrics by instituting a nurse-initiated stroke alert system in the ED. Nurses were educated on stroke symptoms, and instituted an alert process to be initiated by the greet or the triage nurse. The nurse-activated stroke codes were initiated December 6, 2014.

To evaluate the effectiveness of this change, data was evaluated pre- and post-project implementation from January 2013-August 2015; 221 patients were included in the pre-intervention analysis and 103 in the post-intervention analysis.

Overall, all process outcomes improved: stroke team paging went from 57 percent to 96 percent; 45 minute door-to-lab goal improved from 33 percent to 43 percent; 45 minute CT scan order-to-complete goal improved from 94 percent to 98 percent; and stroke team arrival within 15 minutes goal increased from 33 percent to 71 percent. Several clinical outcomes also improved, with the patients receiving IV tPA improving from 17 percent to 20 percent; the percentage of patients undergoing endovascular procedure increasing from 1 percent to 4 percent; and average door-to-endovascular procedure decreasing from 163 minutes to 116 minutes. Nurse-activated stroke codes have considerably improved both process and clinical outcomes in the ED setting.

PURSUING BABY-FRIENDLY DESIGNATION

THE BABY-FRIENDLY HOSPITAL INITIATIVE IS A UNICEF/WHO JOINT ENDEAVOR, LAUNCHED IN 1991 WORLDWIDE WITH THE INTENT TO ENCOURAGE AND RECOGNIZE HOSPITALS AND BIRTHING CENTERS WHICH IMPLEMENT THE EVIDENCE-BASED PRACTICES NECESSARY TO SUPPORT ALL MOTHERS IN EITHER SUCCESSFULLY INITIATING AND CONTINUING TO BREASTFEED OR SAFELY FORMULA FEEDING THEIR INFANTS.

We entered the dissemination phase of the Baby-Friendly Hospital Initiative (BFHI) Pathway, which is the third phase in a four-phase process.

With this step beginning in September 2014, all providers, pediatricians, obstetricians, nurse practitioners, and nurses alike, throughout the department of Women’s and Children’s, were offered and completed a significant amount of breastfeeding education. Physicians received three hours of education, developed by Lactation Education Resources to meet the requirements set by the BFHI, focusing on the history of Baby-Friendly and basic breastfeeding management. Nursing staff received an in-depth 20 hours of education (15 hours in theory and five hours of hands-on) to aid in the day-to-day care of the breastfeeding mothers and their infants at Rush.

The goal was to have at least 80 percent of staff trained by the end of the calendar year. New hires are scheduled to complete their training within six months of hire. Much of the “hands-on” component is received during a nurse’s orientation under the guidance of the preceptor and with a member of the Lactation Support Services team.

To date, more than 20,000 facilities in 150 countries around the globe have earned the Baby-Friendly designation, with 326 U.S. hospitals designated. At this time, only eight hospitals in the state of Illinois have received designation, with only one in Chicago. With our site visit pending, Rush University Medical Center seeks to be the first tertiary care center in the city limits with this prestigious designation.

In addition to staff training, the BFHI unit-based team began collaborating with Rush-owned prenatal clinics to ensure continuity of breastfeeding education. The focus was on consistency between information provided at onset of pregnancy, throughout the pregnancy, continuing and culminating in care received in the postpartum hospital stay and through telephone support beyond. The BFHI 10 steps to successful breastfeeding has guided the process.

In May of 2015, the Mother Baby Unit (MBU) Lactation Support Services team trialed a weekly breastfeeding support group. Its purpose was well-received by patients and it became an official part of the Support Services provided in August, meeting every Monday, rain or shine, sleet or snow, from 1:30 to 2:30 p.m.

The MBU also standardized naptime for moms to allow for additional bonding as well as improved resiliency. A pilot program began April 28, 2014 and with positive feedback from staff and patients alike, became standard practice, across all disciplines within the MBU on July 1, 2014. From 2 to 4 p.m., lights are lowered and patients are not disturbed, unless they request, facilitating additional day time rest to offset the common “up all night with baby” lack of sleep. This allowed patients to have a more positive rooming-in experience.
New Certifications

NURSES CERTIFIED IN FY15

Juan F. Aguirre
Michelle L. Allen
Haneen Alwawi
Amy Ames
Rose Andron
Malgorzata Balaban
Paula M. Barone
Mayra Barragan
Sarah M. Bedo
Brandon K. Bell
Douglas A. Bowden
Tori L. Brixius
Joanne K. Brown
Frederick M. Brown Jr
Angela Brunfeldt
Lydia R. Bryant-Pettus
Joyce Buchholz-Kelley
Lynn D. Cabe
Anna G. Carey
Cristina Catalano
Kyonna Charleston
Latisha M. Clark
Alexandra G. Cook
Josefina Corral
Kristin M. Cozzi
Margaret Curtin
Dorota A. Czernicki
Maribel Diaz Rodriguez
Katherine F. Dosch
Danielle R. Dupuis
Corie Esguerra
Katie L. Froio
Jessica M. B. Garibay
Norilyn Gitz
Alyssa Goergen
Casey E. Graff
Cathryn A. Graves
Tondria R. Green
Derrick Grondin
Elisabeth Hajduk
Lillian J. Hall
Melissa M. Halverson
Melissa Holland
Sobrina L. Hornak
Melissa Jankes
Katie M. Kean
Juliana L. Kowalewski
Kerry C. Kuzmich
Tracy L. Laluma
Jennifer M. Larson
Samantha K. Last
Lori Lemasters
Amy Levin
Angela M. Linklater
Nancy B. Lins
Tana M. Lombardo
Keith L. Lowery
Laura Mahon
Cathleen A. Maidlow
Julia Margulies
Keegan Marz
Alaina Matthews
Tina K. Miller
Caitlin A. Murphy
Alice Mwaura
Patricia G. Nedved
Loren M. Nero
Henrietta N. Nkemeh
Denise Novak
Sharon S. O’Brien
Marie O. Loughlin
Jessica Papo
Helen Sereda Pawluk
Barbara Ragsdale
Gregory K. Reilly
Keene A. Roadman
Tovah Roberts
Bethany E. Saul
Katie L. Schmidt
Christina Seume
Jennifer Sgro
Brittaney A. Sharp
Nadine M. Silverman
Erica Nilsson Sis
Veronica Sosa
Jennifer L. Sourek
Pamela Sroka
Laura C. Suchomel
Susanne M. Swasey
Margaret F. Sweeney
Catherine Tell
Rona M. Tiglio
Natalie L. Tito
Michelle Trampel
Angelica Velasco Tran
Kathryn Tulisiak
Samanta Vranch
Allison Wallace
Jennifer Weltzien
Jami A. White
Lisa R. Williams
Barbara C. Wizniuk
Cynthia M. Woerner
Kristen Yauk
Jennifer Zak
Allison Zawaski
DAISY

JULY 2014
Mary Coughlin
Labor & Delivery

AUGUST 2014
Melissa Tameling
Mother Baby; Peds Primary Care

SEPTEMBER 2014
Laura Heiting
SICU

OCTOBER 2014
Melissa Rivera
7 N Atrium

NOVEMBER 2014
Leshan Williams
13 Kellogg

DECEMBER 2014
Whitney Shiner
13 E Tower

JANUARY 2015
Catherine Keegan
14 E Tower

FEBRUARY 2015
Brittany Kirsch
Lisle Cancer Clinic

MARCH 2015
Laurie Wheeler
Mother Baby Unit

APRIL 2015
Laura Coffey
Outpatient Hematology/Oncology

MAY 2015
Dianne Kelly
SICU

JUNE 2015
Brogan Hanzel
12 West

2015 PNS AWARDS

CRITICAL THINKING
Margaret (Peggy) Curtin – SICU
Theresa Esposito – 12 W Tower
Jennifer Feldman – CSO ACC
Elizabeth Gonzalez – Mother Baby Unit
Amanda Johnson – PICU
Jennise Matta – Oncology
Helen Park – Nursing Resource Management
Dawn Scheuber – MICU
Whitney Shiner – 13 E Tower
• Brittany Underhill Wells – NSICU

EVIDENCE-BASED PRACTICE
Nicole Albold – Mother Baby Unit
Karla Cavazos – 14 E Tower
Kristin Cozzi – CICU
• Jean Flaws-Chervino – MICU
Juliana Kowalewski – 12 W Tower
Molly Lappe – PICU & General Peds
Barbara Lettiere – SICU
Geri Narsete-Prevo – L&D
Lisa Phalen – 14 W Tower
Allison Vasilj – Nursing Resource Management

LEADERSHIP
Jenny Abraham – 4 Kellogg
Jennifer Arnold – MICU
Keeley Binion – CICU
Maeve Boyle – 13 W Tower
Melissa Browning – Professional Nursing Practice
Marianne Corrieri-Alanez – L&D
Christine Dumars – Mother Baby Unit
Kateri Evans – Comprehensive GI Clinic – Cancer Center
Catherine Keegan – 14 E Tower
Amy Levin – NICU
Debra Levin – Case Management Department
Maria-Socorro Mendoza – Community Health
• Susi Nelson – PICU
Rhonda Powell – Nursing Resource Management

RELATIONSHIPS AND CARING
Sarah Anderson – Radiation Oncology
Deb Babka – PICU
Gina Balzano – Pediatrics and Pediatric Dialysis
Shirma Bayna – Endoscopy Lab
Gary Blakely – 13 W Tower
Cristina Catalano – CICU
Cheryl Christensen – RUMG
Aaron Franklin – 13 E Tower
Angela Hurley – 13 W Tower
Andrea Magana – 4 Kellogg
Julia McMahon – 9 S Atrium
Shequita Nminubapel – 13 W Tower
Jennifer Novak – 14 W Tower
Guadalupe Ordaz-Nielsen – Nursing Finance and Resource Management
Catherine Provenzano – Mother Baby Unit
David Rivers – 12 W Tower
Christie Schane – Rush Cancer Center
Mary Sheehy – MICU
• Heather Wilson – SICU

TECHNICAL EXPERTISE
Deb Babka – PICU
Anitra Daley – Mother Baby Unit
Christine Doung – Rehab
Lilibeth Franco – SICU
• Catherine Healy-Cleary – IR GI Lab
Tiffany Lee – CICU
Lois Means – Outpatient Hematology
Maribel Montijo – 12 W Tower
Gino Pecoraro – PICU
Mary Ellen Sarna – L&D

*Bullet points indicate winner.
COMMUNITY SERVICE GRANT AWARD

- Cherie Hopkins – L&D – Seasons of Sharing
  Tarissa Stanicel – Mother Baby Unit – Calvary Church Medical Mission Supporting Organization PMWSA and URUSA

NURSING DIVERSITY AWARD

- Christy Aliposa – 13 W Tower
  Hope Clarke – OR
  Betty Kreider-Vazas – NSICU
  Maria-Socorro Mendoza – Community Health
  Sue Purol – PICU
  Erika Salvador – 7 N Atrium
  Heather Todd – Mother Baby Unit

THE MARY BETH O’HOLLERAN NURSE MENTORSHIP AWARD

MEDICINE/ONCOLOGY/CARDIOLOGY
  Tia Davis – CICU
  Jean Flaws-Chervinko – MICU
  Danuta Lewis – 13 W Tower
  Katherine Markulin – 9 S Atrium
- Monina Molina – 14 E Tower
  Seema Patel – 14 W Tower
  Lauren Priede – 7 N Atrium

SURGICAL, NEUROLOGICAL, MUSCULOSKELETAL & REHABILITATION
  Angela Washek – SICU
  Rachel Filer – 12 E Tower
- Lisa Monaco-Dutkin – 9 N Atrium
  Lorna Myrie – Rehab
  Denise Novak – 9 Kellogg
  Carrie Picchietti – 12 W Tower

WOMEN’S AND CHILDREN’S
- Nicole Albold – Mother Baby Unit
  Clare Mason – General Peds
  Alaina Matthews – PICU
  Geri Narsete-Prevo – L&D
  Cherlyn Wheeler – NICU

MENTAL HEALTH
- Emily Fraser – Child Psychiatry

EMERGENCY DEPARTMENT
- Kristin Fluitt – ED

NURSING RESOURCE MANAGEMENT
- Mary Gustafson – CSO

PROFESSIONAL NURSING PRACTICE
- Natalie Jacobs – Professional Nursing Practice

2015 AWARD RECIPIENT
Monina Molina – 14 E Tower

*Bullet points indicate department winner.*
AWARDS

THE LUTHER CHRISTMAN
CLINICAL EXCELLENCE AWARD

MEDICINE, ONCOLOGY & CARDIOLOGY
Sarah Bedo – 13 W Tower
Daniel Boffa – 7 N Atrium
Patricia Rae Dickey – 14 W Tower
- Tina Garcia – CICU
  Ashley Martucci – 9 S Atrium
  Leslie Radz – 14 E Tower
  Keene Roadman – MICU

SURGICAL, NEUROLOGICAL, MUSCULOSKELETAL & REHABILITATION
Elizabeth Anderson – 12 W Tower
Maureen Fleming – 9 Kellogg
Katy O’Shea – SICU
- Helen Pawluk – 12 E Tower
  Natalie Tito – 9 N Atrium
  Betty Vega – NSICU
  Cecile Ynares – 5N JRB Rehab

WOMEN’S AND CHILDREN’S
Andrea Karkowski – General Pediatrics
Sharon Lawrence – L&D, Mother Baby Unit
- John Overby – NICU
  Jennifer Toledo – Mother Baby Unit
  Jennifer Zak – PICU

RUMG
- Maria Sieczka – University Transplant Program

EMERGENCY DEPARTMENT
- Kristen Browning – ED

NURSING RESOURCE MANAGEMENT
- Natalie Sikorski – CSO

PROFESSIONAL NURSING PRACTICE
- Cally McKinney – Professional Nursing Practice

PERI-OP/IR LC
- Jeanine Murphy – Electrophysiology Lab

PSYCHIATRIC NURSING
- Ivana Karabegovic – 4 Kellogg

2015 AWARD RECIPIENT
John Overby – NICU

THE JANE LLEWELLYN
ADVANCING & LEADING THE PROFESSION AWARD

- Sarah Anzevino – Division of Hematology Oncology – Breast Center
  Martha Curiel – Obstetrics
  Emily Fraser – 4 Kellogg
  Sharon Lawrence – L&D/Mother Baby Unit
  Debra Levin – Case Management Department
  Valerie Musolf – NSICU
  Rebecca Weber – NICU
  Krzysztof Wlosek – MICU

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.

- Julie Lopez, DNP, RN, NE-BC
  Associate Vice President, Clinical Nursing Operations, Medicine, Oncology, Cardiology Department

2015 NURSE.COM GREATER CHICAGO FINALISTS

Christy Aliposa, BSN, RN, CMSRN – Volunteerism and Service
Cynthia Barginere, DNP, RN, FACHE – Advancing and Leading the Profession
Elizabeth Day, MSN, RN, CCNS, CCRN – Clinical Care Inpatient
Stephanie Krienitz, BSN, RN – Volunteerism and Service
- Carrie Renschen, MSN, RNC-NIC – Patient and Staff Management

*Bullet points indicate department winner.
Ambutas, S. RN, APN, DNP, CCRN, CCNS, Rush University; Lamb, K. RN, DNP, GCNS, Rush University; Quigley, P. RN, MPH, PhD, CRN, Haley, J.A., VAMC VISN 8 Center for Patient Safety Center of Inquiry Associate Director; Poster presentation, Reducing Falls using a Fall Toolkit on Two Medical-Surgical Units, Safe Patient Handling Seminar, Phoenix Arizona, April 21, 2015.


Delaney, Kathleen, PhD, PMH-NP, Graduate Nursing Education: Rush Model. Annual meeting National Organization of Nurse Practitioner Faculties. Baltimore, MD.

Delaney, Kathleen, PhD, PMH-NP, Illinois Advanced Practice Nursing Workforce Survey: Initial Results Illinois Health Care Action Coalition Meeting: APN: Dependent vs. Independent, Calling the questions. Chicago, IL.

Delaney, Kathleen, PhD, PMH-NP, Meeting the Mandates for Change: Implementing Patient-Centered Care Priorities. Contemporary Forums, Chicago, IL.

Delaney, Kathleen, PhD, PMH-NP, Peplau and the Brain: Critical elements in forming relationships with clients Contemporary Forums, Chicago, IL.

Delaney, Kathleen, PhD, PMH-NP, PMH Nurses and the Evolving Behavioral Health Care Workforce: The Road to Directing Our Future. American Psychiatric Nurses Association Meeting, Orlando, FL.

Delaney, Kathleen, PhD, PMH-NP, Recovery is not Managing Illness but Discovering Wellness. 20th Annual Northeast Regional Psychiatric Nursing Conference. Bedford, NH.

Delaney, Kathleen, PhD, PMH-NP, Results of multi-site study: “CAPE: Patient Centered quality Assessment of Psychiatric inpatient environments. Academy Health Annual Research Meeting, Minneapolis, MN.

Delaney, Kathleen, PhD, PMH-NP, Why Mindfulness Matters: The Frontal Lobe and Narrative Coherence. 20th Annual Northeast Regional Psychiatric Nursing Conference. Bedford, NH.


Friedrichs, J., “Time Stood Still: Caring at the moment of loss.” Greater Ill Pediatric Palliative Care Coalition, Bloomington, IL. June 2015.


Heitschmidt, M., Invited faculty planning member, moderator, and speaker for the Adult Congenital Heart Association (ACHA) 7th National Conference, Chicago, IL, September 2014.

**PRESENTATIONS**

**Keegan, Maria, BSN; Blakely, Gary, BSN, MSN,** coordinated and presented at the ELNEC workshop spring 2015.


**Kujath, A.,** Competencies for the Nurse in the 21st Century, Invited panelist for the Education Special Interest Group presentation at the 2015 Congress of the National Association of Orthopaedic Nurses, Nashville, TN.

**Kujath, A.,** Orthopaedic Nursing Certification: What you need to know from novice through retirement, Chapter 048 National Association of Orthopaedic Nurses Regional Symposium, Maywood, IL.

**Mohr, L.D.,** “The Stars at Night are Big and Bright”: Research Presentations. WOCN Society 47th Annual Convention, San Antonio, TX.


**Simental, L.,** Patient Safety: Fall Prevention Project. Association of Rehabilitation Nurses. September 30-October 3, New Orleans, LA.
**POSTERS**


Ferry-Rooney, R.; Moss, A., Capturing Clinical Practice Data: A Cross Sectional Study to Inform Development of an Outcome Collection Strategy Across Multiple Faculty Practice Partnerships, American Association of Colleges of Nursing, San Diego, CA.


Friedrichs, Judy, MS, RN; Nunes, Denise, MS, RN; Lawrence, Christie, DNP, APN/CNS; Mary Hurley, APN; Kandice McNeal, BSN, RN; Katrina Grosbe, BSN, RN; Kristen M. Hayes, BSN, RN; Wilcox, Roger A., PharmD; Danza, Robin, RRT; Murphy, Sara, MBA, RRT; Fleming, Kellianne, BA, RRT; Murray, Karen, MS, RN; Martini, Anne Elizabeth, MD; Lamorena, Emilee, MS, RRT; Powell, Steven B., MD; Robin, Beverley, MD., “Take A Breath: A BPD Reduction NICU Quality Initiative,” Rush Safety and Quality Poster Fair, Rush University, Chicago, IL. March, 2015.


Gonzaga-Reardon, M.; Stults, J.; Nuno, M., Protecting Patients Against CVC and PIV-Related Infections: An ED Survey, Emergency Nurses Association 2014 Annual Conference Indianapolis, IN.


Jacobs, Natalie; Krch-Cole, Elizabeth, Urinary Catheter Training: Developing an Effective Program from the Group Up, Association for Nurses in Professional Development Annual Conference, Orlando, FL July 2014.


Manion, A., Asthma and Obesity: A New Phenotype Impacting Global Health, NAPNAP Annual Conference Las Vegas, NV.

Manion, A., Positional Plagiocephaly and Motor Delays in Children, 18th National Mother Baby Nurses Conference Orlando, FL.

Miller, Andrea, RN, Outcomes of Structured Learning at a Therapeutic Day School. ANCC Magnet Conference, October 2014. Dallas, TX.


Nunes, Denise, MS, RN; Lawrence, Christie, DNP, RN; Hurley, Mary, APN; McNeal, Kandace, MS, RN; Grospe, Katrina, MS, RN; Hayes, Kristen, MS, RN; Wilcox, Roger, PharmD; Danza, Robin, R-RT; Murphy, Sara, R-RT; Fleming, Kellianne, R-RT; Robin, Beverley, MD; Powell, Steven B., MD; project coordinator: Friedrichs, Judy, MS, RN., “Take A Breath: BPD Reduction Quality Initiative,” March of Dimes Annual Perinatal Nursing Conference, March 2015. Lisle, IL.


Simental, L., Decreasing Falls and Falls with Injuries for the Inpatient Rehabilitation Unit. September 30-October 3. New Orleans, LA.


Thomas, Peggy, RN; Sanford, DeeDee, RN; Siegall, Cheryl, RN; Pittman, Kevin, RN, “Alcohol Abuse in Psychiatric Treatment,” Rush Safety and Quality Poster Fair, Rush University, Chicago, IL. March, 2015.


Jeffries, Pamela R.; Kristina Thomas Dreifuerst; Jennifer Hayden; Nancy Spector; Mary A. Blegen; Josephine Silvestre; Jane Barnsteiner; Mary R. Lynn; Beth Ulrich; and Lou Fogg, “Advancing nursing excellence for public protection.” (2015).


Murphy, M.; Coke, L.; Staffileno, B. A.; Robinson, J.; Tillston, R. Improving the Cardiovascular Health of Underserved Populations in the Community with Life’s Simple 7. JAANP. Online May 2015 DOI: 10.1002/2327-6924.12231.

Murphy, M.; Staffileno, B.A.; Carlson, E. Collaboration among DNP and PhD-prepared nurses: Opportunity to drive positive change. J Prof Nurs. Vol 0, No. 0 (March), 2015: pp 1–7; http://dx.doi.org/10.1016/j.profnurs.2015.03.001.


**PUBLICATIONS**


ADDITIONAL AWARDS/ACKNOWLEDGEMENTS


Aliposa, Christy, BSN - J. Robert Clapp Jr., Diversity Leadership Award Nominee, February 2015

Aliposa, Christy, BSN - Regional Magnet Nurse of the Year Award Nominee, April 2015

Bolick, Beth, DNP, NP - Rush University College of Nursing 2015 Luther Christman MVP Award

Cortez, Edmundo, MD; Crosley, Cliff, RN, MSN; Elwood, Brittany, RN, BSN; Kellianne Flemming, RRT, BA; King, Anna, RN, BSN; Levins, Sheila, RN, MSN, CPN; Lucero, Kari, RN, BSN; Petrungaro, Amy, RN, BSN; Carrie Renschen, RN, MSN, RNC-NIC; Maldonado, Ana, RN3, NPS; Moran, Molly, RN, MSN, CCRN; Rodriguez, Ana RN, BSN; Sorenson, RN, BSN, NICN; Taylor, Tasha; Warner, Kately, RN, BSN - Team of the Quarter Award, Pediatric Intensive Care Unit Flood Evacuation Team, March 2015

Delaney, Kathleen, PhD, PMH-NP - American Psychiatric Nurses Association, Psychiatric Nurse of the Year, 2015

Fetrow, Lani - McAvoy-Newsom PCT of the Quarter

Friedrichs, Judy RN, MS, CPLC, FT - Gamma Phi, Sigma Theta Tau, The Judy Jezek Scholarship Award, January 2015

Friedrichs, Judy RN, MS, CPLC, FT - New York Life-Children’s Grief Reach Grant for Online Bereavement Support, October 2014

Friedrichs, Judy RN, MS, CPLC, FT - The Dorothy and Luther Christman Scholarship, Rush University College of Nursing, May 2015

Garcia, Christina, BSN, RN - LCCNEA departmental winner

Geis, Alice, DNP, APN - The Kathleen Andreoli Clinical Practice MVP Award from Rush University College of Nursing, 2015

Geis, Alice, DNP, APN - Integrated Healthcare award for Trilogy program from Illinois Psychiatric Society, 2015

Gonzaga-Reardon, Marites, MSN, APN, CCNS-BC, CEN - Nurse Educator Award, IL Emergency Nurses Association

Halloway, Shannon, PhD(c), RN - Golden Lamp Society, Dissertation Award

Halloway, Shannon, PhD(c), RN - Midwest Nursing Research Society, Western Journal of Nursing Research Best Graduate Student Paper Award

Heitschmidt, M. - Medical Staff PhD Graduate Award, Rush University, May 2015


Killeen, Katie, MSN, APN, ACNP-BC - Rush APN award, October 2014

Kujath, Amber, PhD, RN, ONC - National Association of Orthopaedic Nurses Past Presidents Leadership Award


Ledda, Ray - Heart of the Hero Award

Manion, Amy, PhD, RN, CPNP-PC - RU Engaged Service Grant Healthcare Education/Promotion

McIntosh, Eric, MSN, RN, ACNP-BC - Excellence in Clinical Care Award - Rush University Medical Center, December 2014

Miller, Joanne, PhD, APN, CNP-BC - Dave Butler Spirit of GAPNA Award for outstanding service to the Gerontological Advanced Practice Nurse Association (GAPNA, September 2014.

Mohr, Lynn D., PhD, APN, PCNS-BC, CPN - The Luther Christman Unification Model Award for Excellence in Nursing Research 2015

Moss, Angela, PhDc, MSN, APN-BC, RN - Rush University College of Nursing Faculty Practice MVP Award, 2014
**ADDITIONAL AWARDS/ACKNOWLEDGEMENTS**

**Moss, Angela, PhDc, MSN, APN-BC, RN** - Rush University Golden Lamp Society Dissertation Scholarship, 2015

**Moss, Angela, PhDc, MSN, APN-BC, RN** - The Rush University College of Nursing Sue Gin Health Clinic at Oakley Square Research Funding, November, 2014

**Nedved, Patricia, MSN, CENP, FABC** - Executive Healthcare Leadership Fellow, Advisory Board Company

**Nissen, Cynthia, MSN, APN, CWCN** - CGAPN (Chicagoland Gerontological Advanced Practice Nurses) Research Award for SAFE: Stroke Awareness for Elders: a five-week community health program for Spanish speaking older adults in Chicago Lawn, 2015

**Reed, Monique, PhD, RN** - Illinois Board of Higher Education, Nurse Faculty Educator Award- $10,000 to support development of a faculty workshop to incorporate cultural competency training for nurse faculty of entry-level student


**Rehabilitation unit 5 N JRB** - Magnet Excellence Award Decreasing Falls and Decreasing Injuries from Fall

**Riefenberg, Alec** - McAvoy-Newsom PCT of the Quarter

**Rosenberg, L. (PI)** - Robert Wood Johnson New Careers in Nursing Scholarship Program Grant, (#71780), 9/1/14-8/31/15, $120,000.

**Scruggs, Angel** - Rehabilitation Excellence Award, 2014

**Scruggs, Angel and Bennet, Gwendolyn** - PCT Clinical Advancement Award, 2014

**Thomas, Peggy, RN; Sanford, DeeDee, RN; Siegall, Cheryl, RN; Pittman, Kevin, RN** - Most Impactful Safety Quality or Efficiency Improvement Award, “Alcohol Abuse in Psychiatric Treatment”, Rush Safety and Quality Fair, Rush University Medical Center, March 2015