



RUSH University Medical Center

2022 Nursing Annual Report



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Chief Nursing Officer's Message



Angelique L. Richard, PhD, RN, CENP

Chief Nursing Officer,
RUSH University Medical Center and
RUSH University System for Health

Senior Vice President of Hospital Operations,
RUSH University Medical Center

I am pleased to share the 2022 Nursing Annual Report with you.

Inside, you will read stories of innovation, inspiration, courage and excellence.

All nine intensive-care units achieved Beacon designation from the American Nurses Credentialing Center, also known as ANCC, the highest recognition for critical care nursing. We completed one of our most successful Joint Commission surveys and celebrated our fifth Magnet designation at the ANCC conference.

I'm excited for you to read the 2022 Nursing Annual Report, as it highlights the science and art of our nursing profession. And I know you will experience the same RUSH nursing pride that I do daily.



Shared Governance

RUSH nurses continue to have a voice to ensure excellence in patient care and staff engagement. Professional Nursing Staff gives RUSH nurses a structure to achieve excellence and to move forward together.

PNS President's Message

FY22 Professional Nursing Staff Accomplishments



Justine K. Alipio, BSN, RN, CCRN
President, Professional Nursing Staff

I am excited and proud to present the Professional Nursing Staff (PNS) Annual Report for Fiscal Year 2022. During my presidency, I continued to witness RUSH nurses navigate through a constantly changing health care landscape. As we faced new challenges together, our shared governance committees remained committed to our patients through consistent delivery of quality care. The focus this fiscal year included nursing engagement, supporting the professional development of our nurses, and collaborating with our executive nursing leaders to ensure that the clinical nurse's voices were heard and considered.

Providing professional development within nursing cultivates a culture of curiosity and skillset enhancement. The RN3 Validation Committee worked to standardize and refine the clinical ladder checklists. A unique aspect of the committee is that it includes representatives from all departments. Together, the checklists were standardized across the medical center and ambulatory. In addition, clinical ladder information sessions were initiated to provide an update on checklist changes as well as give clinical nurses and nurse leaders an opportunity to ask questions and give feedback. This fiscal year, 98 nurses advanced from RN2 to RN3 — a record high! The committee continues to make improvements to the clinical ladder program.

In alignment with the system-wide think tanks, PNS hosted its own PNS leaders think tank to reimagine the future of RUSH Nursing within shared governance. The think tank goals focused on three areas: PNS Committee Succession Planning, PNS Education/Engagement, and Innovation. PNS Executive Committee and Committee Chairs held three planning sessions to narrow down priorities for integration into the Nursing Strategic Plan as well as guide the fiscal year 2023 PNS goals.

After two years of the pandemic, PNS was finally able to participate in community outreach. First, we hosted a children's book drive with the mission of giving back to our communities. The first round of books was delivered to the parents in the women's and children's departments to encourage early reading to their babies. The second phase of the community outreach involved a children's health fair at KIPP Academy Primary School in the Austin Neighborhood. Nurse volunteers taught kindergarteners the importance of handwashing, toothbrushing, nutrition and exercise/safety. The remainder of books from the children's book drive were donated to KIPP Academy Primary School to create a library for the school.

Although there is always work to be done, I am proud of the many accomplishments of the RUSH nursing team. It is an honor and privilege to say that I have persevered through one of the most challenging times in health care alongside all of you.

Justine K. Alipio, BSN, RN, CCRN
President, Professional Nursing Staff

PNS Accomplishments and Goals

Fiscal Year 2022

Accomplishments

People

- Created the Critical Care Charge RN Huddle to increase transparency between the four units as well Central Staffing Office and Patient Placement increased Service Line Town Halls for visibility with nursing senior leadership
- Formalized the wellness ambassador role

Growth and Reach

- Hosted a children's book drive and children's health fair to give back to our patients and surrounding communities
- Organized PNS leaders think tanks to reimagine the future of nursing within shared governance

Quality and Safety

- Created the Peripheral IV basic workshop in collaboration with unit based CNSs and the Professional Nursing Practice Department
- Re-established procedural COVID-19 testing during omicron surge

Goals

People

- Foster the professional development of RUSH University Medical Center and RUSH University Medical Group clinical nurses through increased participation (from previous fiscal year) in clinical ladder advancement, involvement in PNS committees and mentorship.
- Collaborate with the RUSH Design and Wellness Committee to promote healing and well-being through art and movement in and around the campus.

Quality and Safety

- Establish standing agenda time on Safe Campus Steering Committee to maintain open lines of communication between PNS and other committee members.
- Uphold the 'Safe Campus Nursing Workgroup' to identify gaps in recognition, preparedness, de-escalation of all disruptive behavior and reinvent a workflow that supports the clinical nurse.

Growth and Reach

- Re-establish community outreach by hosting two activities in alignment with the organization's commitment to achieve health equity.
- Extend Executive Committee membership to the Nursing Operations Council chair/co-chair to optimize the shared governance structure through nursing leadership representation and involvement.



Justine Alipio
PNS President



Lisa Phalen
PNS President-Elect



Cherie Hopkins
Secretary



Recognition

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

Awards

Daisy Award

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

July 2021: **Annette Lopez – 13 West Tower**



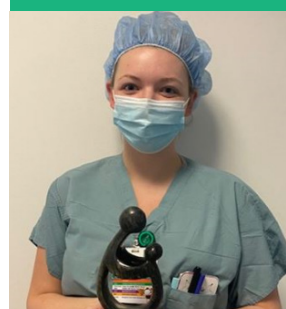
August 2021: **Stephanie Esterland – RUSH Cancer Center**



September 2021: **Nichol Cunningham – Neonatal Intensive Care Unit**



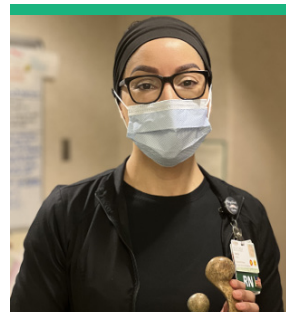
October 2021: **Katelyn Taylor – Operating Room**



November 2021: **Lindsey Heffron – Clinical Staffing Office, Women and Children**



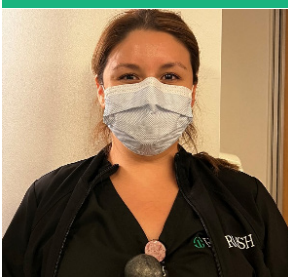
December 2021: **Tanikka Slowe – 9 Kellogg**



January 2022: **Kathryn Arensmeier – 12 West Tower**



February 2022: **Margie Hernandez – 10 East Tower**



June 2022: **Maricela Guzman – Neonatal Intensive Care Unit**



March 2022: **Chelsea Intal – RUSH University Cancer Center**



Illinois Nurses Foundation 40 Under 40 Emerging Nurse Leaders

The Illinois Nurses Foundation chose thirteen nurses and nursing faculty members from the medical center as recipients for their annual 40 Under 40 Emerging Nurse Leaders Award.

April 2022: **Rebecca Rochacz – 13 West Tower**



Tintu Abraham, RN – Medical Surgical Unit

Justine Alipio, RN, CCRN – Cardiovascular Intensive Care Unit

Camille Brownlee, MSN, RN, CNL – Perioperative Services and Endoscopy

Quinn Butler, MSN, RN – Inpatient Adult Psychiatry

Katie Dato, DNP, APRN, FNP-BC – Office of Community Health Equity and Engagement

Erin Dowding, MSN, APRN, ACNS-BC, OCN – Inpatient Hematology/Oncology/Stem Cell Transplant

May 2022: **Keeley Binion – 9 Kellogg**



Kateri Evans, RN, MPH – Office of Community Health Equity and Engagement

Jasmyn Hernandez, RN – College of Nursing, Office of Faculty Practice

Will Jones, DNP, RN, CNL, CNML – Medical Oncology

Chase Lodico, MBA, RN, CEN – Emergency Department

Jenna Maloney, RN, MSN, CNL – Adult Observation Unit

Norah Vo, RN, PMH-BC – Department of Psychiatry

Colleen Wallek, MSN, RN, CNL, CMSRN – Medical and Surgical Oncology

Ellen Elpern Voice of the APRN Nominees

November 2021

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

Meghan Baldwin, PMHNP-BC, MSN – Psychiatry

Racheal Coleman, DNP, APN, AGACNP-BC – Neurology

Erin Dowding, MSN, APN, ACNS-BC, OCN – Inpatient Hematology/Oncology/Stem Cell Transplant

Ross Duerksen, APRN – Hematology, Oncology and Cell Therapy

Renee Evans, ACNP-BC, MSN, CCRN – General Surgery Transplant Managed Service Provider

Marci Lovett, RN, MN, FNP-BC – Surgery

Frances Uy, MSN, AGACNP – Adult Medicine

Nicole Steinberg, DNP, FNP-C – Division of Plastic and Reconstructive Surgery

Susanne Swasey, FNP-C – Radiology

Jennifer White, MSN, DNP, AGACNP-BC – Cardiology

Magnet Course for Excellence Awards

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

Individual Nominees

Candace Moore BSN, RN – RUSH University Cancer Center

Ma. Eliza Michaela (Mica) Alcantara, BSN, RN – Medical Surgical Unit



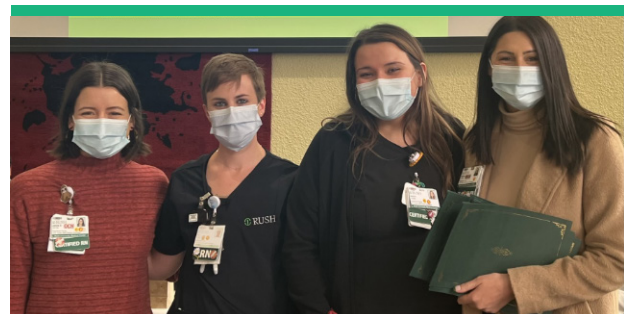
Mary Zindrick, BSN, RN – RUSH University Cancer Center

Team Nominees

7 South Atrium SWAT Team

9 Kellogg Falls Committee

BMT Fast Track Clinic



Cardiovascular Intensive Care Unit, 11 East Tower UAC

Chemotherapy Desensitization Nurses

Medical Intensive Care Unit Education Committee

Nurse Engagement Recognition Committee

Pediatrics Interdisciplinary Care

Perioperative and Interventional Services Blood Glucose Management Team

Professional Nursing Practice Training Team

Supporting our Staff

Systemwide Preceptor Program Development

Annual Nurses Week Awards

RUSH University Medical Center honored nursing excellence at the Professional Nursing Staff Awards Ceremony during Nurse's week. The PNS Recognition Committee each year chooses the recipients for the awards from nominations submitted by co-workers, managers or nursing leaders.

Mary Beth O'Holleran Mentorship Award

Additional Nursing Areas

Adriana Rumoro – Professional Nursing Practice



Ambulatory and Emergency Department

Nicole Athans – Hepatology

Lucia Blasucci – Neuroscience/Movement Disorder

Karyn Dionne-Quiros – Access Center

Maura Hoyt – RUSH University Cancer Center

Meghan Muir – South Loop-Pediatrics

Breanne Rimkus – Emergency Department

Interventional and Perioperative Services

Carmen Acevedo – Operating Room

Mallarie Mullen – Prep/Recovery

Medicine, Oncology and Cardiology

Jomana Abuhashish – 9 Kellogg

Colleen Anderson – 14 West Tower

Melissa Gerona – 7 North Atrium



Dana Goodin – 9 North Atrium

Bryce Krebs – 9 South Atrium

Hayley Lesnik – 14 West Tower

Psychiatry

Eloy Diaz – Adult Psychiatry



Surgical, Neuro, Musculoskeletal and Rehabilitation

Phoebe LeRoy – 12 West Tower

Elizabeth Meyerson – 12 East Tower



Margie Par – Rehab

Dominika Zmuda – 13 East Tower

Women's and Children's

Laura Avelar – Labor and Delivery

Rachel Corrado – Pediatric Intensive Care Unit

Meghan Roder – Neonatal Intensive Care Unit



Adult Critical Care, RUSH Vascular Access Team and Critical Care Outreach Team:

Erin Holden – Cardiovascular Intensive Care Unit

Karin Pierre-Louis – Medical Intensive Care Unit

Grant Schluntz – Adult Intensive Care Unit

Allison Thorne – Neuroscience Intensive Care Unit



Luther Christman Clinical Excellence Award

Additional Nursing Areas

Kelly Gallagher – Anesthesia

Sarah Innocenti – Professional Nursing Practice

Ambulatory and Emergency Department:

Margaret Gladman – Hematology and Oncology

Katherine Maschoff – Primary Care

Kellie Tuley – Emergency Department

Interventional and Perioperative Services

Linda Lavine – Prep/Recovery

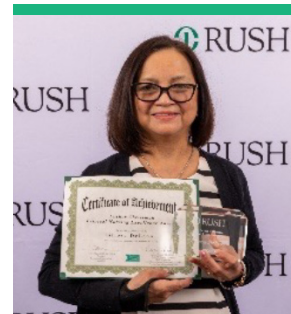
Amy Shelton – Operating Room



Medicine, Oncology and Cardiology

Meysem Dababneh – 9 Kellogg

Liliosa DeLeon – 7 North Atrium



Marisol Jara – 9 North Atrium

Tiffany Kucharo – 14 East Tower

Meliana Martinez – 14 West Tower

Athena Yang – 9 South Tower

Clinical Staffing Office and Hospital Operations Administrator

Cynthia Hansen

Lindsey Heffron



Psychiatry

Joycelyn Arevalo – 4 Kellogg



Lauren Drysdale – 13 Kellogg

Surgical, Neuro, Musculoskeletal and Rehabilitation

Eva Castillon – Rehab

Agnieszka Hedberg – 7 South Atrium

Angeline Muday – 12 East Tower

Colleen Russell – 13 East Tower

Women's and Children's

Katherine Djuric – Neonatal Intensive Care Unit



Christin Scott – Labor and Delivery

Kelly Thompson – Pediatric Intensive Care Unit

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

Courtney Lubbers – Neuroscience Intensive Care Unit

Jennifer Neustadt – Medical Intensive Care Unit



Angelika Stachura – Cardiovascular Intensive Care Unit

Angela Wick – Adult Intensive Care Unit

Professional Practice Model Awards

Relationships and Caring

Julie Anderson – Pediatric Intensive Care Unit

Susan Barnett – Surgical Oncology Clinic

Janine Blezien – Ambulatory Care Management

Michelle Brady – Clinical Staffing Office, Women's and Children's

Elizabeth Breunig – 11 East Tower

Diane Dangerfield – Post-Anesthesia Care Unit

Ellis Dansereau – Otolaryngology

Tia Davis – 10 West Tower

Oswaldo DeLaLuz – 14 East Tower

Elise DeLeon – 7 North Atrium

Mildred Garcia – 5 Kellogg/9 Kellogg

Angela Geschrey – Professional Nursing Practice

Jennifer Gilsdorf – Transplant

Edgar Allan Gonzalez-Caracheo – 7 North Atrium

Brogan Hanzel – 12 West Tower

Denise Hauser – RUSH University Cancer Center

Carla Heffner – 13 East Tower

Marisol Jara – 9 North Tower

Elizabeth Julian – 10 East Tower

Katherine Jungles – Labor and Delivery

Joanna Kane – 7 North Atrium
Zina Karana – 7 North Atrium
Arbie Karasek – 7 North Atrium
Russell Korn – Electrophysiology
Rachel Kriz – Pediatrics, RUSH University Medical Group

Brenna Langan – 14 East Tower
Nancy Lema – Primary Care/South Loop
Connie Lemme – 14 East Tower

Phoebe LeRoy – 12 West Tower

Joseph Leskody – 9 South Atrium
Ann Lieb – 7 North Atrium
Lincoln Little – 12 West Tower
Annalis Matta – Pediatric Intensive Care Unit
Nikki Mikulski – 7 North Atrium
Rowena Monet – 7 North Atrium
Jessica Morton – 14 East Tower
Kathleen O'Neill – 14 East Tower
Mary Perbless-Samaniego – 5 Kellogg / 9 Kellogg
Olga Przychocki – Neonatal Intensive Care Unit
Hailey Reis – Endoscopy
Gina Riley – 14 West Tower
Tara Robey – 10 West Tower
Morgan Skala – 7 South Atrium
Jamil Smart – 14 East Tower
Pindai Stoecklin – 9 South Atrium
Emily Sullivan – Pediatric Intensive Care Unit
Taylor Szatkowski – Ambulatory Care
Kim Truppa – 14 East Tower
Nora Trybula – Post-Anesthesia Care Unit
Kellie Tuley – Emergency Department
Catherine Turner – Labor and Delivery
Jori Tuthill – Neonatal Intensive Care Unit
Elise Vazquez – 9 South Atrium
Hannah Webber – Neonatal Intensive Care Unit

Evidence-Based Practice

Emily Brey – Professional Nursing Practice
Karol Cordon – Adult Intensive Care Unit
Mireya Flores – 13 West Tower
Dana Goodin – 9 North Atrium
Mary Heitschmidt – RUSH College of Nursing
Rachel Hyder – 14 East Tower
Anna King – Pediatric Intensive Care Unit
Sophie Legan – 13 East Tower
Jenna Maloney – 9 Kellogg
Melissa Martinez – 9 Kellogg
Julie McMahon – 9 South Atrium

Meghan Muir – Pediatrics, RUSH University Medical Group

Marissa Nicastro – Medical Intensive Care Unit
Lisa Oslovich – Adult Intensive Care Unit
Leslie Radz – 14 East Tower
Jamie Schanz – 14 East Tower
Jaclyn Zasaitis – 11 East Tower
Michelle Zolfo-Cyze – RUSH University Cancer Center

Critical Thinking

Kalah Bermudez – Labor and Delivery
Ashlee Bertram – 9 North Atrium
Joane Buga-Ay – 14 East Tower
Christina Conforti – 14 East Tower
Elise DeLeon – 7 North Atrium
Liliosa DeLeon – 7 North Atrium
Nicolette DeMicco – Pediatric Intensive Care Unit
Doreen Doran – Neonatal Intensive Care Unit
Casey Douthett – Allergy and Immunology
Karen Fisher Doyle – 13 East Tower
Amanda Ducharme – 7 North Atrium
Wanda Elders – 9 South Atrium
Taylor Frahm – 9 North Atrium
Vanessa Galindo – 14 West Tower
Hailee Higgins – Medical Intensive Care Unit
Tiffany Kucharo – 14 East Tower

Melissa Maguire – 14 East Tower
Molly Narrod – Neonatal Intensive Care Unit
Pauline Ngo – Otolaryngology
Anysa Nunez – 14 East Tower
Kathryn O’Shea – Cardiovascular Intensive Care Unit
Elizabeth Parrino – 9 South Atrium
Melanie Pugh – 14 East Tower
Tom Recko – Adult Intensive Care Unit
Margo Stark – Neonatal Intensive Care Unit
Maura Waldron – 7 North Atrium
Brittany Welch – Clinical Staffing Office, Maternal Child Nursing

Leadership

Elyse Adkins – Otolaryngology
Tomilola Akinfe – Internal Medicine, RUSH University Medical Group
Mica Alcantara – 9 South Atrium
Laila Atieh – Clinical Staffing Office, Maternal Child Nursing
Sophia Barrett – 12 West Tower
Julia Britto – RUSH University Cancer Center
Joseph Burroughs – 12 West Tower
Marie Carnevale – Post-Anesthesia Care Unit
Karol Cordon – Adult Intensive Care Unit
Megan Grobelny – Ambulatory Vascular Clinic
Paula Guzman – Labor and Delivery
Maggie Heraty – Pediatric Intensive Care Unit

Brianna Johnson – Neonatal Intensive Care Unit

Amanda Kelly – Pediatric Intensive Care Unit
Catherine King – 7 North Atrium
Hayley Lesnik – 14 East Tower
Lincoln Little – 12 West Tower
Emily Lynch – Labor and Delivery
Annalis Matta – Pediatric Intensive Care Unit
Jenna McNeel – Endoscopy
Maddie Ocampo – 7 North Atrium
Stephanie Pearson – Medical Intensive Care Unit
Nicole Presta – Pediatrics Subspecialty
Paul Reilly – 12 West Tower

Sophie Schaut – 12 West Tower
Elise Schroeder – 7 North Atrium
Dawn Scheuber – 10 East Tower
Emily Sermersheim – Professional Nursing Practice
Urte Siaulyte – 9 North Atrium
Bridget Slevin – 7 South Atrium
Angelika Stachura – 11 East Tower
Janis Strand – Neonatal Intensive Care Unit
Katelyn Supelak – 7 North Atrium
Kimberly Truppa – 14 East Tower
Hannah Webber – Neonatal Intensive Care Unit

Technical Expertise

Margaret Banach – 9 South Atrium
Kylie Begue – Post-Anesthesia Care Unit
Kalah Bermudez – Labor and Delivery
Allan Bonzalez – 7 North Atrium
David Bracho – 7 North Atrium
Katherine Chandler – Neonatal Intensive Care Unit
Olga Corona – Community Health Equity and Engagement
Cliff Crosley – Professional Nursing Practice
Liliosa DeLeon – 7 North Atrium
Sarah Fleege – Endoscopy
Samantha Freshley – Pediatric Intensive Care Unit
Angela Hurley – 7 North Atrium
Heather Jackert – 7 North Atrium
Sarah Johnson – RUSH University Medical Group
Amy Keleher – 14 East Tower
Kelly King – Adult Intensive Care Unit
Tiffany Kong – Cardiovascular Intensive Care Unit
Deanna LaMartina – Neonatal Intensive Care Unit
Janice Lara – Medical Intensive Care Unit
Ann Lieb – 7 North Atrium
Anne Logisz – 7 South Atrium
Julie Magiera – 12 West Tower
Melissa Maguire – 14 East Tower
Lisa Mauer – 14 East Tower

Caitlin Norris – 7 North Atrium
 Kathleen O'Neill – 14 East Tower
 Megan Patton – Endoscopy
 Felicia Pautsch – Endoscopy
 Rebecca Schnitzius – 9 Kellogg
 Robin Stephen – 9 Kellogg
 Alicja Such – 13 East Tower
 Michelle Uriarte – Endoscopy

Jane Llewellyn Transformational Leadership Award

Justine Alipio – Cardiovascular Intensive Care Unit
 Denise Banton – Labor and Delivery
 Ashley Boumgarden – Emergency Department
 Erin Dowding – 14 Tower
 Renee Evans – Transplant
 Kendra Gates – 13 West Tower
 Kirsten Gidd-Hoffman – Medical Intensive Care Unit
 Megan Grobelny – Vascular Surgery
 Agnieszka Hedberg – 7 South Atrium
 Sarah Hehemann – Pediatric Intensive Care Unit
 Will Jones – 14 West Tower
 Dennis Knoch – Labor and Delivery
 Daniel Lavey – Clinical Staffing Office
 Erinn Lyons – 9 South Atrium
 Kathryn Mark – Case Management

Geri Narsete Prevo – Labor and Delivery



Alex Panday – Cardiovascular Intensive Care Unit

Mary Smith – Professional Nursing Practice
 Judy Sy-Alido – 9 South Atrium
 Natalie Tito – 7 South Atrium
 Tammara Trice – Oak Brook, RUSH University Medical Group
 Ned Villanueva – 9 North Atrium

Excellence In Nursing Management Award

Denise Banton – Labor and Delivery
 Melissa Browning – Professional Nursing Practice
 Laurie Bui – 12 East Tower
 Mary Ellen Close – 7 North Atrium
 Jill Ehrendreich – 9 Kellogg
 Justin Erwin – Pediatric Intensive Care Unit
 Carline Guerrier – 9 North Atrium
 Katie Kean – RUSH University Cancer Center
 Renee Luvich – 7 South Atrium
 Brittany Obuchowski – Pediatrics Subspecialty
 Timothy Rog – 11 East Tower
 Sara Ruesewald – Radiation Oncology

Michelle Smith – Post-Anesthesia Care Unit



Judy Sy-Alido – 9 South Atrium
 Sierra Weathers – Ambulatory Care Management

PNS Research Grant Award

Holly Losurdo

Excellence in Professional Nursing Staff Award – Voice of PNS

Angelique Richard



Justine Alipio



Marianne Corierri-Alaniz



Beth Joksimovic Oncology Professional Development Scholarship

Courtney Carlisle – RUSH University Cancer Center



Lynna LaManna – 14 East Tower

Rhonda Harbin-Rucker – 14 West Tower

Gayle Fewer Ambulatory Nursing Award

Gary Blakely – RUSH University Cancer Center

Sabrina Jones – RUSH Oak Brook, Allergy Clinic

Jenna Thiry – RUSH University Cancer Center



Hope A. Clarke Award for Operating Room Nursing

Caroline Anderson

Mary King



Anna Mielczarek

12 East RN PTO Taskforce

Clinical Staffing Office Coverage of Unit at RUSH Oak Park Hospital

Epilepsy Center — Health and Wellness

Labor and Delivery Promoting Vaginal Births

RVAT CLABSI Reduction

Marcia Pencak Murphy Presidential Mentorship

Janice Phillips



Elaine Scorza Excellence in Therapeutic Engagement Award

Nicole Adamowicz — Psychiatry

Lena Leffew — Emergency Department

Nursing Team Excellence Award

9 Kellogg Fall Reduction Initiative

7 North Atrium COVID-19 Resource Binder

9 North Atrium Patient Satisfaction and Employee Engagement

10 West Tower Fall Reduction

10 West Tower Progressive Mobility

10 West Tower SWAT Team

11 East Tower Education Committee



Larry Goodman Friend of Nursing Award

Dr. Omar Lateef

Appointments

Aney Abraham DNP, RN, NE-BC: Indian Nurses Association of Illinois, Advisory Board President National Indian Nurses Association of America, Election Chair

Katrina L. Blade, DNP, RN, CPPS, NE-BC, CPAN: Illinois Society of Perianesthesia Nurses, District Director 1 of Professional Organization

Melissa Browning, DNP, APRN, CCNS, NE-BC: RUSH College of Nursing Alumni Board, President

Adelaide Caprio, MSN, APRN, ACCNS-N, RNC-NIC: Greater Chicago Association of Neonatal Nurses, President-elect

Kimberly Carmignani, MSN, RNC-NIC, PCN, NEA-BC: Greater Chicago Association of Neonatal Nurses Board

Marites Gonzaga-Reardon, DNP, APRN, CCNS, CEN: Illinois Sexual Assault Task Force

Barbara Gulczynski, DNP, APRN, CCRN: Nurses Helping Nurses, President

Mary Heitschmidt PhD, APRN, CCRN-K, FAHA: American Heart Association, Council on Cardiovascular and Stroke Nursing, Research Mentoring Committee; Sigma Theta Tau International Honor Society of Nursing (Sigma) Research & Scholarship Advisory Council; Research Thru Academic-Clinical Partnerships Research and Implementation Interest Group; Midwest Nursing Research Society; Illinois Nurses Foundation, Research Grant Committee; American Heart Association, Illinois Advocacy Committee

Diane Jakubik, BSN, RN, CMSRN, MA: Appointed by Governor Pritzker to the Illinois State Board of Health; National Council on Nursing Practice and Education

Will Jones, DNP, RN, CNML, CNL: Illinois Organization of Nurse Leaders, Continuum of Care Committee, Member

Cynthia LaFond, PhD, RN, CCRN: Chicago ChildKind Collaborative, Chair

Molly Moran, MSN, RN, CCRN: Healthy Nurse, Healthy Nation, American Nurses Association Illinois, Chair; (2020) Healthy Nurse, Healthy Nation, American Nurses Association, Co-Chair, (2021); Care Coordination Transition Management Special Interest Group, American Association of Ambulatory Care Nurses, Co-chair

Janice Phillips, PhD, RN, CENP, FAAN: National Commission to Address Racism in Nursing

Kim Ramos, MSN, RN, MEDSURG-BC, NP-BC: Illinois Nurses Foundation 40 under 40 Emerging Nurse Leader Award Planning Committee, Member

Sharon Schoenemann MSN, RN, ANP-BC: Johnson & Johnson Nurses Innovate QuickFire Challenge on Healthcare Transformation through Nurse-led Tech, Reviewer

Heather Todd MSN, RNC-MNN: Health Care Education Association, Board Member

Robert Worgen MSN, RN: New Life Community Church, Chicago, IL, Elected Board Member, Elder

Awards

Emily Brey, CDE, MSN, RN, AGCNS-BC: RUSH Community Garden, RUSH University President's Collaborative Research Awards (Nov. 2021)

Marites Gonzaga-Reardon, DNP, APRN, CCNS, CEN: Merikay Joyce, RN, Meritorious Award, Illinois Emergency Nurses Association (2022)

Laura A. Johnson, MSN, APRN, AGCNS-BC, BMTCN: Awarded \$25,000 Brinson Foundation Grant in support of nurse education specific to the RUSH Cancer Center. (May 2022)

Janice Phillips, PhD, RN, CENP, FAAN: 2021 Melanie Dreher Research and Scholarship MVP Award (2021); Jeanne Slack Leadership Award, Sigma Theta Tau Gamma Phi

Evelyn Senewo, RN, DNP, NEA-BC, PHNA-BC: Rivers State School of Nursing, Alumni Association Achievement Award and Keynote Speaker (Aug. 2021)

Janet Stifter, PhD, RN, CPHQ, NE-BC: Coordinated proposal development and awarded \$51,222.30 by the Woman's Board at RUSH University Medical Center to support three Division of Nursing initiatives including: Nurse Mentorship, Mind Body Strong, and an advanced Charge Nurse Fellowship.

- Nursing Mentorship – **Mary Smith, MSN, RN, NPD-BC, AMB-BC, C-EFM, CCE** and **Melissa Browning, DNP, APRN, CCNS, NE-BC, LSSGB**
- Charge Nurse – **Adriana Rumoro Med, BSN, RN, NPD-BC, LSSGB** and **Kim Ramos, MSN-Ed, RN, MEDSURG-BC, NPD-BC**
- Mind Body Strong - **Adriana Rumoro Med, BSN, RN, NPD-BC, LSSGB**

Fellowships

Adriana Rumoro, Med, BSN, RN NPD – BC, LSSGB:
National League for Nursing Fellowship, Member (Jan. 2022)

Posters or Presentations

Emily Brey CDE, MSN, RN, AGCNS-BC: Quality Improvement Project to Meet the Increased Demand for Inpatient Diabetes Education during COVID-19 Pandemic, University of Iowa Health Care National Evidence-Based Practice Conference (Nov. 2021)

Melissa Browning, DNP, APRN, CCNS, NE-BCANCC; Susan Nelson, BSN, RN, CPN; Angela Geschrey, MSN, BSN, RN, CMSRN, NE-BC: Evaluation of Shared Governance, Magnet Conference (Nov. 2021)

Melissa Browning, DNP, APRN, CCNS, NE-BC; Michael Liwanag, DNP, MBA, RN, MEDSURG-BC, NEA-BC: Implementing a Nurse Leader Onboarding Program at an Academic Medical Center, American Organization for Nurse Leadership Conference (July 2021)

Camille Brownlee, MSN, RN, CNL: Aldrete Assessment: Decreasing Over-sedation Post-Operatively, 41st ASPAN National Conference, Philadelphia, Penn. (April 2022)

Adelaide Caprio, MSN, APRN, ACCNS-N, RNC-NIC: Injury Free Coalition for Kids Safe Sleep Subcommittee Meeting, March 2022; This is a BASIC, Antibiotic Stewardship in the NICU, Illinois Perinatal Quality Collaborative Annual Meeting (May 2022)

Adelaide Caprio, MSN, APRN, ACCNS-N, RNC-NIC: Reducing Unplanned Extubations in the Neonatal Intensive Care Unit, RUSH Quality and Safety Fair (May 2022)

Kimberly Carmignani, MSN, RNC-NIC, PCN, NEA-BC: PRN to Protocol: Implementing Enteral Nutrition Practice Change in the Neonatal Intensive Care Unit, Prolacta Bioscience CE presentation (March 2022)

Clifford Crosley, MSN, RN, CPN; Michele Sanford, BSN, RN: I Know What You Did Last Summer...TJC Readiness...A Data Story, RUSH University Medical Center Quality and Safety Fair (May 2022)

Rachel Filer, RN, MSN, CMSRN, CNL: 12E Coaching Program to Support New Hires, RUSH University Medical Center Quality and Safety Fair, (May 2022); CNL Role Innovation: A Partnership Model to Support Frontline Practice, RUSH System Research Symposium (Sept. 2021)

Marites Gonzaga-Reardon, NP, APRN, CCNS, CEN; Anna Candoleza, BSN, RN, CEN; Altman, P.; Yanina Purim-Shem-Tov, MD: A sustainable nurse-led sexual assault response: One large urban ED's journey, American Nurses Credentialing Center Pathway to Excellence/Magnet Conference (Nov. 2021)

Carline Guerrier, MSN, APRN AGPCNP-BC; Erin Emery-Tiburcio, PhD, ABPP; Vikki Rompala, LCSW; Robyn Goldman, LCSW; Michelle Newman, MPH: Asking What Matters is What Matters to Hospitalized Older Adults, AGS 2021 Virtual Annual Scientific Conference

Barbara Gulczynski, DNP, APRN, CCRN: Prevention of Respiratory Device-Related Pressure Injuries in the RUSH University Medical Center MICU, RUSH Quality and Safety Fair (May 2022); Prevention of Respiratory Device-Related Pressure Injuries in the RUSH University Medical Center MICU, Lewis University, Graduate Nursing Students, NUR 553

Mary Ellen Hand BSN, RN, OCN; Caitlin Murphy, DNP, FNP-BP, AOCNP; Sharon Manson, RN, MS, ACNP, OCN; Candace Moore, RN, BSN; Nicole Marcheschi, RN, BSN; Michelle Stamp, RN: Increasing Physical Activity in the Workplace: Moderating Compassion Fatigue and Burnout among Ambulatory Oncology Registered Nurses, Use of Nursing Introductory Phone Call for New Patients Appointments at the RUSH University Cancer Center Result in Lower Cancellation Rates, Oncology Nursing Society 47th Annual Meeting (April 2022)

Jillian Hanifin BSN, RN, CCRN: What's New in Physiological Pacing, Heart Rhythm Society (April 2022); His-Bundle Programming; Advanced Practice Provider Symposium (Sept. 2022) Shonda W Morrow, RN, MS, JD, CENP: 7th World Congress on Vascular Access Poster and Oral Presentation (Oct. 2022)

Jean L Heideman, MPP, MS, PMHCNS-BC: Successes, Challenges, and Surprises: Lessons Learned at a Therapeutic Day School from In-Person Learning to Remote and Back Again, American Psychiatric Nurses Association Annual Conference (Oct. 2021)

Mary Heitschmidt PhD, APRN, CCRN-K, FAHA: Evaluation of an IHI Quality Improvement Training Program: Lessons Learned During the COVID-19 Pandemic, RUSH System Nursing Research Evidenced-Based Practice Symposium (Sept. 2021); Evaluation of an IHI Quality Improvement Training: Advancing QSEN Competencies during the Pandemic; QSEN International Forum (June 2022); Examining Loneliness, Sleep, and Quality of Life in Elderly Hospitalized Patients Requiring Skilled Care, Gerontological Advanced Practice Nurses Association Annual Conference (Sept. 2021); Midwest Nursing Research Society Annual Conference, Moderator (March 2022)

Mary Heitschmidt PhD, APRN, CCRN-K, FAHA: Impact of Progressive Mobility in Hospitalized Elderly Adults With and Without a Pandemic, RUSH System Nursing Research and Evidenced-Based Practice Symposium (Sept. 2021); Initial Results Describing Loneliness, Sleep, and Quality of Life in Elderly Hospitalized Patients Requiring Skilled Care Prior and During COVID 19 Pandemic, RUSH System Nursing Research and Evidence-Based Practice Symposium (Sept. 2021); From Endurance to Resilience: How One Small Community Based Hospital ICU Overcame the Odds and Produced a Meaningful Impact of Quality Care Metrics During the COVID-19 Surge Crisis, Illinois Organization of Nurse Leaders Annual Conference (Sept. 2021); An Interdisciplinary Approach to Safe Opioid Prescribing and Administration for Surgical Patients at an Academic Medical Center, RUSH System Nursing Research and Evidenced-Based Practice Symposium (Sept 2021)

Melissa Holland, MSN, RNC-OB, CEFM, CNL: Improving Early Initiation of Breastfeeding Through Implementing an Enhanced Recovery After Surgery Pathway for Patients Undergoing Scheduled Cesarean Sections, Academy of Neonatal Nursing Annual Conference (Oct. 2021)

Maria Holstead, MSN, RN; Laurie Bui, MSN, RN, CMSRN, CNL: 12E Coaching Model, RUSH Quality and Safety Fair (May 2022)

Sarah Innocenti, MSN, RN, CDCES, CNL; Emily Brey CDE, MSN, RN, AGCNS-BC: Internal Medicine Grand Rounds: Diabetes Technology, RUSH University Medical Center (Nov. 2021)

Diane Jakubik, BSN, RN, CMSRN, MA; Erin N. Dowding MSN, APN, ACNS-BC, OCN: BMT Fast Track Ambulatory Clinic, Annual Oncology Nursing Society Congress (2022)

Laura Johnson, MSN, APRN, AGCNS-BC, BMTCN: Impact of Physical Activity on Compassion Fatigue and Burnout Among Ambulatory Oncology Nurses, Oncology Nursing Society Congress (2022); Increasing Physical Activity in the Workplace: Moderating Compassion Fatigue and Burnout Among Ambulatory Oncology Registered Nurses, Oncology Nursing Society Congress (2022)

Laura A. Johnson MSN, APRN, AGCNS-BC, BMTCN: Factors Impacting Fall Risk Among Patients with Cancer: A Retrospective Chart Review, Oncology Nursing Society Congress (April 2022) and Oncology Nursing Society Chicago Chapter, Bringing Congress Home Meeting

Will Jones, DNP, RN, CNML, CNL: Influencing Discharge Efficiency: Addressing Interdisciplinary Communication, Transportation and Covid-19 as Barriers, RUSH Research and Evidenced Based Practice Symposium (Sept. 2021)

Cynthia LaFond PhD RN CCRN: Can a City Become ChildKind? The Journey of the Chicago Collaborative Effort, International Symposium on Pediatric Pain, New Zealand (March 2022)

Sheila M Levins, DNP, RN, NE-BC, CPN; Justin Erwin MSN, RN, CNL: PICU Nursing Certification Journey, RUSH Quality and Safety Fair (May 2022)

Michael Liwanag, DNP, MBA, RN, MEDSURG-BC, NEA-BC: Hold on to Those Gait Belts! Promoting a Culture of Safety by Implementing a Multi-Notch Approach to Fall Prevention, RUSH Quality and Safety Fair (May 2022); Implementing a Nurse Leader Onboarding Program at an Academic Medical Center, American Organization for Nursing Leadership Virtual Conference (July 2021); Skin It to Win It! An Innovative, Interactive Approach to Skin, Wound, and Ostomy Care Education, RUSH System Nursing Research and Evidence-Based Practice Symposium (July 2021)

Holly Losurdo, MSN, RN, CCRN, CNE; Heather Cook, BSN, CCRN, SCRIN: Critical Care Outreach: A Case Study in Creative Innovation, American Nurses Association Policy, Innovation, and Advocacy Forum (Sept. 2021) Timothy Rog BSN, RN, NE-BC: COVID-19 Impact Panel Discussion, National Association of Hispanic Nurses (Sept. 2021)

Holly Losurdo, MSN, RN, CCRN, CNE; Heather Cook, BSN, CCRN, SCRIN; Asley Lipke, BSN, RN; Rolando Perez, MSN, RN; Carissa Quinn; MSN, RN; Carolyn Ruud, DNP; John Stewart, RN: Lessons Learned: Reimagining Nursing Practice, Research & Advocacy Post COVID-19, Best Practices in Recognizing and Managing Patient Deterioration: A COVID-19 Collaborative, RUSH Research and Evidenced-Based Practice Symposium (Sept. 2021)

Renee Luvich BSN, RN, CMSRN; Jessica Margwarth, APRN: Skin It to Win It! An Innovative, Interactive Approach to Skin, Wound, and Ostomy Care Education, RUSH System Nursing Research and Evidenced-Based Practice Symposium (Sept. 2021)

Sharon Manson, RN, MS, ACNP, OCN: Use of Nursing Introductory Phone Call for New Patients Appointments at the RUSH University Cancer Center Result in Lower Cancellation Rates, National Oncology Nursing Society (April 2022)

Krystle Niewinski, DNP, NNP, RNC-NICa; Adelaide B. Caprio, MSN, APRN, ACCNS-N: Diaper Dermatitis Prevention and Treatment in the Neonatal Intensive Care Unit, RUSH Quality and Safety Fair (May 2022); Every Second Counts: Neonatal Golden Hour Reboot, RUSH Quality and Safety Fair (May 2022)

Janice Phillips PhD RN CENP FAAN: Moving Forward to Achieve Health Equity: Nursing Imperatives, Lurie Children's Hospital of Chicago and Shirley Ryan Ability Lab Innovations in Clinical Inquiry: Reaching Toward Health Equity (March 2022); Cancer and Health Equity, Chicago Chapter Oncology Nursing Society (Feb. 2022); Practice, Research and Policy: Informing the Health Equity Agenda, The Grace Peterson Research Colloquium Keynote Address, DePaul University School of Nursing (Sept. 2021)

Kathleen Posa-Kearney MSN, ARPN, ACCNS-AG, CCRN: Adult Critical Care On-Boarding Redesign, RUSH University Medical Center Quality and Safety Fair (May 2022)

Katherine Quinlan, RN, BSN, BMTCN: BMT Fast Track Ambulatory Clinic, Oncology Nursing Society Congress (April 2022)

Kim Ramos, MSN, RN, MEDSURG-BC, NPD-BC: From Binders to Blended Learning: Utilization of a Learning Management System to Enhance the Traditional Classroom, Association of Nursing Professional Development (March 2022)

Kim Ramos, MSN, RN, MEDSUG-BC, NPD-BC; Angela Geschrey, MSN, RN, CMSRN, NE-BC; Janet Stifter, PhD, RN, CPHQ, NE-BC: A Tale of Two Pumps: Rapid Equipment Deployment During a Pandemic Crisis, RUSH System Nursing Research and Evidence-Based Practice Symposium (Sept. 2021)

Angelique Richard, PhD, RN, CEP: Korn Ferry Healthcare CNO Roundtable (May 2022); Mercy Home for Boys & Girls Commencement Keynote Speaker (June 2021); Workplace Violence — Thought on Prevention and Leading Teams After a Traumatic Incident, Panelist (May 2021); Vizient Nurse Executive Network Meeting, "The Future of Nursing — Social Determinant of Health, panelist, (April 2021); Road to Immunity: What You Need to Know about COVID Vaccines Illinois Action for Children, Town Hall Panelist (March 2021); Roundtable Discussion on Health Equity, Run of the Show, U.S. Secretary of Health and Human Services Xavier Becerra visit to RUSH University (Nov. 2021)

Kydie Schriver, BSN, RN, ONC: Onboard Inefficiencies Identified, Illinois Organization of Nurse Leaders Fellowship Presentations (Nov. 2021)

Emily Read Sermersheim: Improving Blood Glucose Management in Perioperative and Interventional Services, RUSH University Medical Center Quality and Safety Fair (May 2022)

Cheryl Siegall, MSRN, PMHCNS-BC; Dee Dee Sanford, MBA, BSN, RN, PMH-BC: Installation of Hope: Sustaining Intensive Group Treatment and a Therapeutic Community for Mental Health Patients Through the Pandemic, RUSH System Nursing Research and Evidence-Based Practice Symposium; Lessons Learned: Reimaging Nursing Practice, Research and Advocacy Post Covid-19, RUSH Day Hospital Outpatient Psychiatry Publications (Sept. 2021)

Mary Smith MSN, RN, NPD-BC, AMB-BC, C-EFM, CCE: RUSH REACH MedSTEM Program for Chicago Public Schools Students, Nursing as a Profession (2021); REACH Bridge to Nursing Program, University of Illinois Chicago, Transitioning to Nursing Practice (2021); Nursing as a Profession, Oak Park and River Forest High School (2022)

Rachel Start, MSN, RN, NEA-BC, FANN: Transforming Healthcare by Harnessing the Emerging Role of the Ambulatory Nurse, Inova Health System Medical Group (May 2022); Seizing the Moment: Professional Governance That Can Transform Healthcare and Nursing, Inova Health System (March 2022); Emergency of Ambulatory Nursing: The Future is Now, Indiana University Medical Group and Health System. (July 2021)

Heather Todd MSN, RNC-MNN: Leveraging Digital Patient Education to Impact Vascular Access Device Readmission Rates, Health Care Education Association Conference (Sept. 2021); Association of Vascular Access Conference (Sept. 2021); RUSH System Nursing Research Symposium (Sept. 2021); Wisconsin Health Literacy Summit (April 2021)

Brittany Wells, RN, BSN, CCRN; Heather Cook, BSN, CCRN, SCRNI; Holly Losurdo, MSN, RN, CCRN, CNE: Developing a Decomensation Workshop for Medical-Surgical Nurses to Increase Rapid Response Calls, Academy of Medical-Surgical Nurses Annual Convention (Sept. 2021)

Stephanie Worley, BMS, RN, OCN; Laura A Johnson, MSN, APN, AGCNS-BC, BMTCN: Promoting Staff Participation in Virtual Activities and Events During the COVID-19 Pandemic to Boost Staff Morale, Improve Staff Wellness and Decrease Staff Burnout: A Quality Improvement Initiative RUSH Research and Evidenced-Based Practice Symposium (2022)

Publications

Baumblatt, G.L., Xu, J., Hanson, G., Masevich, O., Wendel, P., Karavattuveetil, G. & Phillips, J., (2022). "The Impact on Organizations, Individuals and Care when Nurses are also Family Caregivers," *Nursing Outlook*, 00(00), 1-10

Bohr, N. L., Ely, E., Hanrahan, K. S., McCarthy, A. M. & LaFond, C. M., (2022). "Predicting Who Receives Nonpharmacologic Pain Interventions in the Pediatric Intensive Care Unit," *Pain Management Nursing*, S1524-9042(22)00004-2, <https://doi.org/10.1016/j.pmn.2022.01.005>

Carmignani, K., (2022). "Changing the Paradigm for Premature Infants <750 grams: The Evolution of Specialty Tailored Nutrition in Small Baby Units," *Neonatal Intensive Care*, Vol 35, No.2

Coburn, C., Gilland, D., Swan, BA, (2021). *Perspectives in Ambulatory Care Nursing*, Lippincott Williams & Wilkins

Guttormson, J.L., Calkins, K., McAndrew, N., Fitzgerald, J., Losurdo, H. & Loonsfoot, D., (2022). "Critical Care Nurse Burnout, Moral Distress and Mental Health During the COVID-19 Pandemic: A United States Survey," *Heart & Lung*, 5, 127-133

Guttormson, J. L., Calkins, K., McAndrew, N., Fitzgerald, J., Losurdo, H., & Loonsfoot, D., (2022). "Critical Care Nurses' Experiences During the COVID-19 Pandemic: A U.S. National Survey," *American Journal of Critical Care*, 31(2), 96-102

Jones, W., (2022). "Influencing Discharge Efficiency: Addressing Interdisciplinary Communication, Transportation, and Covid-19 as Barriers," *Journal of Professional Case Management*

LaFond, C., Yost, A., Lankin, K., Kilaru, M. & Cohn, S., (2022). "The Experience of Children with Neuroblastoma and Their Parents During Single Room Isolation for 131I-Metaiodobenzylguanidine Therapy: A Qualitative Descriptive Study," *Journal of Pediatric Oncology Nursing*, 39(5). DOI:10.1177/27527530211068749

May, N. & Start, R., (2021). "Rn Value Across the Continuum: The Evolution of Ambulatory Nurse-Sensitive Indicators," *Voice of Nursing Leadership*, American Organization of Nursing Leadership Journal

May, N., Start, R., Ferket, K., Allard, B & Randazzo, G., (2021). "Preparing Nurse Leaders for Value Based Care: Creation of a Toolkit to Guide Practice Transformation," *The Journal of Nursing Administration*, 51(7-8); 355-358

Moran, M., Dionne-Quiros, K. & Mortimore, K., (2021). "Optimizing pediatric telephone triage and telehealth to decrease surge during the COVID-19 pandemic," *Pediatric Nursing*, 47(3), 143-144

Moran, M., Jones, M., Klugman, D., Fitzgerald, R., Kohr, L.M., Costello, J.C., Berger, J.T., Bronicki, R., (2022). "Postoperative Laboratory Tests," *Pediatric Cardiac Intensive Care Handbook*, 2nd edition, Washington, DC

Morrow, S., Alsbrooks, K., Ordaz-Nielsen, G., Heinzinger, C., Zack, M., (2022). "Enhancing Patient Experience Through Adult and Pediatric VAT Implementation," *Healthcare Value Analysis & Utilization Management Magazine*, Vol10/Issue 1, pp 8-16

Morrow, S., DeBoer, E., Potter, C., Gala, S. & Alsbrooks, K., (2021). "Evaluation of Vascular Access Team Initiatives Through In-depth Interviews: Perspectives from Nine Countries," Abstract ID 93

Morrow, S., DeBoer, E., Potter, C., Gala, S. & Alsbrooks, K., (2022). "Vascular Access Teams: A Global Outlook on Challenges, Benefits, Opportunities, and Future Perspectives," *Journal of the Association for Vascular Access*, Vol 27, No. 1, 1-11, doi:10.2309/java-d-21-00020

Patton, R.M., Zalon, M.L. & Ludwick, R., (2023). "Nurses Making Policy from the Bedside to the Boardroom," Springer Publishing Company, 391-424, New York

Phillips, J., (2021). "A Conversation About Addressing Racism at the Bedside and Beyond," *Minority Nurse*, Special Education Issue, 20-23

Phillips, J., Julion, W., Dallas, C., Alexander, C., Morris Burnett, G., Smith, C.A. & Maryland, M., (2022). "Pursuing a Doctorate in Nursing: Implications for Underrepresented Minority Nurses," *Journal of Professional Nursing*, 39, 117-121

Phillips, J., LaFond, C., Stifter, J., Abraham, A., Morrow, S., Richard, A. & Brown, F., (2021). "Surge Planning and Implementation A Required Competency for Today's Nurse Leaders," *The Journal of Nursing Administration*, (51)11, 573-578, DOI: 10.1097/NNA.0000000000001066

Phillips, J., LaFond, C., Stifter, J., Abraham, A., Morrow, S., Richard, A. & Brown, F., (2021). "Surge Planning and Implementation: A Required Competency for Today's Nurse Leaders," *Journal of Nursing Administration*, 51(11), 573-578

Posa-Kearney, K., Aranda, S., Day, E., Dowding, E., Fisher, K., Gonzaga-Reardon, M., Gross, M. & Gulczynski, B., (2022). "Impact of Clinical Nurse Specialist Roles on COVID-19 Pandemic Care," *The World of Critical Care Nursing*, Volume 14(3). 141-146

Racelis, M.C., Hallberg, E., Filer, R., Gross, M., Brownlee, C., Stifter, J., Losurdo, H., Cook, H., (2022). "Clinical Nurse Specialist and Clinical Nurse Leader Dyad: A Model Promoting Clinical Resilience During COVID-19 and Beyond," *Clinical Nurse Specialist: The Journal for Advanced Nursing Practice*, 36(3), 161-168

Richard, A., (2021). "Surge Planning and Implementation: A Required Competency for Today's Nurse Leaders," Vol 51- issue 11, 573-578

Sermersheim, E.R., Hall, L., Boudreau, L., Ambutas, S. & Gulczynski, B., (2021). "Reducing Nares Acquired Pressure Injuries 'Protect the Nares Because I Care' Project in Adult Inpatients: A Quality Improvement Project," *Journal of Wound, Ostomy and Continence Nursing*, 48(5), 389-393

Smith, M., Rumoro, A., Staffileno, B., (2022). "Favorable Outcomes Moving Nursing Orientation to a Hybrid Program During the COVID-19 Pandemic," *Journal of Nurses in Professional Development*, 38 (1)

Smith, S., Muse, M. & Phillips, J., (2021). "Addressing Moral Distress in Correctional Nursing: A Call to Action," *Journal of Correctional Health Care*, 27(2), 75-80

Staffileno, B., Heitschmidt, M. & Tucker, S., (2022). "Generous Leadership Used to Promote Evidence-based Practice throughout an Academic Health System," *American Journal of Nursing*, Mar 1, 122(3), 57-62

Starkweather, A., Cohen, B., Gray, T.F., Phillips, J., Linder, L., Yeager, K.A., Cooley, M.E. & Zanville, N., (2021). "Legislative: Justice for All: The Next Big Breakthrough in Cancer Care," *The Online Journal of Issues in Nursing*, 27(1), 1-4

Williams, S. & Phillips, J., "Eliminating Health Inequities through National and Global Policy," *Nurses Making Policy*, DOI:10.1891/9780826166463.0013

Zanville, N., Cohen, B., Gray, T.F., Phillips, J., Linder, L., Starkweather, A., Yeager, K.A. & Cooley, M.E., (2021). "The Oncology Nursing Society Rapid Review and Research Priorities for Cancer Care in the Context of COVID-19," *Oncology Nursing Forum*, 48(2), 131-145



Transformational Leadership

Transformational leadership is vital to transcend the challenges that we all have faced in last few years. RUSH nurses embraced these challenges, seeking and implementing new solutions that result in better patient care.

Behind the Creation of the Emergency Department Acute Care Unit

Jill Ehrendreich RN, MSN, CMSRN; Chase Lodico, MBA, RN, CEN; and Jenna Maloney, RN, MSN, CNL

The unit on 9 Kellogg accepts both adults needing observation and inpatients from the Emergency Department (ED). Renovations planned for 9 Kellogg in the late spring and early summer of 2022 resulted in the closing of a 23-bed unit for six to eight weeks, decreasing the overall number of adult medicine beds while increasing the boarding time for ED patients. A rise in patient boarding time could add stress to an already short-staffed ED, increase the risk of the hospital going on bypass, decrease patient satisfaction, cause delays in care and, overall, have a negative impact on patient throughput.

The primary goal in creating the ED Acute Care Unit (ACU) was to decrease the volume of patients in the ED, promote patient safety and support the ED nursing staff. A nurse-led interdisciplinary team of ED nurses and physicians, nurses from the 5 Kellogg and 9 Kellogg units, case managers, hospitalists and personnel from patient placement created a five-bed acute care unit within the ED called the ED-ACU. By partnering with RUSH hospitalists, medicine nurses could provide greater detail about the progression of care for observation patients admitted from the ED to the ED-ACU. Moving observation patients out of the ED and into the ED-ACU beds allowed the ED staff to expedite the movement of patients from the waiting room into ED beds for care. The move also created more bed space for patients awaiting admission.

The nurse-led interdisciplinary team devised a process for patients to be identified and admitted to the ED-ACU, receive care, and be discharged or, if needed, upgraded and admitted to an inpatient unit. Building a separate unit in Electronic Medical

Records improved patient safety by helping to distinguish ACU patients from other ED patients. It also enabled the team to track safety events separately and quickly identify process issues and educational needs.

The team's efforts led to the development of criteria for the types of patients to be admitted to the ED-ACU and for better identifying them. Managing the flow of patients from the ED to the ED-ACU required the creation of algorithms to ensure all involved were clear on the process. An interdisciplinary team of nurses, unit leaders and operational stakeholders produced the algorithms and protocols for the ACU, focusing on daily operations.

Due to these collaborative efforts, the allocation of the necessary resources, the delineation of clear processes, communication with key stakeholders and frequent interdisciplinary meetings, the ED-ACU successfully operated from May 22 to June 30, 2022. During this six-week period, more than 100 patients were admitted to the ED-ACU area. The patient criteria, the efforts by the utilization review nurses and the input of ED and medicine physicians contributed to a lower rate of upgrades and resulted in a decrease in bed usage in the inpatient units. The number of daily boarded patient hours decreased from 49.4 before the pilot to 39.4 during the ACU pilot. Staff in both the ED and ED-ACU said they felt more supported by leadership to troubleshoot challenges and that the process algorithms provided clear workflows for patient care. Furthermore, the unit succeeded in decreasing the workload of the ED staff while maintaining safe patient care and expediting patient throughput.

Nurses Use CANDLR to Light a Path at RUSH to Harm-Free Care

Camille Brownlee, MSN, RN, CNL; and Katrina Blade, DNP, RN, CPPS, NE-BC, CPAN

Perioperative services are fast paced and frequently present challenges given the competition among patient priorities. Effective communication between practitioners is essential to patient safety. A nurse-led interprofessional task force at RUSH has developed a creative approach to improving interdisciplinary communication and thus patient care.

The American Association of Colleges of Nursing regards interprofessional communication to be key in moving organizations from having fragmented interactions to a seamless process. Preoperative workflows are interdependent and can be impacted significantly by any flaws in communication. By enhancing collaboration and communication strategies that are evidence-based, including the effective use of technology, the parallel workflows of interdisciplinary teams can be vastly improved.

CANDLR, which refers to consent, anesthesia, nursing, doctor, labs and operating room (OR), is an electronic visual tool that tracks documentation for pre-operative requirements, providing safe admittance to the OR. A nurse can use the visual tool to confirm the completion of required documentation, which can help prevent mistakes in names, sites and procedures and thus aid in precluding adverse events. A visual color change of each letter

from red to green indicates when the required documentation has been completed. Once all letters are green, a patient is ready for transportation to the OR. Stakeholders across different disciplines already have received training in the use of CANDLR.

Nurses at RUSH were surveyed to measure the effectiveness of the CANDLR visual tool when compared to a previous tool. Of the 26 perioperative nurses surveyed before the implementation of CANDLR, 58.3% said they perceived the previous electronic visual tool to have a noticeable impact on communication and workflows. After CANDLR was implemented 88.9% of perioperative nurses polled said they saw a noticeable or great impact on interdisciplinary communication. Therefore, the use of CANDLR has had a positive impact on the overall workflow of the unit and has been beneficial to patient safety, according to 44% of the perioperative nurses surveyed.

The nursing team has benefitted greatly from CANDLR as a visual communication tool, helping to optimize performance, communication and collaboration. CANDLR continues to aid in the exchange of real-time information to members of the interdisciplinary team and to prevent adverse patient events.

RUSH Holds Retreat on Reimagining Nursing

RUSH leaders gathered for a two-part Nursing Think Tank Retreat in February and April of 2022. These leaders included RUSH chief nursing officers, program and department directors, clinical nurse leaders, advanced practice providers, as well as the dean and faculty from the RUSH College of Nursing, among others from RUSH and its health care partners. During the retreat, participants were asked to use their commitment, experience and passion to come up with creative solutions to the challenges in health care.

The first retreat focused on addressing the obstacles facing inpatient care, ambulatory care and nursing education, including finding strategies to help with the shortage of nurses in the workforce. As a result of this retreat, four workgroups were formed — inpatient, ambulatory, education, and pipeline and partnerships — each led by a chief nursing officer or dean. These groups were tasked with examining key opportunities and potential solutions within their respective areas.

The inpatient workgroup will identify three key opportunities to be further explored and prioritized: staffing and onboarding, compensation and employee burnout. The ambulatory workgroup

will hone in on opportunities related to recruitment and retention, technology and collaboration. The education workgroup will develop strategies to increase the number of ready-to-work nurses in the RUSH system, boost the number of teaching faculty and optimize and harmonize nursing education across the system. Lastly, the pipeline and partnerships workgroup will investigate program partnerships for the undergraduate nursing program, think through the role of the associate's degree in the nursing discipline, consider how and whether to provide sponsored students with loan forgiveness as a result of a service commitment, develop more robust career pipelines and review further industry partnerships for nurses and nursing assistive care.

RUSH seeks to create a nursing workforce strategic steering committee that would be charged with reviewing and ensuring progress in RUSH's nursing workforce strategies, keeping stakeholders informed about the retreat's outcomes and the ongoing progress from the efforts of the workgroups and, finally, building on the momentum and involvement of the retreat participants in the fight against today's health care challenges.

RUSH University System for Health Finds Success in New Temporary Employee Program

Aney Abraham, DNP, RN, NE-BC; Jackie Hoskins, BSN, RN, CCRN; and Tanji Hill, MHA, RN, NEA-BC

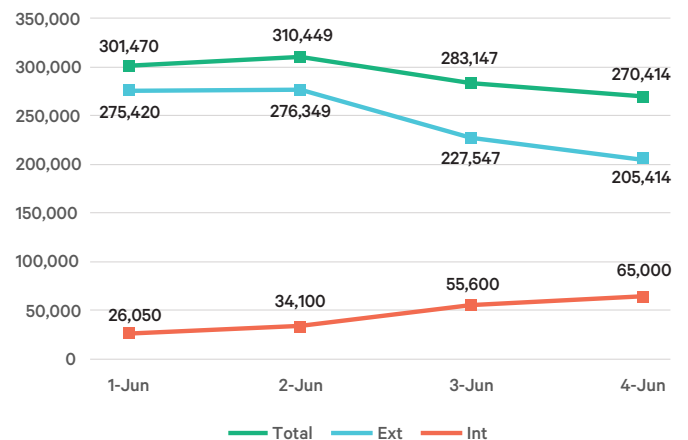
At RUSH, we have taken many steps to ensure that our workforce is nimble enough to traverse the ebb and flow that comes with variations in the patient census. These include having an established resource float pool, flexible scheduling, incentives for picking up additional shifts, ongoing recruiting, retention bonuses, sign-on bonuses and partnerships with outside staffing vendors. During the pandemic, RUSH faced unprecedented staffing challenges, including large fluctuations in the census, many unscheduled absences under the Family and Medical Leave Act, health care workers grappling with high levels of fatigue and stress and widespread turnover as employees sought positions with fewer stressors or pursued travel contracts. We addressed these challenges by implementing a layered approach that utilized our own internal resource pool, interval travel nurse contracts, incentives for RUSH nurses to pick up additional shifts and staffing support from the Federal Emergency Management Agency.

Innovation and creativity are needed to update supplemental staffing models of care to meet new conditions and provide safe patient care. In May 2022, we launched a pilot program called the RUSH University System for Health Temporary Employee Program (RUSH TEP). RUSH TEP serves as our own robust internal staffing program and consists of highly trained registered nurses who are hired on short-term contracts. During the pilot phase, which consists of two 13-week contracts, nurses are assigned to RUSH University Medical Center and RUSH Oak Park Hospital. RUSH Copley Medical Center will join the program once it has collectively been decided that the program works for the entire system. The purposes of this program include the following:

- Provide a means for stabilizing staffing while actively recruiting and onboarding new permanent nurses.
- Curb premium labor expenses.
- Match staffing flexibility with census flexibility.

RUSH TEP nurses are centrally interviewed, hired and deployed to a unit for the duration of their contracts. They can float to similar areas, and their schedules are managed by their assigned unit's director. The RUSH TEP nurses work in the Emergency Department and the critical care, medical surgical and perioperative areas. While the program is still in its infancy, we already are seeing its benefits. In the Division of Nursing, we will have zero external agency contracts by the fall of 2022, our premium labor costs are declining (see graph) and RUSH TEP continues to gain momentum.

Impact of TEP Program - \$



Over the last two years, we have taken many steps to bring staffing back into balance and to enact programs and benefits that attract and retain RUSH nurses. Responsibility for these changes includes an open dialogue with front-line staff, our nursing leaders and our unique shared-governance model. Innovation is one of our I CARE values, and the RUSH University System for Health Temporary Employee Program is another innovative idea to help us provide the best quality care for our patients.



Structural Empowerment

Structural empowerment is about making sure that all RUSH nurses can access the path to changing what needs to be changed and improving how we care for each other, our community and our patients.

Developing a New Intermediate Care Unit Transportation Policy

Angie Muday, BSN, RN, PCCN

RUSH nursing identified a need to establish an intermediate care unit (IMCU) that would admit patients with an increased risk for hemodynamic instability due to complex wounds, greater oxygen requirements, the post-administration of tissue plasminogen activator or the need for extensive surgeries that may take as long as 10 hours. These patients require close monitoring and need frequent assessments and interventions. Nurses in 12E and 12W, collectively called the 12 Tower IMCU, were designated to care for these patients.

The 12 Tower IMCU formed an IMCU operations committee consisting of a clinical nurse specialist, a clinical nurse leader and an IMCU operations champion, who was a bedside nurse. The committee developed guidelines for this new platform, including a mandate that all IMCU patients must be accompanied by a nurse during transport within the hospital. A root cause analysis was conducted by the committee to investigate the existing intra-hospital transportation policies to identify the unique risks of IMCU patients and their need to be accompanied by a nurse when moving off the unit.

An IMCU transportation algorithm was produced to identify patient needs more easily. The next step was to form a key stakeholder working group, which included clinical nurse specialists as well as clinical nurse leaders from intensive care units, post-anesthesia recovery units, procedural areas, the Emergency Department and other units.

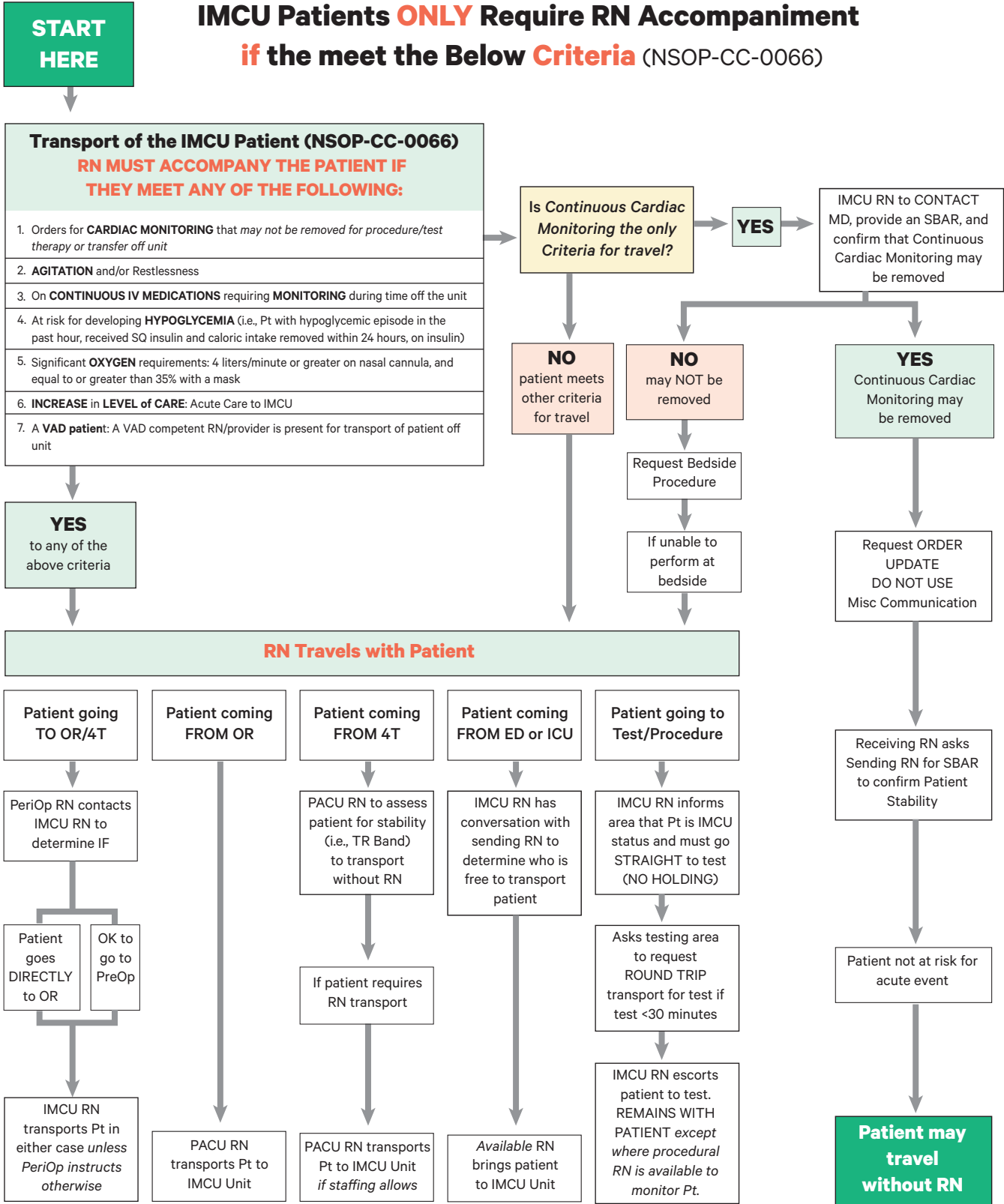
The group gained a greater understanding of the shared responsibility for IMCU patients who require a nurse for intra-hospital transport. Workflows were created for a testing area that eliminated holding time and guaranteed IMCU patients were taken directly to the test.

The project's goal was to empower the 12 Tower IMCU nurses as experts in IMCU patient transportation. The algorithm was posted on the floor, and the IMCU operations champion and clinical nurse leader generated a script to use when obtaining reports to assess patient transportation needs. A script also was created and used for contacting residents to determine if continuous cardiac monitoring could be safely removed. Educational in-services were conducted by the IMCU operations champion for the 12 Tower IMCU nurses.

The development of the updated IMCU transportation policy and algorithm has improved the workflows for patients who must leave the unit for tests and/or procedures. The guidelines have been integrated into the hospital-wide transportation policy.

"It was exciting and satisfying to be involved in the creation of an IMCU unit and participate in a collaborative workflow improvement process that not only resulted in improved patient safety, but brought increased satisfaction to my colleagues by allowing them to spend more time at the bedside caring for their patients," said one IMCU bedside nurse champion involved in the process.

IMCU Patients **ONLY** Require RN Accompaniment if the meet the Below **Criteria** (NSOP-CC-0066)



Primary Care Redesign: Utilizing a Team-Based Approach to Improve Patient Care and Decrease Care Team Workloads

Karyn Dionne-Quiros BSN, RN, RN-BC; Tomilola Akinfe DNP, RN, APHN; and Samantha Styne MSN, RN, CPN

RUSH developed Primary Care Redesign to address the lack of standardized processes, which hinders patient care and increases care team workloads. Those involved in the initiative created — using a team-based model — a system meant to improve the health of patients and the clinical experiences of their providers and staff. The initiative led to new designs for interdisciplinary workflows after a combined effort among health care providers in Primary Care, the RUSH Access Center and Ambulatory Care Management.

Primary Care Redesign's success came in large part from standardizing the Epic in-basket management workflow. Prior to Primary Care Redesign, inconsistencies in the communication methods used and the way patient messages were classified were common. This resulted in care team members routing patients to providers in a non-standardized manner, which led providers to spend a substantially greater amount of time during and outside of clinic hours addressing patient messages. Figures from in-basket data reports for July to October 2021 show that providers were spending 70 to 90 minutes daily outside of scheduled clinic hours reviewing and answering patient messages, which was in addition to the time spent on messages between patient visits during clinic hours.

To address this problem, RUSH conducted rapid improvement events (RIE) with multidisciplinary teams from departments that

partner with Primary Care. The RIE results were used to gauge the barriers faced by care team members when they set out to develop patient-centered solutions that have a measurable and scalable impact. The collaboration and insightful feedback furnished by RUSH providers, nurses, clinical leaders, social workers and Epic information systems staff were used to develop a new standard of work (SOW) guide. The SOW outlines a streamlined process for categorizing, communicating and routing patient messages to providers while enabling care team members to flag patient messages according to their acuity — low, routine or high priority — and send encounters to providers as either actionable or for their information only. Now, providers can more readily identify encounters that require immediate attention and can better address patient needs promptly.

The SOW was implemented in October 2021, and marked improvements were quickly observed. From November 2021 to June 2022, the amount of time providers spent reviewing in-basket messages decreased by nearly 30 minutes — the data showed an average of 45 to 50 minutes. The new process for categorizing and filtering patient messages enables quicker review and swifter action (if needed), which had a positive impact on patients' care and reports of satisfaction. Standardizing and refining workflows are important to the Primary Care Redesign, and continually improving our processes is instrumental in strategically addressing evolving patient needs and balancing care team workloads.

RUSH Day Hospital Celebrates 30 Years of Healing

Dee Dee Sanford, MBA, BSN, RN, PMH-BC; and Cheryl Siegall, MS, RN, PMHCNS-BC

Celebrating its 30th anniversary this year, RUSH Day Hospital (RDH) is a little-known gem among the Department of Psychiatry and Behavioral Sciences' treatment programs. RDH provides intensive group therapy for higher-functioning adults with complex mental health issues. Meeting Monday through Friday between 9 a.m. and 2:30 p.m., RDH's partial hospitalization, intensive outpatient and group therapy programs bridge the gap between full inpatient and individual outpatient treatment.

The program has long received praise. "It's a beacon of light in a world full of darkness," a reviewer from The Joint Commission once noted. "It's the only game in town," a Chicago mental health provider has said. RDH participants tell it best, having noted that it has "changed my life," it's "by far the best treatment I have ever received," "the staff is the best in the city" and "this program is one of the most innovative centers for mental health in the nation."

The story of RDH begins in the early 1990s, when Jane Ulsafer-VanLanen, MSN, the late director of RUSH's psychiatry services, consulted with Cheryl Siegall, MS, RN, PMHCNS-BC, about starting the program. Siegall subsequently left her role as assistant unit director in adult psychiatry at 13 Kellogg, where she had been for more than 15 years, to build the RDH.

Feeling a mixture of excitement and apprehension, Siegall gathered a small multidisciplinary group of like-minded, full- and part-time staff. Together they began a journey into new, unfamiliar territory.

Siegall had a vision, which she shared with her team. The program would be centered on an interpersonal group psychotherapy model. Treatment would be insight oriented. The groups would serve as a social microcosm, providing opportunities for connection, self-exploration and corrective experiences for group members. What they learned in the group settings could then be applied to their lives outside of the group. Each of the groups in the program would support this essential work.

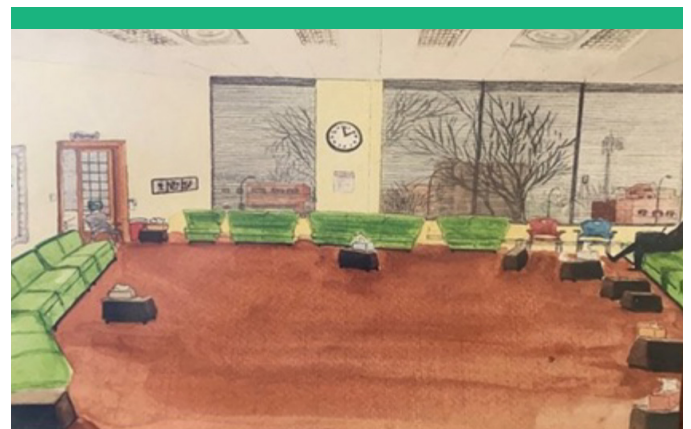
On May 26, 1992, the program opened with five group members. They decided to call themselves "participants" rather than patients to indicate their active participation in their treatment

and recovery. From the start, Siegall worked hands-on with the participants, modeling her expertise as a therapist and her passion for her work. Since early 2008, RDH has been located on the RUSH University Medical Center campus at 2150 W. Harrison Street.

In March 2020, as COVID-19 spread, RDH transitioned from an in-person program to a virtual one in a little more than a week. The staff continued to provide individual attention to each patient's needs via phone calls to manage the transition.

A full program for roughly 40 participants was maintained for 15 months until it was safe for the group to return in person. Now, the team uses a hybrid virtual and in-person model to keep everyone safe.

The RDH staff has shared many meals, personal joys and woes over the decades, celebrating and supporting one another through birthdays and life events. What keeps the staff fully engaged is a common passion for their work, a profound care for the participants, genuine and mutual respect, a willingness to push through the hard work and hard times together and making a celebration of life together. Happy anniversary, RUSH Day Hospital. We wish you many more to come!



A gift to RDH on a participant's graduation:

A participant's painting of the RDH group room. The painting became a symbol for participants during the first 15 months of the pandemic, when they met virtually.



Exemplary Professional Practice

RUSH nurses provide exemplary professional practice, which ensures that patients receive the best care possible and that their needs are met. They keep finding better ways to do nearly everything. RUSH nurses can't see a problem without seeking a solution.

Implementing a New Assessment Tool for Evaluating the Risk of Skin Breakdown in PICU, NICU and General Pediatrics

Kelly Thompson, BSN, RN, CPN; and Sheila Levins, DNP, RN, NE-BC, CPN

Assessment tools employed in the pediatric intensive care unit (PICU), the neonatal intensive care unit (NICU) and general pediatrics did not account for medical devices when calculating the risk of skin breakdown. Depending on the patient's chronological age, either the Braden or Braden Q scales were used. Reviews of pressure injuries in fiscal year 2020 showed that the majority of the six hospital-acquired pressure injuries (HAPIs) were due to medical devices. Moreover, an informal survey of the PICU, NICU and general pediatrics nursing staff demonstrated that there is confusion about the previous tools and a lack of understanding regarding how to interpret patient scores.

In November 2021, using the Iowa Model as a guide, the Braden QD scale was implemented in the PICU, NICU and general pediatrics. The Braden QD skin breakdown risk assessment tool was chosen since it applies to the entire age range of patients in all three units, eliminating the need for two age-based tools. Additionally, when compared to the tools previously used, the Braden QD scale includes the number of medical devices a patient has and whether the devices can be repositioned.

Before implementation, an initial assessment of staff knowledge was conducted. These results were used to guide pre-implementation instruction by the project director and PICU skin team to address gaps in knowledge demonstrated by the staff members who were surveyed.

Pre-implementation instruction consisted of an e-learning module and in-services for staff. Six months after implementation, two HAPIs occurred in July 2022 and another six were found, four of which were related to medical devices. Case reviews demonstrated an opportunity for re-instruction regarding the use of the Braden QD scale and the multiple reasons for the uptick in HAPIs. Mandatory workshops for staff highlighting the subscales of the Braden QD and preventative measures for skin breakdown were conducted. A super-user team also was created to support the employment of the Braden QD scale. Monthly chart audits, practice evaluations and instruction continue with the goal of recording zero HAPIs over a 12-month period.

RUSH ECMO Specialists Lead Improvements in FY22

Bethany Screeden, MSN, RN, CNL, CCRN; and Michelle Brady, BSN, RN, RNC-NIC

RUSH University Medical Center’s extracorporeal membrane oxygenation (ECMO) program has had at its core an ECMO specialist team since the spring of 2020. Practitioners on the team hold either a license in nursing or respiratory therapy and are trained as ECMO specialists. At baseline, team members are a vital part of managing ECMO patients and associated devices. Accomplishments over the past few years include minimizing the use of sedation, working toward the extubation of patients on the ECMO circuit and providing for greater patient mobility using physical and occupational therapies for those on ECMO. These achievements could mean that patients are more likely to survive ECMO and be discharged to their homes or an acute rehab center as compared to a long-term care facility.

The core team’s small size meant its members could be involved in projects, such as staff continuing education, hands-on water lab training and data collection for the Extracorporeal Life Support Organization (ELSO), the international ECMO registry. Proudly, over the past year, our team has grown. Many of our specialists are independent of perfusion while providing mobility and ECMO transport support. Their dedication and emphasis on patient-centered care, along with being a tight-knit and consistent group of individuals expert in the needs of ECMO patients, has helped us work toward our goal of improving the patient experience as well as patient outcomes.

For many years, RUSH has had survival rates significantly higher than the national average, especially when comparing COVID-19 ECMO patient populations. After facing the height of the COVID-19 pandemic from July 2021 to June 2022, the ECMO program has maintained a consistent amount of patient volume across its adult and pediatric programs. In 2020, there was an increase in the respiratory patient population, and since then we have seen a larger mix of patients with severe respiratory and cardiac dysfunction or failure. Our survival rates continue to be higher than the national average for both our respiratory and cardiac ECMO patients.

In June 2022, RUSH hosted ELSO to survey our program as part of the process to be named an ELSO Center of Excellence. The visit was a great success: the surveyors noted the strengths of our ECMO mobility program. Ultimately, RUSH was designated for the third time as an ELSO Center of Excellence for both its adult and pediatric ECMO programs.

RUMC Adult ECMO Outcomes January 2021-June 2022	2021	2022
VV ECMO Survival to Decannulation	88.8%	100%
VV Survival to Discharge	83.3%	100%
VA ECMO Survival to Decannulation	78.9%	80%
VA Survival to Discharge	78.9%	75%
ECPR Survival to Decannulation	0%	100%
ECPR Survival to Discharge	0%	100%
Overall ECMO Patient Survival	78.9%	81.8%

RUMC Neonatal/Pediatric ECMO Outcomes July 2021-June 2022	
VV ECMO Survival to Decannulation	100%
VV Survival to Discharge	100%
VA ECMO Survival to Decannulation	50%
VA Survival to Discharge	0%
Overall Patient Survival to Discharge	60%

Skin Wound Assessment Team Celebrates Success in Lowering Pressure Injuries

Nicole Walkowiak, MSN, RN, CRRN, CWOCN, CNL

Several years ago, the wound, ostomy and continence nurses (WOCNs) at RUSH University Medical Center created the Skin, Wound, Assessment and Treatment (SWAT) team, which consists of highly engaged bedside nurses who partner with WOCNs at the unit level to improve wound care and reduce hospital-acquired pressure injuries (HAPIs). Each inpatient unit has SWAT team members who receive specialty training by attending annual webinars, conducting quality improvement interventions in their unit and working closely with the WOCNs. Additionally, they participate in quarterly prevalence days, complete case reviews on HAPIs and educate their peers. Their role has been vital to RUSH's success in reducing HAPIs at the medical center.

Nursing met the fiscal year 2022 HAPI goal of a rate of 0.59% with an end-of-year rate of 0.57%. To celebrate this success, Angelique

Richard, PhD, RN, CENP, chief nursing officer, RUSH University Medical Center and RUSH University System for Health, and senior vice president of hospital operations, RUSH University Medical Center; Janet Stifter, PhD, RN, CPHQ, vice president of hospital operations – perioperative and interventional services; and RUSH WOCNs hosted a July luncheon. During the lunch, SWAT team members received RUSH-branded SWAT team T-shirts and badge reels. Not only do these items serve as a thank you to this group, but they also help identify SWAT team members by increasing their visibility to their colleagues.

The WOCNs who lead the SWAT team are Lisa Boudreau, MSN, RN, CWOCN; Andrea Fidaj, MSN, RN, CWON, CNL, CMRSRN; Laura Hernandez, MSN, BA, RN, CNL, CWON; and Nicole Walkowiak, MSN, RN, CRRN, CWOCN, CNL.



New Knowledge, Innovations, and Improvements

New knowledge, innovations and improvements help RUSH nurses to be the best. Every day presents opportunities to excel and advance the art and science of nursing. RUSH nurses always rise to the challenge.

Bone Marrow Transplant Fast Track Clinic Bridges Care for RUSH Patients

Aney Abraham, DNP, RN NE-BC; Erin Dowding, MSN, APRN, ACNS-BC, OCN; Diane Jakubik, BSN, RN, CMSRN, MA; Hayley Lesnik, BSN, RN, BMTCN; Katie Quinlan, BSN, RN, BMTCN; Jamie Schanz, BSN, RN, BMTCN; and Eric Zack, DNP, RN, ACNP-BC, AOCN, BMTCN

Improving patient outcomes, the efficiency of workflows and patient and staff satisfaction are top priorities in the ever-changing landscape of health care. The Bone Marrow Transplant Fast Track (BMT FT) Clinic on 14 East Tower is a RUSH program meant to improve all these areas and is built out of an interdisciplinary team with strong collaboration between nurses and physicians. The clinic opened in August 2018. It has logged approximately 1,000 patient visits per year. The 32-bed inpatient hematology/bone marrow transplant unit converted two inpatient rooms to make space for four outpatient chairs to better serve patients after stem cell transplants (SCT).

BMT FT was created to provide care for discharged patients moving from inpatient settings where daily transfusions and electrolyte administrations were necessary. These patients often require four to 10 hours of infusions. They must be admitted if they become hemodynamically unstable. After creating the clinic, four patients each morning and up to eight daily can be seen. If a lab, symptom or vital sign gets flagged as too critical, an algorithm is used to admit the patient to inpatient status. The BMT FT nurse works in close communication with the advance practice provider (APP), the charge nurse and RUSH patient placement to facilitate quick admission to an open inpatient room, maintaining patient safety. If the unit census is high and there are emerging needs for inpatient beds, an algorithm is employed to convert the BMT FT unit back into two inpatient beds.

An interdisciplinary care team was assembled to develop workflows for SCT patients. The team defined criteria for the skills needed by nurses who could work in both the BMT FT and the inpatient setting. The BMT FT team is staffed with attending physicians, APPs, a pharmacist, designated staff nurses, an inpatient nursing unit director, an assistant nursing unit director, an oncology clinical nurse specialist and support staff for additional hospital services.

Discharged inpatients are scheduled in the BMT FT clinic for multiple appointments in the weeks after discharge for close follow-up. The clinic is open from 7 a.m. to 5 p.m. Nurse-driven replacement protocols were developed for treatments, such as potassium and magnesium supplementation, as well as packed red blood cell and platelet transfusions. Ambulatory infusion guidelines and practices also were adopted for faster potassium and magnesium IV infusion.

The Joint Commission and the Foundation for the Accreditation of Cellular Therapy guidelines were utilized as the standards for the safe and expert care found in the BMT FT. Given the improvements noted after the clinic was created, in fiscal year 2022 (FY22) care was expanded to include emergent treatment related to CAR-T cell therapy mobilization chemotherapy and colony-stimulating factor administration and teaching have been mobilized.

Several key outcomes that continue into FY22 from this clinic include the reduction in the average length of stay for patients undergoing autologous and allogeneic transplantation. The team reported a decrease in the 30-day readmission rate for patients undergoing autologous and allogeneic transplantation and fewer intensive care unit visits. The clinic also has generated better outcomes for patients and has had a positive impact on RUSH nurses, including an increase in job satisfaction. Nurses see former inpatients successfully transition to ambulatory care, observing them recover and return to their former selves.

The BMT FT clinic has created an easier transition for patients and their caregivers and has improved the patient experience. In addition to the positive impact on patient care, this project provided nursing at all levels the opportunity to support and collaborate on an innovative care team model.

RUSH University Medical Center Receives Stryker Environmental Excellence Award

Katie Pittman, BA; Ian Hughes, MS; and Angela Geschrey, MSN, RN, CMSRN, NE-BC

RUSH University Medical Center received the 2022 Gold Environmental Excellence Award from medical technology company Stryker for diverting 10,000 pounds of waste during the 2021 calendar year. Through Stryker’s reprocessing and collection programs, the bulk of that waste was provided by the medical center’s project for reprocessing pulse oximeters. During fiscal year 2022, RUSH collected 94,908 probes, which diverted more than 7,579 pounds of waste from landfills and saved \$357,403. RUSH is ranked sixth in the country for pulse oximeter collection.

RUSH nurses and the environmental services (EVS) staff deserve thanks for their spectacular support of this program and for making such a huge impact on reducing the amount of waste generated while treating patients.

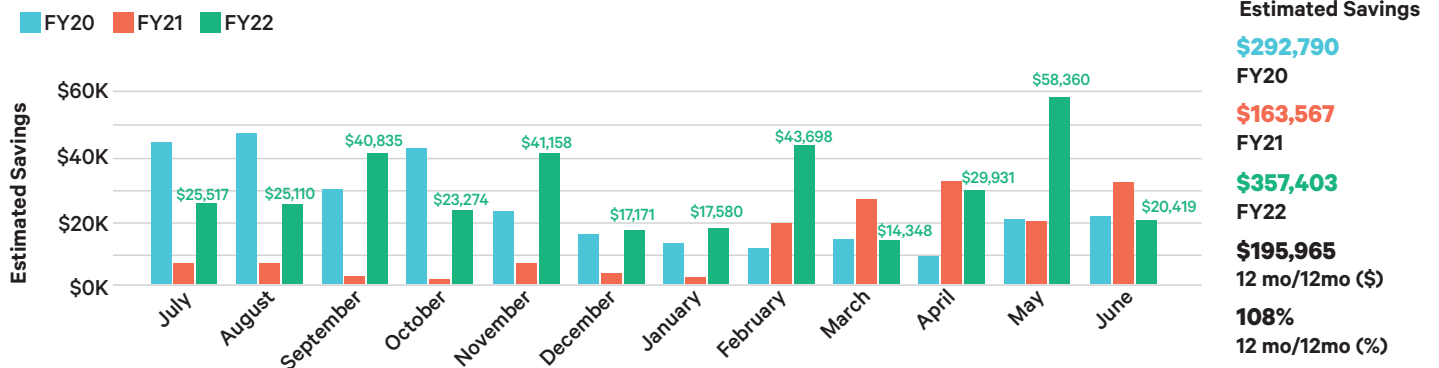
Spurred by the 10,000 pounds of waste diverted by RUSH, Stryker plans further environmental action, partnering with the National Forest Foundation to plant 150 trees in RUSH’s honor to help reforestation efforts in the U.S. Stryker has planted native longleaf and shortleaf pine trees in Georgia’s Chattahoochee-Oconee National Forest as well as Douglas firs in the Pinaleno Mountains in Arizona’s Coronado National Forest to support long-term habitats

and increase the resiliency of the forests after wildfires and insect and disease outbreaks degraded the health of its ecosystem.

While reprocessing something as small as a pulse oximeter probe can seem insubstantial, the incredible efforts of RUSH nurses and the EVS staff show just how impactful collective action can be. Small collective actions like this help the health care sector decrease its impact on the environment.



Partnership Over Time



Treating COVID-19 Patients at Home with Monoclonal Antibody Therapy

Brian Stein, MD; Shivanjali Shankaran, MD; Matthew Kemper, PharmD; Kathleen Egan, LCSW, ACM; Erica Feddele, DNP, RN, NP; and LaShon Gurrola, BSN, RN

Monoclonal antibodies (MAB) are used in outpatient treatments for patients who contracted a mild COVID-19 infection, have had symptoms for seven days or less and are at high risk for developing severe disease. The goal of MAB therapy is to lower the rate of hospitalizations related to COVID-19 and decrease the severity of its symptoms. The U.S. Food and Drug Administration authorized the emergency use of REGEN-CoV (casirivimab/imdevimab) for treating COVID-19 in November 2020. In September 2021, in response to an increased need for MAB treatments, RUSH—alone among academic medical centers in Chicago — began subcutaneous injections of the medication in patients' homes.

Senior RUSH leaders approached Case Management in August 2021 to start a MAB program for patients identified as at risk

for severe symptoms. The program was implemented through a partnership between the antimicrobial stewardship team in the RUSH Infectious Disease Division, Home Infusion Solutions and RUSH's preferred home health care providers. As a result of this collaboration, a workflow was created within just three weeks of the program, which went live during the first week of September 2021. The workflow allowed providers to place orders to RUSH Ambulatory Care Management, whose team populated a work queue monitored by Erica Feddele, RN, NP; LaShon Gurrola, RN; and care managers. As a result, RUSH provided MAB therapy to nearly a hundred patients in their homes, usually within 24 hours of their referral.

