




NURSING 2018 ANNUAL REPORT

**Collaboration. Commitment. Care.**

 **RUSH**  
Rush Copley Medical Center

# Extraordinary Accomplishments

Looking back on 2018 leaves me pleased with our extraordinary accomplishments and excited to move forward. You'll find this year's Nursing Annual Report brimming with examples of the excellence our nurses achieve every day.

Last year, nurses participated in reorganizing the Emergency Department's triage area to enhance prompt treatment for patients with the use of advanced practice providers. They reduced instances of falls and discovered a way to decrease catheter use to prevent infections. Nurses helped devise ingenious, simple solutions to enhance infusion compliance. They assisted in improving handicap access to hospital restrooms. They improved care for women experiencing a miscarriage and enhanced bonding for parents whose newborn must stay in the hospital after the mother is released.

Our nurses' accomplishments earned the hospital and staff significant awards. In 2018, nurses were recognized by the March of Dimes, the American Red Cross and the Illinois Nurse Foundation. Rush Copley's Intermediate Care Area team is the only Progressive Care Unit in Illinois to receive the Silver Beacon Award from the American Association of Critical Care Nurses. Nurses also helped the hospital earn certification from the American Association of Cardiovascular and Pulmonary Rehabilitation. In addition, the hospital has been internationally recognized and accredited by the Forum for Shared Governance.

In appreciation, Rush Copley is dedicated to empowering and supporting nurses in so many ways. We established Caritas, a restorative space where nurses can reduce their stress. Nurses' recommendations to administration were implemented to reduce workplace violence. Overall, we foster a culture where nurses know their ideas are valued, which means they share their knowledge. Consequently, our nurses presented at conferences on everything from preventing falls to workplace safety. They authored articles on leadership, empowerment, nutrition and more. In the community, they helped stakeholders understand the "aging brain" to improve safety for older adults.

In 2019, we'll welcome colleagues for our American Nurses Credentialing Center Magnet Review. We look forward to the results, which represent more than an award. The results are also proof of our hard-earned dedication to excellence in health care — which fuels the confidence our nurses feel in their role at Rush Copley.

Sincerely,

*Mary Shilkaitis*



**Mary Shilkaitis, MSN, MBA,  
NEA-BC, FACHE, RN, Vice  
President, Patient Care Services  
and Chief Nursing Officer**

# Enhancing Communication, Technology & Meeting Structure

This past year, the Nursing Executive Congress continued to evaluate our shared governance structure and explore ways to improve. To support our analysis we partnered with Dr. Robert Hess and utilized the Index of Professional Nursing Governance to obtain a baseline measurement of Shared Governance. After receiving IRB approval, which deemed our study exempt, we administered the survey to every nurse throughout the organization to learn how they felt our shared governance structure is working and if they believe they had a voice in decision making. We had great participation and feedback. We were honored to discover that our nurses considered Rush Copley a true “shared governance” hospital — and we received accreditation!



**Cheryl Hollmier, BSN, RN,  
CMSRN, Chair, Nursing  
Executive Congress**

We also formed a Shared Governance Assessment Team (SGAT) to analyze the survey results and other data and implement action items. The SGAT identified three areas that we want to continue to improve: communication, technology, and meeting structure. We have already started to formulate ways to enhance these areas. We began at our house-wide congress levels and are working down to the unit-based partnership teams. The shared governance team will continue to meet regularly to monitor improvements.

In addition, we collaborated with Rush University Medical Center and Rush Oak Park Hospital regarding the shared governance process. As the Nurse Executive Council (NEC) Chair, I have bimonthly meetings with their Chairs. It’s a great opportunity for me to share how we structure our process at Rush Copley. We discuss how to streamline aspects at all three facilities and share best practices and outcomes — and we work together as one team! I invited all house-wide Congress Chairs to participate in these meetings. There’s more exciting activities to come as we continue to move forward.

The pride in being a Rush nurse continues to grow. We faced some challenges this past year — addressing violence in the workplace, patient room and flooring upgrades, staffing concerns, and other changes — but we pull together to work through solutions. Our hard working nurses, patient care technicians and center secretaries work great together to provide the extraordinary care that exemplifies our Rush Copley Promise.

I also want to welcome our new Patient Care Team Members. Together, we adapt to change, and as Rush nurses, we take pride in our work. It’s no secret that many patients come here because they believe we provide the best care.

Keep up the great work!

A handwritten signature in black ink that reads "Cheryl Hollmier". The signature is written in a cursive, flowing style.

# Transformational Leadership

Nurses work in a stressful and unpredictable environment. Over time, exposure to stress can lead to exhaustion, burnout, and compassion fatigue. According to the American Nurses Association’s Nursing Code of Ethics, “the nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.”



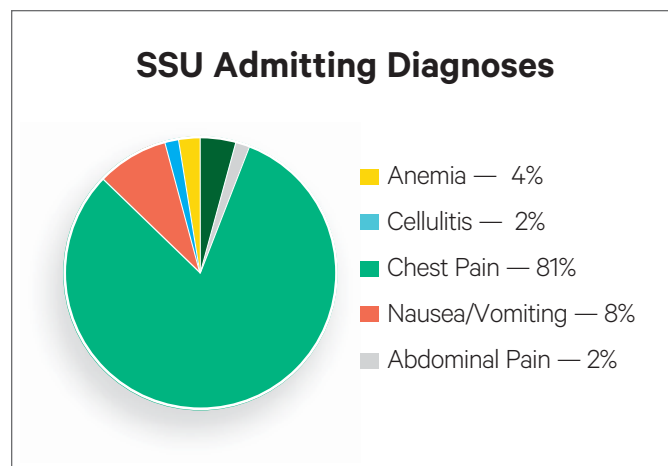
Caritas Room at Rush Copley

The Restorative Practices team, chaired by Mary Applequist, surveyed Rush Copley nurses and found the greatest sources of workplace stress were staffing, scheduling and unit demands. Nurses also noted helpful self-care practices include massage, restorative space, aromatherapy, yoga, and staff education on mindfulness. Most nurses stated they were extremely likely to use restorative practices if they were offered, but lack of time was a common barrier.

In April 2018, the team opened Caritas (meaning authentic caring) for all nurses to use for reflection and decompression. In the first month, Caritas was visited nearly 1,000 times.

Three months after Caritas opened, nurses were again surveyed. Results showed 76 percent of respondents had the opportunity to experience the space and 72 percent recommended Caritas to a co-worker. Most stated they had a favorable experience. Caritas is a vital factor in helping nurses to sustain the excellent patient care they provide.

## Observations on Streamlining the Short Stay Unit



In the fall of 2017, Mary Shilkaitis sponsored a steering committee to design a Short Stay Unit (SSU) pilot program to ease the clinical and financial impact of observation status. The primary goal of the SSU was to reduce the variability of testing and medical evaluation for observation status patients. Secondary goals included providing prompt testing and medical evaluation; improving patient satisfaction; and promoting cost-efficient evaluation in the appropriate setting.

The SSU pilot was launched in January 2018, with Rush Copley Hospitalists as the only physician group to admit to the 12-bed SSU. Standard admission order sets support:

- Rapid access to diagnostic evaluation
- Proper and timely transition of IV to oral medication
- Shifting appropriate procedures and diagnostic tests to the outpatient setting.

A quality dashboard measures the SSU's key indicators including: volume; length of stay; discharge; quality and patient safety; patient satisfaction; and financials. Results showed:

- No SSU patients were readmitted to Rush Copley for the same diagnosis within 30 days of discharge.
- Average length of stay was reduced from 38.1 hours to 18.6 hours, well under the CMS intended 24 hours or less.
- 88 percent of SSU patients were released within 120 minutes after discharge orders were written.
- Only nine of the 139 patients required inpatient care.
- Only one Rapid Response Team called for patient anxiety rather than a medical change in condition.

<b>Month</b>	<b>LOS</b> <i>(Average hours)</i>	<b>Time to Discharge</b> <i>(order to out-the-door average minutes)</i>	<b>End Infusion Compliance</b>
January	15	50	71.4%
February	24	76	66.7%
March	15	66	100%
April	18	51	90%
May	21	66	100%
<b>Monthly Average</b>	<b>18.6</b>	<b>61.8</b>	<b>85.6%</b>

In November 2017, observation cases sharing the same diagnoses as the SSU were posting average charges of \$29,125. During the first five months of the pilot program, the SSU reduced average charges by 34 percent (-\$9,861). The savings were largely due to the shorter length of stay, a reduction of inappropriate testing for observation care, and the transition to lower level tests for symptom diagnosis rather than high-level inpatient tests. This equates to a total of \$1.3 million reduction in annual charges.

At the end of the pilot program in July 2018, the SSU was declared the official Observation Unit for all observation patients meeting clinical criteria. An open admission model now allows all physicians to admit to the Observation Unit. The same metrics will continue to be measured and the ultimate goal is to meet or exceed the results that were initially achieved.

# New Care Delivery Model Improves Emergency Care

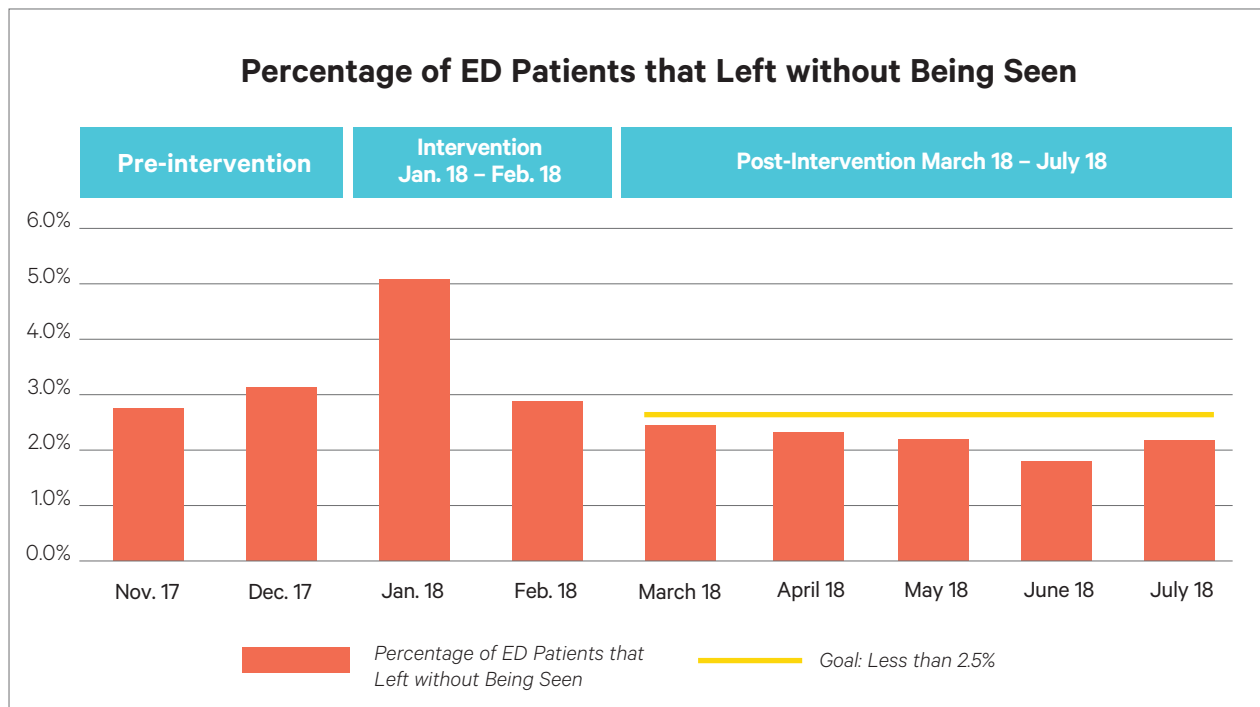
Each year, Rush Copley Emergency Department (ED) sees more than 65,000 patients. In fact, during busy periods and volume surges, the percentage of patients who left the ED without being seen rose to an average of 2.95 percent. Many organizations use Advanced Practice Providers (APPs) to supplement physicians and help safely distribute the patient workload while increasing provider efficiency and morale, and improving patient flow and satisfaction.



The Emergency Services Leadership Steering Committee, an organization-level, decision-making group, redesigned work flow to introduce APPs to the Emergency Department care delivery model. A primary goal was to decrease the percentage of patients who leave the department without being seen. Workflow redesign included assigning APPs in the triage area, triage tech relocating, and adding supplies and a computer on wheels. The team provided clinical nurse education regarding the new care model and equipment to support the APP in triage.

Now, APPs in the ED's triage area ensure that patients are quickly evaluated and treatment can promptly begin. APPs also work independently with low acuity patients and a physician is always readily available for consultation. The new model began February 2018 when the APPs started to see patients in the triage area every day from 3 to 9 p.m. when peak patient volumes occur.

With feedback from clinical nurses, adjustments were made in the triage area. The new care delivery model created a more cohesive team approach for treating ED patients, and helped to ensure patients are treated in a more



# Transforming Care is a Matter of the Heart

In March 2018, Rush Copley welcomed Dr. Michael Frank, Cardiovascular surgeon. As a result of Dr. Frank's arrival, the Operating Room and Intensive Care Unit (ICU) have seen a significant increase in cardiovascular volumes.

Along with the increased volume, the surgical heart patient quality measures improved, both intra-operatively and postoperatively. A new "universal bed model" was implemented and patients stay in the ICU until discharge. Patients rate their hospital experience on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and in the past year, overall scores have exceeded 90 percent satisfaction.

Rush Copley submits more than 800 data points to the national Society of Thoracic Surgeons (STS) database which allows us to benchmark Rush Copley's surgical heart program outcomes at the local and national level.

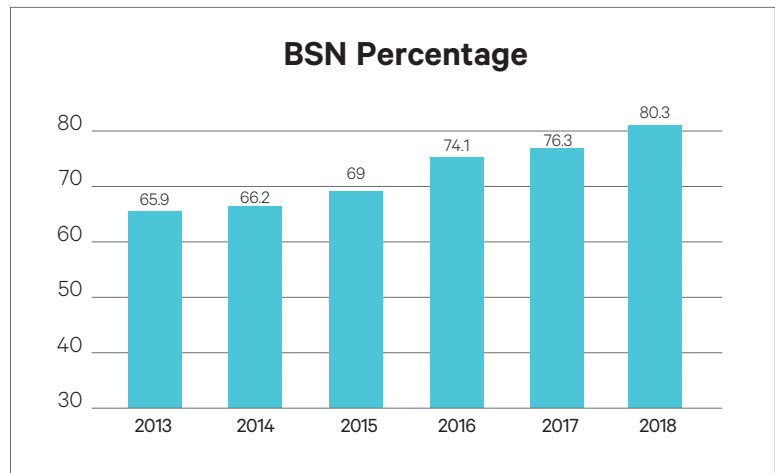


	March 2017 to Feb. 2018 (12 months)	March to Sept. 2018 (7 months)	STS Benchmark
<b>Total Open Heart Cases</b>	58	110 <span style="color: green;">▲</span>	
<b>Percentage of patients receiving blood INTRAOPERATIVELY</b>	57.8	35.5 <span style="color: green;">▼</span> <i>lower is better</i>	≤26.9
<b>Percentage of patients receiving blood POSTOPERATIVELY</b>	60.5	19.3 <span style="color: green;">▼</span> <i>lower is better</i>	≤29.1
<b>Percentage of patients extubated in &lt; 6 hours</b>	55.2	69.3 <span style="color: green;">▲</span>	≤60 (internal target)
<b>Total Ventilator Hours</b>	20.1	12 <span style="color: green;">▼</span>	≤18.2
<b>ICU Length of Stay (Hours)</b>	97.6	53.9 <span style="color: green;">▼</span>	≤71.9
<b>Total Length of Stay (Days)</b>	10.3	8.49 <span style="color: green;">▼</span>	≤9.3
<b>Postoperative Atrial Fibrillation</b>	28.9	19.3 <span style="color: green;">▼</span>	≤24.9
<b>Postoperative Acute Renal Failure</b>	2.6	0	≤2.1
<b>Postoperative Stroke</b>	0	0	≤1.3

# Structural Empowerment

## Nurses Earn Degrees of Achievement

The Institute of Medicine report on the Future of Nursing called for 80 percent of nurses to have a BSN degree or higher by 2020. Rush Copley nurses have made great strides in achieving this goal. Congratulations to everyone who endeavored to earn a degree in higher education.



Julie Carroll, MSN, RN, OCN — Cancer Care Center, James George, BSN, RN — ICA and Mary Antongiorgi, MSN, RNC-OB — MFM/Pelvic Medicine

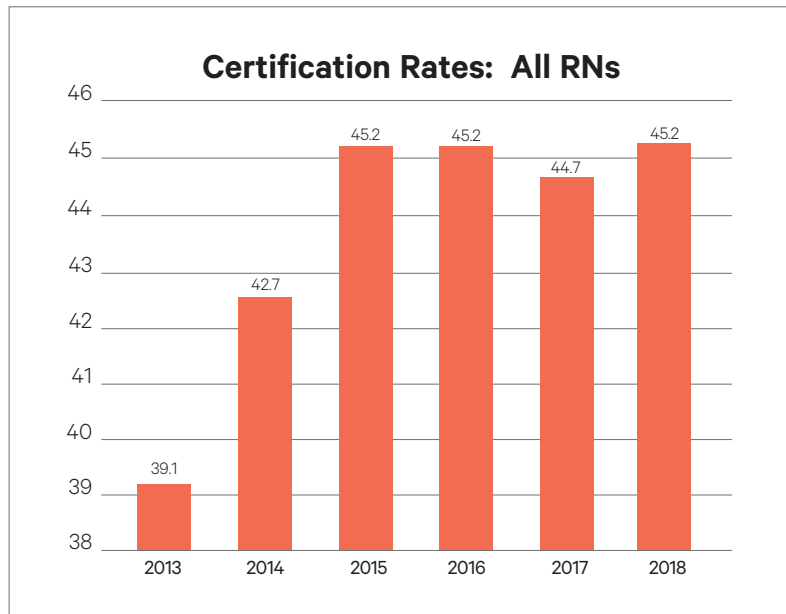
## Clinical Nurse Excellence Award Winners

Each year, the medical staff awards the Clinical Excellence Award to three nurses to honor their performance and dedication to patient care. The 2018 recipients include: Julie Carroll, MSN, RN, OCN-Cancer Care Center; James George, BSN, RN-ICA; and Mary Antongiorgi, MSN, RNC-OB-MFM/Pelvic Medicine. Each received a scholarship for their continuing education.



# High Certification Rates = Higher Quality Care

Specialty certification is a measure of distinctive nursing practice. Earning certification validates competency, a mastery of knowledge, skills and ability in a specific nursing specialty and implies ongoing high achievement through recertification. It makes sense that there is a strong correlation between certification rates and quality care. Congratulations to the following nurses for attaining national certification in 2018:



**Jennifer Aguina**, Outpatient Cancer Center, OCN  
**Tammy Allen**, ICA, CNML  
**Emily Alling**, NICU, RNC-NIC  
**Stephanie Amor-Arteaga**, OB, RNC-OB  
**Mary Antongiorgi**, MFM/Pelvic Medicine, RNC-OB  
**Patricia Barocio**, MFM, RNC-MNN  
**Dora Bello**, MCAI, CN-BN, Certified Navigator-Breast Health  
**Katherine Block**, ICU, CCRN  
**Nickie Bounsayngam**, MS2, CMSRN  
**Leanne Brand**, GI Lab, CNML  
**Rae Brandenburg**, ICU, CCRN  
**Sharon Brooks**, Nursing Professional Practice, CENP  
**Katherine Chandler**, NICU, RNC-NIC  
**Yolanda Chenoweth**, L&D, RNC-OB  
**Janet Collins**, Resource Team, CMSRN  
**Danelle Conrad**, Outpatient Cancer Center, OCN  
**Christina Esconde**, MS2, CMSRN  
**Michelle DeHass**, MCAI, CN-BN, Certified Navigator-Breast Health

**Joanna DeGuzman**, MS2, CMSRN  
**Paquita Dominguez**, Outpatient Cancer Center, OCN  
**Belinda Durand**, L&D, RNC-OB  
**Lauren Eischen**, MS2, CMSRN  
**David Ivancicts**, ICU, CCRN  
**Linda Klisiewicz**, L&D, RNC-OB  
**Katie Koerner**, Nursing Professional Practice, CNML  
**Olivia Lemberger**, Nursing Professional Practice, CHSE  
**Arlene Maramba**, MS2, CMSRN  
**Lisa Miles**, ICU, CCRN  
**Theresa Noonan**, L&D, RNC-OB  
**Monika Purpura**, MS2, CMSRN  
**Joan Roach**, L&D, RNC-EFM  
**Chuck Schwab**, Nursing Administration, CENP  
**Elaina Stitt**, ICU, CCRN  
**Becky Strabel**, NICU, IBCLC  
**Ashley Talip**, NICU, RNC-NIC  
**Leslie Torres**, L&D, RNC-OB

Rush Copley encourages all eligible nurses to pursue certifications in their specialties. We look forward to seeing even more nurses on the path to certification.

## One of 40 Under 40 Recognized Statewide

The Illinois Nurse Foundation recognized Katie Koerner, DNP, MBA, RN, CNML, with their 40 Under 40 Award. The recognition showcases 40 emerging Illinois nurse leaders under age 40. This distinction recognizes exemplary dedication to the nursing profession, committed service to the community, and the promise to grow as a leader to advance Illinois nursing.



**Recognized with the 40 Under 40 Award, Katie Koerner, DNP, MBA, RN, CNML was one of eight Rush nurses honored and the only Rush Copley nurse recognized.**



**Gina Becker-Espinoza, BSN, RNC-MNN**

## March of Dimes Awards Excellence in Perinatal Care

In March 2018, Gina Becker-Espinoza, BSN, RNC-MNN, obstetrics clinical nurse, received the Perinatal Nursing Excellence Award from the March of Dimes. The award recognizes and promotes nursing excellence in caring for mothers and babies. The nomination stated "Becker-Espinoza exemplifies excellence in many areas within Perinatal Nursing. As Co-Chair of the Obstetrics Department Partnership, she held a position on the Nursing Executive Congress working with the team on a shared decision-making structure. She is instrumental as a change agent and is passionate about improving her nursing skills, continuing her education and improving the health and well-being of her patients." We congratulate Gina and are proud of her commitment to excellence.

# American Red Cross Celebrates Nurse Heroes

Rebecca Christiansen BSN, RN, Resource Team, was awarded the Nurse Hero Award from the American Red Cross for the Northern Illinois Region. The Nurse Award is presented to a licensed and practicing nurse, nursing student, or retired nurse who exhibited heroism in responding to an emergency or through an ongoing commitment to the community. He or she may have performed acts of kindness, courage or unselfishness in response to a need in the community.

In 2007, Christiansen founded Celebrate Differences, an Oswego organization that provides educational opportunities, celebratory space, support groups and school outreach for people with disabilities and their families. In 2017, Rebecca opened A Pinch of Happiness, a spice shop that employs and trains young adults associated with Celebrate Differences.



**Rebecca Christiansen, BSN, RN, Resource Team was acknowledged by singer Jason Mraz in concert at Ravinia.**



**Louise Fazio, MSN, RNC-NIC, CNML**

Louise Fazio, MSN, RNC-NIC, CNML, Clinical Nurse Manager NICU was recently awarded the Pinnacle Nurse Leader Recognition. The Power of Nursing Leadership event celebrates the impact and achievements of nurse leaders throughout Illinois. Pinnacle Nurses Leaders are identified by their organization as extraordinary nurse leaders.



**The ICU team celebrates their Beacon Award.**

## Critical Care Nursing Organization Recognizes Rush Copley ICU, ICA Teams

In late 2018, The American Association of Critical-Care Nurses (AACN) conferred a gold-level Beacon Award for Excellence on Rush Copley's ICU. The Beacon Award for Excellence is a significant milestone and this is the first time the ICU has received the gold designation.

In late 2017, the Intermediate Care Area (ICA) team achieved the Silver Beacon Award from AACN. Rush Copley's ICA is the only Progressive Care Unit in Illinois to achieve this status. The Beacon Award for Excellence recognizes hospital units that employ evidence-based practices to improve patient and family outcomes.



**Members of the ICA team with their Beacon Award.**

# Fighting Falls by Taking a Stand on Huddles

Each year in the U.S., hundreds of thousands of patients fall in acute care hospitals—and 30 to 50 percent result in injury. Falls continue to be a patient safety issue especially among older patients and those who have disabilities. These injuries can prolong the patient's length of stay and increase healthcare costs.

Just as in other units, the Emergency Department (ED) is vulnerable to patient falls. Rush Copley ED has seen an increase in patient falls during 2017 compared to the prior year. With this trend, the ED leadership team created a taskforce to prevent future patient falls.

The Joint Commission recommends responding to falls with post-fall huddles, a brief staff discussion that immediately follows a fall. The huddle helps determine why the patient fell so that solutions can be implemented.

To learn if huddles were the answer in ED, the team planned to:

- Examine the process of addressing patient falls
- Use post-fall huddles in 75 percent of reported patient fall incidents in the ED
- Identify causes and recommend interventions based on analysis of post-fall huddles
- Modify inpatient care plans based on analysis of post-fall huddles
- Employ interventions applicable to the ED based on data from post-fall huddles of discharged patients.

With staff participation, the process for post-fall huddles was implemented in the ED in December 2017. Fall rate for 2018 remained steady from 2017. Since implementation through 2018, there were seven patient falls. Of these seven instances, post-fall huddle was completed 71 percent of the time. Interventions to address patient falls were shared with staff.

Through this project, the team recommended being vigilant and to be aware that any patient is a fall risk until proven otherwise — and to maintain this heightened awareness until the patient leaves the ED. The ED staff looks forward to more insights and will continue to create a safer environment for patients.



# Shared Governance Assessment Project 2018

As outlined in the Rush Copley's 2018 Nursing Tactical Plan, an internal assessment of the Nursing Shared Governance structure was an important goal. The Shared Governance Assessment team (SGAT) was led by the



Nursing Executive Congress Chair, Cheryl Hollmier and Chief Nursing Officer, Mary Shilkaitis. The SGAT administered the Index of Professional Nursing Governance (IPNG) to all RNs to measure the level of nurse governance at Rush Copley. In addition, they gained qualitative insight completing multiple Strength, Weakness, Opportunity and Threat (SWOT) analyses at unit-based Partnership Committee meetings along with global Nursing Congress Committee meetings.

Guided by the results, the SGAT will continue to focus on developing a consistent and comprehensive agenda for shared governance meetings, enhance training of Unit Partnership Chairs and incorporate the use of technology to enhance communication. Due to the positive results of the IPNG survey Rush Copley has since been internationally-recognized and accredited by the Forum for Shared Governance.

## Cardiopulmonary Rehabilitation Program Receives National Recognition

Rush Copley received certification of our Pulmonary Rehabilitation program through the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). With this certification, Rush Copley's Cardiopulmonary Rehabilitation program is now certified in both cardiac and pulmonary rehabilitation.

Pulmonary rehabilitation programs are designed to help people with pulmonary problems (e.g., chronic obstructive pulmonary disease [COPD], respiratory symptoms) recover faster and improve their quality of life. The program includes exercise, education, counseling, and support for patients and their families.



According to Dr. Hassaballa, Medical Director of Respiratory and Critical Care, "The team at Rush Copley is second to none, and the certification by AACVPR is simply a manifestation of that excellence. I applaud the excellent team work and collaboration between nursing, exercise physiology, and respiratory therapy that made this possible."

According to cardiopulmonary nurse, Gail Gargo, BSN, RN, CRRP, "I am really proud of our new program. We are using evidence-based care and achieving better outcomes for our patients." In addition, respiratory therapist, Christine Ferrara, RRT, RPFT added, "It is rewarding and heartwarming to witness these patients become more functional with their daily activities and gain a positive outlook towards the future." Rush Copley is proud of the work in this area and the national recognition that was achieved.

# Exemplary Professional Practice

## Healthcare Worker Safety Initiatives

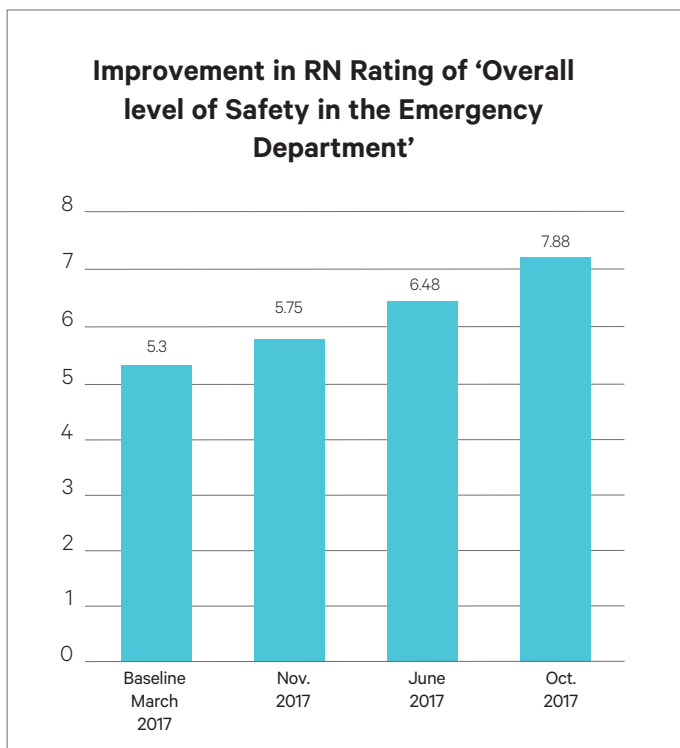
Preventing workplace violence in healthcare is a critical issue that healthcare and nursing leaders focus on to maintain a safe environment. Examples of workplace violence include verbal threats, physical attacks, abusive family members, gang violence and much more. During the past two years, Rush Copley has worked hard to create a stronger culture of healthcare worker safety throughout the organization.

Throughout 2018, Nursing participated in identifying opportunities for improvement and led many change efforts particularly in the Emergency Departments (ED). Improvements include:

- “Stop the Violence!” signs placed in the ED informing the public that threatening or aggressive behavior towards staff is not tolerated and that it is a felony
- Panic buttons installed at every greeter desk in buildings throughout Rush Copley campuses
- Representation from ambulatory locations added to the Environment of Care Committee
- Continued work with local civic agencies
- Coordinated community response to code silver, review assessment and develop plans
- Staff education on Run, Hide, Fight
- Policy updates on “The Care of the Prisoner Patient”
- Implementation of a safety tray developed in collaboration with the Dietary Department.

Employee safety is a high priority and each report of aggressive or violent behavior toward healthcare workers is individually investigated. Mary Shilkaitis, Chief Nursing Officer, contacts individuals who report an occurrence to personally express concern for their safety and well being. The Workplace Safety Subcommittee also reviews events and makes recommendations for safety improvements as appropriate.

The ED clinical staff was surveyed four times during 18 months to learn if safety improvements have changed their perception of their sense of security in the ED, which showed a significant improvement. Safety is a priority and efforts to curb future risk for violence is ongoing.



# CAUTI Prevention Team Impacts Use of Catheters

The Catheter-Associated Urinary Tract Infection (CAUTI) Prevention team kicked off 2018 with a successful education initiative to reinforce proper Foley catheter insertion and maintenance practices. The focus was to maintain sterile technique during insertion, use of the new SureStep Foley catheter trays, as well as review pre-cleaning practices and maintenance care. Registered nurses in the ED, inpatient and select procedural areas completed this competency.

Throughout the year, the team continued monthly audits of Foley care practices for tracking and trending compliance. The results of these audits determined the key areas of focus. In addition, the team reviewed all reported CAUTIs to determine what practice improvements can be made.

At Rush Copley, the consistent focus on CAUTI Prevention helped reduce the catheter utilization rate (CUR). Prior to forming the team, the CUR was .205 (meaning 20 percent of inpatients had a Foley catheter). During the last two years, the staff has maintained a CUR of .16, a 20 percent decrease in catheter use, which helps to prevent infections.

## Closing the Gap to Enhance Compliance in Infusion

In February 2018, Rush Copley initiated a Central Line-Associated Blood Stream Infection (CLABSI) Prevention team. By summer, the team completed a gap analysis that compared central line insertion and maintenance practices at Rush Copley to the Infusion Nurses Society (INS) standards. The analysis identified these “gaps” in practice and made these recommendations:

- Disinfect needleless connectors prior to each use
- Routinely change continuous sets every 96 hours and intermittent every 24 hours
- Use passive disinfection caps with each line access and immediately discard it when removed
- Perform site care, including skin antiseptics measures and dressing changes at established intervals and immediately if the integrity of the dressing is compromised.

Educational flyers on the first two gaps were distributed through email and change-of-shift “huddle” education in September. In October, almost 400 nurses attended hands-on site care education sessions. Education addressing each of the four gaps will continue through early 2019.

Several product changes were implemented based on the gap analysis and feedback from unit staff. In April, all areas began stocking the sterile red end cap for IV tubing to help decrease the risk of line contamination. In July and August the ICU successfully trialed the Curox passive disinfection cap. These caps hang on the patient’s IV pole so they are easy to access, which increases RN compliance. Many nurses mentioned that the CHG/alcohol swab pad was not available prior to scrubbing the hub. Therefore, CHG/alcohol swab pads that hang from the IV pole are now available. These efforts work toward compliance with current standards.





## Nurses Partner with Patients and Families to Make Change

In January 2018, Rush Copley formed a Patient and Family Advisory Council (PFAC) to strengthen the patients' voice throughout the organization. The council is co-chaired by Karyn Garcia, MSN, RN, CAPA, Clinical Nurse and Clinical Nurse Educator, DSU/PACU. From the beginning, she listened and led the team to improve the surgical services website, simplify patient discharge instructions and championed a plan to ask patients what is most important to them.

One of the most important changes was the installation of push-paddle handles on doors to Rush Copley's multi-stall restrooms. The change was inspired by a former patient, PFAC member and Rush Copley volunteer who is a paraplegic. The patient shared how difficult it is to navigate the large, heavy restroom doors without an automatic entrance. With many visitors in wheelchairs or using walkers, feedback was consistent from other patients, families, and visitors.

With support from Suzanne Sterchi MSN, RN, CNOR, NEA-BC, Assistant Vice President Patient Care, the request for automatic push-paddle door handles in multi-stall restrooms was approved. By November 2018, the Facilities Department identified locations and a product. Push-paddle handles have been installed on the multi-stall restrooms at the front and the outpatient entrances — increasing accessibility for all patients.

## Rush Copley Earns Gold Medal from 'Get with the Guidelines!'

Get With The Guidelines® — Stroke is an American Heart Association program to improve stroke care by promoting adherence to the latest scientific treatment guidelines. Stroke awards recognize hospital staff for their commitment and success in treating stroke patients with the most appropriate, timely care according to national guidelines — and Rush Copley earned a Gold Medal, which recognizes exceptional performance of 24 consecutive months or more.



# Decreasing Patient Fall Rates in Physical Medicine and Rehabilitation (PMR)

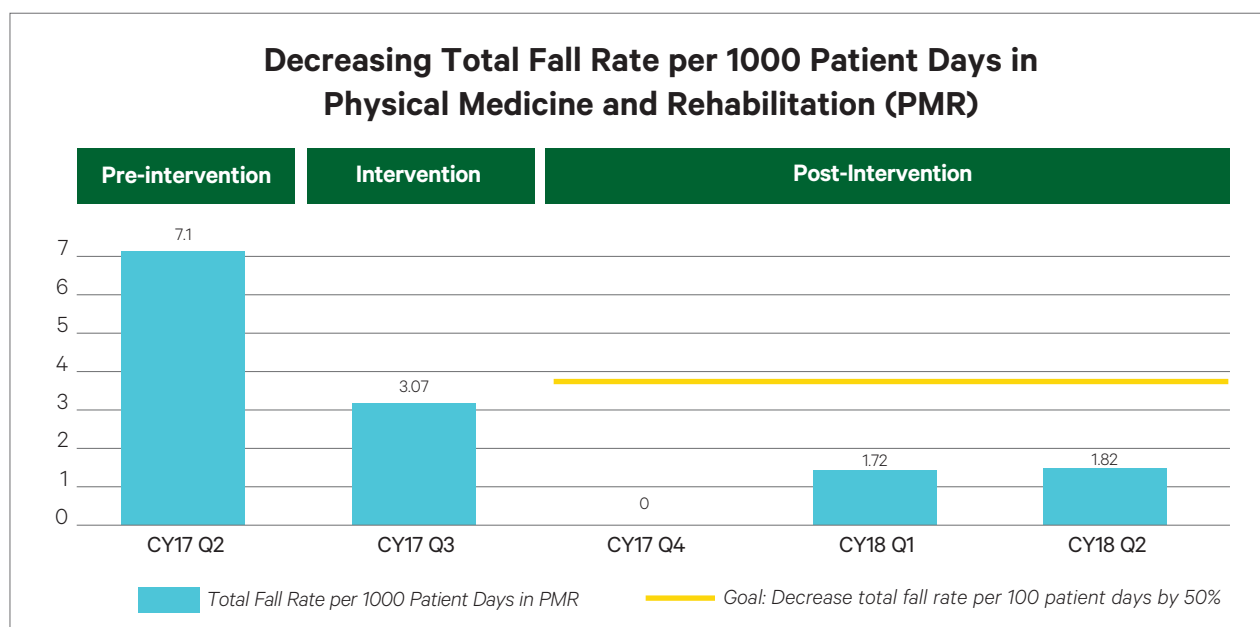
Between 700,000 and one million patients fall in U.S. hospitals each year. More than 30 percent of those falls cause injury — from bruising to head traumas to fractured bones. Fear of falling can cause older adults to limit activity, decreasing their overall mobility and increasing the risk of falling again.

The Physical Medicine and Rehabilitation Unit (PMR) is Rush Copley's 18-bed, inpatient, acute, adult rehabilitation department. Patients on PMR have a variety of physical and cognitive impairments, as well as communication barriers (aphasia or apraxia) that put them at a higher risk for falls. The fall rate in PMR rose to 7.71 total falls per 1000 patient days in CY17Q2, motivating PMR clinical nurses to determine a cause and form a plan for improvement.

First, the team determined they needed more patient-specific information to identify causes. Gina Gilchrist, BSN,RN, Clinical Coordinator, reviewed the medical records of all the PMR patients who fell in 2017. The nurse's data analysis noted:

- 86 percent of the falls occurred on the day shift
- 57 percent were related to trips to and from the bathroom
- 71.5 percent were unassisted falls
- 72 percent of the falls were patients who had had a stroke
- Patients were more likely to fall out of a wheelchair than a bed or regular chair.

The data also showed an opportunity to improve communication between caregivers at handoff as well as between nursing and therapy. In addition, clinical nurses were not clearly communicating fall risk to patients and families resulting in families helping patients to the bathroom, which caused falls. Nurses determined patients who had a stroke diagnosis were impulsive and had cognitive impairments and were high-risk for falls, yet they were not identifying these patients to team members. The data also showed that intentional rounding practices were not addressing patient's need to use the bathroom.





The PMR team established a unit level, interprofessional Quality Team whose first initiative was to develop an action plan that would reduce patient falls by 50 percent in the PMR unit. Interventions included:

- Consistent safety education scripts for all team members on why patients and families need to call for help to navigate their surroundings
- Produce a “Call, Don’t Fall” sign for each patient’s room. Also communicated this message on the unit’s bulletin board to educate visitors
- Share appropriate transfer techniques between nursing and therapy staff when change occurs. Clinical Nurses learned transfer techniques from the therapists.
- Conduct fall prevention education during the patient lunchtime dining program
- Therapy staff notifies nursing staff when each patient returns from therapy so patients can be guided to the bathroom
- Ultra high-risk patients are identified at daily huddles; with their names in orange on the staffing board and with a fall-risk light indicator outside their room. Wheelchair seat belts are also used for these patients.
- All staff completed a computer-based learning module on fall prevention risk factors.

The PMR team was successful in meeting their goal of reducing the fall rate by 50 percent. They even achieved their goal of 90 days without a fall. The team continues to monitor compliance. Their work shows that when clinical nurses are involved in the evaluation of patient safety data at the unit level, improved patient safety outcomes are obtainable.

# Patient Feedback Sparks Improvements in Day Surgery

Late 2017, Rush Copley received a letter from a patient regarding her care in the Day Surgery Unit (DSU). The patient had miscarried and needed a dilation and curettage procedure (D&C). She and her spouse did not feel they received the emotional support they needed, and several requests regarding her physical comfort went unaddressed. After reviewing the case and care practices, clinical staff learned that the DSU process differed from that in Women's Health where similar events are regularly addressed.



Due to the low volume of DSU patients needing a D&C, the peri-op clinical nursing staff was inexperienced in providing emotional care to bereaved patients and their family members. Clinical nurses frequently felt at a loss for ways to express compassion to these families. Plus, Day Surgery Unit's team approach puts patients in contact with numerous clinical nurses during their stay, which makes it difficult to fulfill the emotional needs of bereaved patients.

Karyn Garcia, Clinical Nurse Educator and Clinical Nurse for DSU and Michelle Gerbino, Perinatal Support Coordinator in Women's Health, developed an education plan to help clinical nurses care for OB patients who miscarry. Gerbino and Garcia performed a gap analysis to identify the need for education and/or process changes. As a result, four needs were identified:

1. A script in Pre-Admission Testing to acknowledge the fetal loss and discuss the State of Illinois Fetal Death and Disposition Form
2. The Labor and Delivery "Miscarriage Worksheet" to help during pre-admission phone calls
3. Develop a process algorithm for clinical nurses to use for patients with a pregnancy loss throughout the peri-operative departments
4. Development of a condolence letter for Day Surgery clinical nurses to give to the patient at discharge.

Garcia and Barb Gambino, BSN, RN, CAPA, Clinical Coordinator Day Surgery Unit, reviewed the process changes and created a resource binder for clinical nurses. Nurses in Day Surgery, PACU, and Pre Admission Testing were educated on how to support these patients. Now clinical nurses appreciate this standardized, nurse-driven process for occasions of grief and bereavement.

# Teaming Up Against Pain for Total Joint Replacement Patients

Patients who have a total knee replacement often experience lethargy, weakness, nausea and vomiting from narcotic pain medications. These symptoms delay their ability to ambulate and increase their length of stay. For elderly patients, pain medications also cause confusion and memory lapses, which inhibit their perception of effective pain management. Patients' pain levels increased when pain medication was skipped or postponed due to intolerance. Nurses in Rush Copley's Ortho/Neuro/Peds (ONP) Department recognized a need to improve patients' perception of pain management after total knee replacement.

At that time, the pain management protocol included intra- and post-operative epidurals with a narcotic component and oral Oxycodone SR when the epidural was discontinued one day after surgery. The use of scheduled opioids continued the cycle of nausea and lethargy. The patient's response of "very good" or "excellent" to the question "How satisfied were you with your pain management during your hospital stay?" dropped to a low score of 89.3 during 2017. A team was formed to review pain management practices for this group.

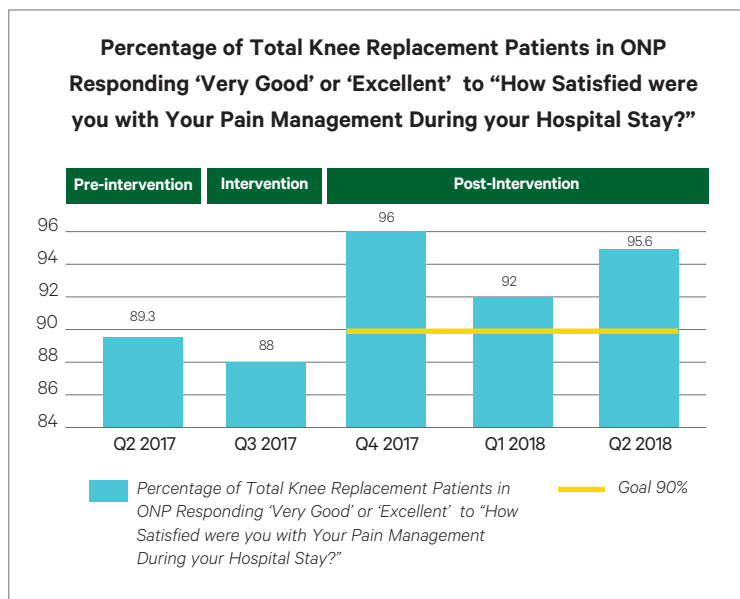
The team's analysis and interventions led them to develop an interprofessional educational activity. The team, led by Renee Bergstrom, Total Joint Coordinator, set a goal to increase the percentage of patients responding 'very good' or 'excellent' to 90 percent or higher when surveyed.

Throughout the second half of 2017, the Total Joint Steering Committee discussed post-operative nausea management and order set changes. Renee Bergstrom and Deb Rehder, Pharmacy Clinical Leader, co-led the initiative. Bergstrom worked with clinical nursing staff and physicians to review current practices while Rehder investigated the pharmacology.

The team developed a new multi-modal pain order set to control pain and minimize use of narcotics. Bergstrom and Rehder discussed the protocols with the joint replacement orthopedic surgeons. They also gained input from Elaine Start, Physical Therapist, Rehabilitation Services, who noticed that the side effects delayed ambulation.

Order sets were updated to substitute a numbing agent for epidural narcotics and add non-opioid oral pain medications scheduled also on the day of surgery. This multi-modal approach to pain management limits the amount of narcotics patients receive. By eliminating the use of narcotics in the epidural post-operatively, research shows urinary retention drops to less than 20 percent in the general population, so most patients would not require a catheter.

Bergstrom led the interprofessional education, which included clinical nurses, physical therapists, pharmacists, and anesthesia care providers. After implementation and education, the ONP Department achieved their goal of raising patient perception of pain management in total knee replacement patients to higher than 90 percent.



# New Knowledge, Innovations and Improvements

## “Baby, I See You” in the NICU

Every year, the Neonatal Intensive Care Unit (NICU) admits approximately 300 newborns for complex, multidisciplinary care. Depending on the infant, length of stay can range from two days to several months. Likewise, post-partum patients are occasionally moved to the ICU due to complications or pre-existing morbidities. Due to risk of infection as well as the neonate’s condition, it can be difficult for newborns to visit their mother. However, the early hours and days after delivery are a critical time for mothers and newborns to bond.



During a Patient Experience Committee meeting in December 2017, NICU clinical nurses Carol Heinz, Julie Everson, and Ashley Talip raised a concern from an obstetric patient. The mother was transferred to the Adult Intensive Care Unit (ICU) after giving birth while her baby was admitted to the NICU. The mother lost opportunities to see or hold her baby for weeks after his birth.

The discussion led to “Baby, I See You,” an innovative way to connect parents and infants via a video call using Skype or Face Time on two tablets. These e-visits enable parents to connect during a treatment or a bath — or simply say good-night to their newborn. In addition, transportation issues limit some parents’ visits, but they can access e-visits from anywhere using technology. E-visits also enable eager siblings, grandparents and others to “meet” the newborn.

Here’s how “Baby, I See You” works:

- On NICU admission, a clinical nurse explains the program to parents
- Parents sign up for a designated time for their “Baby, I See You” visit
- At the designated time, the clinical nurse initiates the video call with the parents using the hospital-designated tablets. When the video call is placed, the clinical nurse asks the parent a security question. Other family members may join the e-visit as long as one parent is present.
- For privacy, the clinical nurse closes the curtains around the infant’s crib, hangs a sign that announces an e-visit is in progress, and reduces background noise in the area.
- The clinical nurse documents the e-visit in the infant’s medical record.

Talip, Heinz, and Everson also developed a presentation and fact sheet to educate the NICU clinical staff on the process. Bilingual education sheets were created for parents.

The e-visit was piloted with a NICU mother who was separated from her infant due to her health. Nurses were able to video chat with the mother and provide updates.

Clinical nurses now offer the “Baby, I See You” program upon admission to all parents of NICU patients. This innovative strategy supports parent-infant bonding and is very well received by clinical nurses. Parents are thrilled to participate in their infant’s care when they are unable to be in the NICU. “Baby, I See You!” is an excellent demonstration of nurses collaborating to generate innovative solutions in caring for patients and families throughout the organization.

## Nurses, Drink Up!

During a shift, nurses are on the go with limited time to go to the break room for a drink. Nurses and physicians voiced the need to have an easy-to-access area where staff could have something to drink without leaving the unit. Clinical nurses partnered with Kristi Walker, MSN, RNC-OB, Infection Prevention

Manager, to research the current evidence on this topic. The team, comprised of clinical nurses, nursing leadership, and infection prevention found that OSHA guidelines allowed drinking at the nursing stations, but not where there is a risk for exposure to blood or other potentially infectious materials.

Walker then worked with each of the nursing units to do an evidence-based risk assessment of work areas to identify safe locations for the hydration stations.

The team solicited feedback from staff after implementation. Nurses are happy because hydration stations have alleviated leg cramps some were experiencing from dehydration. It’s the healthy thing to do — and nurses can remain available to patients in their unit while enjoying a beverage.

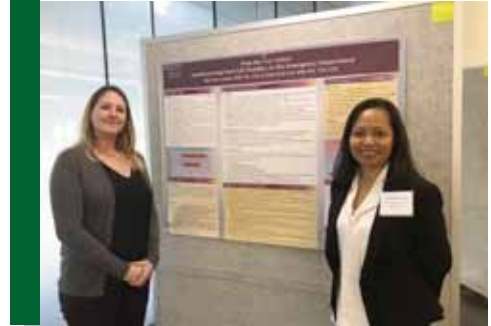


**Kristi Walker, MSN,  
RNC-OB, Infection  
Prevention Manager**

# Posters, Podiums and Publishing — Nurses Lead by Sharing Knowledge

## An Upright Approach to Reducing Falls

In October 2018, Maureen Lugod, MSN, RN, CEN, Clinical Nurse Educator, and Kelly Peterson, BSN, RN, TNS, CEN, Clinical Nurse, ED, presented “Help Me I’ve Fallen: Implementing Post-Fall Huddles in the Emergency Department” at the 2018 University of Chicago Annual Nursing Research and Evidence-Based Practice Symposium. They discussed how post-fall huddles assure clear communication and bring a heightened awareness of patients who are at risk for falling. This process is now practiced hospital-wide.



**Maureen Lugod, MSN, RN, CEN and Kelly Peterson, BSN, RN, TNS, CEN present “Help Me I’ve Fallen.”**

## When Reading Becomes Leading

Beth Garrison,  
MSN, MBA,  
APRN, ACNP-  
BC, CWON,  
RN-BC, Clinical  
Training  
Coordinator,  
Epic had two



book reviews published in *Trendlines*, a monthly newsletter for the members of the Association for Nursing Professional Development. In August 2018, Beth reviewed, “Revolutionize Learning and Development: Performance and Innovation Strategy for the Information Age.” In June, she reviewed, “Telling Ain’t Teaching: Updates, Expanded and Enhanced” (2nd edition).

## Updating Illinois Nurses on Continuum of Care

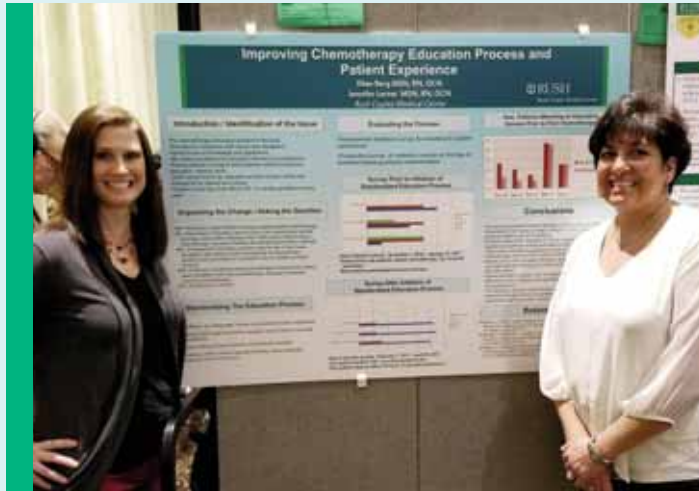
In October 2018, Katie Koerner, DNP, MBA, RN, CNML, Manager, Nursing Professional Practice and Barb Douglas, MBA, BSN, RN, NEA-BC, Director, Critical Care and Respiratory Services, showcased “Transforming the Care Continuum through Nursing Leadership and Collaboration: The Progress of the IONL Continuum of Care Committee” at the annual conference of the Illinois Organization of Nurse Leaders. Koerner co-chairs the IONL Continuum of Care Committee.

## Authoring an Article on Nursing Certifications

Beth Garrison, MSN, MBA, APRN, ACNP-BC, CWON, RN-BC, Clinical Training Coordinator, Epic; Carol Schulz, MS, APN/CNS, CEN, RN-BC, Clinical Nurse Educator-retired; Christa Nelson, MSN, RNC-NIC, Clinical Nurse NICU and Corrine Lindquist, MSN, RN, CMSRN, Clinical Nurse Educator MSII and Cancer Care Center, co-authored “Specialty Certification: Nurses’ Perceived Value and Barriers” in the May 2018 edition of *Nursing Management*. In their article, they presented their research on nurses’ awareness of specialty certification, barriers to becoming certified, and explored how nurse’s feel about specialty certification.

## Improving Outcomes with Patient Education

In March 2018, Ellen Berg MSN, RN, OCN and Jennifer Lerner, MSN, RN, OCN received an Honorable Mention at the 35th Annual Rush Research Forum for their research titled Improving Chemotherapy Education Process and Patient Experience. Berg and Lerner saw patient outcomes improve in the Outpatient Cancer Care Center by adding a special teaching session for patients prior to their first chemotherapy treatment.



Jennifer Lerner MSN, RN, OCN and Ellen Berg MSN, RN, OCN



## Overcoming Barriers to Good Nutrition

Jen Waters, MS, RDN, CNSC, LDN, Manager Clinical Nutrition; Gina Wilderspin, RD, LDN, CNSC, Clinical Dietician; and Andrea Heimer, MSN, RN, CCRN, Clinical Nurse Educator-Critical Care, published an article in *Future Dimensions in Clinical Nutrition Practice*, Summer 2018 titled, "Initiating a Volume-Based Feeding Protocol: It Takes a Village." The article discusses their work in providing early and adequate nutrition to patients who are unable to eat.

## Opportunities for Innovation

In May 2018, Olivia Lemberger, MSN, RN, CHSE, Nursing Professional Practice Clinical Nurse Educator, authored, "Finding a Better Way: Nurses and Innovation" in Sigma Theta Tau's *Reflections on Nursing Leadership*." She also presented "An Integrative Review of Cross-Industry Global Innovation: Evidence-Based Strategies for Nursing Practice" in July 2018, at Sigma's 29th *International Nursing Research Congress* in Melbourne, Australia.

## Understanding the Aging Brain

In September 2018, "The Aging Brain" took center stage at the Illinois TRIAD Conference and at the Aurora Public Library when Deborah Brunelle, MSN, RN, CNRN, SCRN, Manager Neuroscience Services and Stroke Coordinator presented the topic. The TRIAD's goal is to bring together public safety personnel, legal representatives, elderly rights advocates and senior citizens for crime prevention and safety education throughout Illinois.





## When Opioids Affect Mothers and Newborns

In November 2018, Rush Copley's Illinois Perinatal Quality Collaborative (ILPQC) for Mothers and Newborns affected by Opioids (MNO) team presented a poster "Our Journey for Improving Outcomes for Maternal Neonatal Opioid Addiction" at the 6th Annual ILPQC Conference. Team members included: Tita Cozzoni, BSN, RNC-MNN; Melissa Knapik, BSN, RNC-MNN; Melissa Acton, BSN, RN; Carol Heinz, ADN, RNC-NIC; Louise Fazio, MSN, RNC-NIC, CNML; and Karen Werrbach, MSN, RNC-OB, NEA-BC. They discussed the progress of the ILPQC MNO initiatives including the implementation of multiple Plan, Do, Study, Act (PDSA) cycles, and the successes and challenges of these initiatives.

## Keeping Healthcare Workers Safer

Mary Shilkaitis, MSN, MBA, RN, NEA-BC, FACHE, Vice President Patient Care Services and Chief Nursing Officer and Jennifer Perry, MSN, BA, RN, TNS, CEN, Director of Emergency Services, presented "Workplace Safety: Prevention Strategies for Healthcare Worker Safety in the Hospital Setting" at the 2018 Illinois Organization of Nurse Leaders (IONL) Annual Conference. They discussed the challenges associated with aggressive or violent behavior towards healthcare workers in hospitals, and the critical factors needed to prevent violence and create an effective healthcare workers safety program.



**Jennifer Perry, MSN, BA, RN, TNS, CEN Director of Emergency Services**

## Stories of Nurse's Impact

Maureen Lugod, MSN, RN, CEN; Kathy Ostrander, MSN, RN, CPN; Olivia Lemberger, MSN, RN, CHSE and Beth Garrison, MSN, MBA, APRN, ACNP-BC, CWON, RN-BC, each submitted stories to *Making a Difference: An Anthology of Nursing Professional Development Stories* — and they were accepted. The publication of the Association for Nursing Professional Development includes a collection of stories that uniquely illustrates the work and impact of nurses in professional development.

## Competency + Validation = Empowerment

Beth Garrison, MSN, MBA, APRN, ACNP-BC, CWON, RN-BC; Kathy Ostrander, MSN, RN CPN and April Caruso, MSN, APN, ACNS-BC, RNC had their article "One Hospital's Experience with Implementing On-Demand Annual Competencies for Nurses" published in the January/February 2019 edition of the *Journal of Nurses in Professional Development*. The article explores clinical nurse empowerment by how they demonstrate competencies in their specialty and the effectiveness of competency validation methods.



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