Commitment and Passion for Excellence

Annual Report 2015

The University of Chicago Medicine
Nursing
Dear Colleagues,

This past year may have been one of the more challenging years since I joined the University of Chicago Medicine, but it was also, by far, one of the most rewarding and exhilarating.

From continued improvements in quality and safety, to the awe-inspiring response by our nurses to the Ebola crisis, I am so proud of the professional colleagues with whom I work every day.

The theme of this year’s annual review of UChicago Nursing — Commitment and Passion for Excellence — perfectly characterizes how we, as nurses, achieve positive outcomes for our patients and why we continue to raise the standards of our professional practice.

Organized around the five pillars of the Professional Practice Model, each section of this report highlights the great work our nurses do to achieve the best outcomes for our patients and to ease the burden on the families of those who are under our care.

In addition to providing compassionate care, our nurses lead numerous changes in reducing infection and improving patient outcomes through evidence-based practice. In the community, they are leaders in improving the health of our neighbors through outreach and education.

In this past year, with Ebola on the global consciousness, our commitment to our patients was evident in the response of our nurses to the call for volunteers and training. The University of Chicago Medicine was at the forefront of preparations to treat patients suspected of having this disease. As part of a multidisciplinary team of health care professionals, nurses and other clinicians spent thousands of hours researching best treatment practices, developing standard operating procedures, practicing protocols, and even drilling on how to safely put on and take off personal protective equipment.

We were ready. Luckily, the few suspected cases brought to us were not positive for Ebola. But the work we did in preparation, as one of the key hospitals in the City of Chicago Ebola Resource Network, led to national recognition of how we advanced the evidence-based practice for the care and treatment of patients with this disease.

This pursuit of excellence is one of the reasons that the University of Chicago Medicine was again awarded an A grade in patient safety from the prestigious Leapfrog Group — for the eighth-straight time. This independent, national organization rates hospitals on the ability to protect patients from preventable medical errors, injuries and infections. There were several nursing-related indicators, such as the level of training, for which we received a perfect score and which led to the overall A rating.

As you read this Annual Report, you will see that every story underscores our commitment and passion to excellence.

I thank all my nursing colleagues for your inspirational dedication to our patients, your drive to constantly analyze and improve how we deliver health care, and your ability to come together with the singular purpose of providing compassionate care to improve the lives of others.

Regards,

Debra Albert
MSN, MBA, RN, NEA-BC
Senior Vice President, Patient Care Services and Chief Nursing Officer

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Dear Colleagues,

2015 was another exciting year for Shared Governance (SG). The momentum from 2014’s SG Model restructuring and the creation of the Professional Practice Model (PPM) led to the development of a Care Delivery Model that puts the patient at the center of everything we do. The overview below highlights some of the year’s achievements as our shared decision-making approach to care is practiced through the five components of the PPM.

Keeping patient and family centeredness a priority within SG, the infection control (IC) department routinely presents at SG meetings about various hand-hygiene initiatives. These exchanges produce valuable improvements in patient safety. In addition, the launch of the nurse biography card initiative by the Employee Engagement Council helps to better connect patients and families to their caregivers.

Advancing evidence for nursing practice in everyday work was exemplified by the adoption of the Skin Care Team as a formal committee within the SG model. Reporting to the Interprofessional Quality and Safety Council, the group is better able to incorporate evidence-based practices into improving skin care throughout our hospitals. Also, the Ambulatory Local Practice Council’s evidence-based work on patient transfer guidelines led to changes in policy.

Promoting collegial relationships continues to be a top priority for SG. Collaboration with our pharmacy colleagues led to improvements in our use of Omnicell’s automated medication dispensing systems and the creation of an Omnicell task force. Together with the Nursing Pharmacy Committee, the task force resolved some basic issues and kept staff informed throughout the process.

Working with our colleagues in the Community Benefit Office helped support our commitment to advancing the health of our community. In tandem with school principals from Chicago Public Schools, SG identified the important need for greater personal hygiene education within our neighborhoods. By partnering with Walgreens and uniting with the Pediatric Mobile Unit, nurses were able to provide 450 eighth grade students from 12 different schools the tools and products they needed.

One of the greatest joys of working within SG is the continuing growth in professional development and advancement. In October, 15 staff nurses attended the Magnet National Conference. SG quarterly workshops offer a regular forum for nurse leaders to help others with professional growth. The creation of the Care Delivery Model exemplifies growth. It starts with each patient meeting an interprofessional team as they enter our health care system, and then moves with them through implementation of a care plan that is supported by a number of professionals to achieve the best outcomes and the appropriate discharge option. The Care Delivery Model supports each step in the process.

Overall, I’m honored to call such an amazing group of nurses colleagues, and grateful for all the hard work devoted to sharing decisions with our nurse leaders. None of these accomplishments would be possible without each and every member. This next year we look forward to further developing SG by using the unit-based council evaluation system and supporting units in professional growth while continuing to provide compassionate care to our patients.

Sincerely,

Donna Kahn, BSN, RN
Nursing Practice Council Chairperson FY15

The five pillars of the Professional Practice Model are the driving force that define how our nurses practice, collaborate, communicate, and develop professionally to provide the highest quality of compassionate care to our patients and our community. It illustrates the alignment and integration of nursing practice with the mission, vision, values and philosophy of our institution.
“We recognize the uniqueness of each one of our patients and their families, and collaborate to promote their health and well-being and provide them with an excellent experience.”

Bruce Kahn, BSN, RN, OCN
10 Central – Stem Cell unit

Bringing the right care to patients and their families

The dedication to our patients and their families is the driving force behind our commitment and passion for excellence in health care. From the design of the Center for Care and Discovery, which enables families to stay with their loved ones in the hospital, to ways we incorporate patient input into their own treatment options, the University of Chicago Medicine has established a patient- and family-centered environment that optimizes outcomes. In all our processes, whether it's our end-of-shift safe patient handover or our multidisciplinary patient rounds, we collaborate and personalize care to fit the unique needs of individual patients and their families. Through it all we maintain an open, kind and communicative environment to ensure that patients feel cared for at every point during their hospital and clinic experience. In this section, you’ll learn more about two key examples of patient- and family-centered care in action – the patient-focused flexibility of our new Stem Cell Transplant and Hematological Malignancy Support Unit and our new open visitation policy.
**Successful first year for the Stem Cell Transplant and Hematological Malignancy Support Unit**

In December 2014, the University of Chicago Medicine celebrated the opening of the Stem Cell Transplant and Hematological Malignancy Support Unit, an outpatient stem cell transplant unit that serves leukemia, lymphoma and multiple myeloma patients.

Patients with a strong family support system and a positive performance status receive their high-dose chemotherapy, transplant and supportive care at the unit during the day, and are then able to return home at night between treatments. Ursula Dolan, BSN, RN, OCN, director of cancer medicine services, reports that many patients find that the comfort of being able to go home to their family makes the process much easier to bear. Patients gave the unit a 97.2 satisfaction rating, citing the environment and the personalized attention they receive as things they love the most about it.

Approximately 14 nurses from the inpatient stem cell transplant unit 10 East are trained to work in the clinic. Exuding a warm, intimate feeling, the clinic holds five bays and is managed by two nurses and one provider at a time. Since opening in late 2014, the unit did a total of six outpatient stem cell transplants — surpassing its goal of five transplants in the first year. The unit has provided a unique opportunity to deliver high-quality care focused on the physical and emotional needs of patients, and has allowed for greater flexibility and increased space in the inpatient unit to accommodate more complex transplants.

**Improved handoff process ensures safer continuity of care**

Safe patient handoffs are used to transfer important information and responsibility of care from one caregiver to the next. Communication failures during this transition account for the majority of adverse outcomes in hospitals.

Nursing and physician staff from the ambulatory clinics, the Bernard A. Mitchell Emergency Department (ED), and admitting units realized there were inconsistencies in their process. An interprofessional group from ambulatory, nursing and medical directors, medical education, shared governance council, adult ED, inpatient, transportation, risk management, patient logistics, the EPIC team and professional development was convened to find solutions.

Using an evidence-based practice approach, the group collaborated to develop a standardized process for patient handoffs.

The team agreed to use a standardized electronic communication tool — eSBAR: Situation-Background-
Assessment—Recommendation — for communication.

The eSBAR tool was put into EPIC’s Electronic Medical Record (EMR) system so that caregivers could accurately communicate the patient’s condition and any immediate needs with each other electronically through EMR and over the phone. The team developed a handoff workflow algorithm and guidelines for transfer to either the adult ED (unstable patient) or inpatient bed.

Education was implemented to teach staff how to transfer the eSBAR form from the ambulatory documentation to the inpatient chart. Epic tip sheets, a training webinar and computer-based training (CBT) were all implemented to better educate staff. The guidelines require documentation in the eSBAR tool and a verbal communication of clinical data. And patients are accompanied to either the ED or inpatient unit to ensure a safe handoff.

Emergency Department staff nurse Roselle Del Carmen, BSN, RN, CMSRN, communicates key patient details with other care providers as part of UChicago Medicine’s safe patient handover procedures. This process ensures continuity of care as patients move to higher levels of care or toward discharge.

For unstable patients, or those requiring a higher level of support, the Rapid Response Team is called prior to transfer.

Drawing attention to this potential patient safety issue and putting an evidence-based, standardized communication process in place improves safety during these transitions.

Revised visitation policy meets patients’ needs

In May 2015, a revised visitation policy took effect at the University of Chicago Medicine. The change reflects our efforts to recognize the importance of family members and significant others in the care and recovery of the patient, therefore encouraging patient-directed visitation. This is defined as an unrestricted visiting environment in which the patient (or health care proxy) establishes visitation parameters that best suit the individual’s circumstances.

The old visitation policy restricted patients to only receiving two visitors between the hours of 9 a.m. and 9 p.m. Evidence-based practice supports open, flexible and patient-directed visitation. In fact, many nurses had already recognized this and were allowing visitors to extend their stay as long as they proved to be a positive influence on a patient’s recovery.

“The new open visitation policy does not limit visitation times or the number of visitors. The ultimate goal is to meet the psychological and emotional needs of the patient and those who comprise the patient’s support system,” said Ilana Staneva, MSN, MBA, RN, CCRN-K, NEA-BC, “Visitors can be a spouse, a domestic partner, same-sex partner, anyone that the patient designates as their partner in care.”

Thanks to the great work of all UChicago Medicine employees, the change has been warmly received by patients and visitors, all of whom are thrilled to have the opportunity to spend more time with their loved ones.
As the Ebola epidemic began spreading in the summer of 2014, many of our nurses volunteered to form part of a multidisciplinary team dedicated to caring for any potential patients who came to us. Their commitment and passion for excellence meant thousands of hours of preparation, researching protocols and working with disease specialists from across the country and around the world. The skills of the entire University of Chicago Medicine team led to new ways to prepare and care for suspected Ebola patients. The key to the success of our nurses was their expertise and training in the Iowa Model of evidence-based practices. But for the few young patients who came to us and were thankfully found to be Ebola-free, all they will remember was the compassionate care of our nurses, the efforts made to soften the scary nature of a potentially deadly disease, and the trusted assurances they were going to be all right.

“Evidence-based practice is essential to the care we provide our patients. It allows all nurses and physicians to maintain expertise in their skills while constantly enhancing our knowledge base. Ultimately this enables us to deliver quality care that is focused on medical innovation and the most up-to-date practices. Our patients benefit because we are able to translate new knowledge into our clinical practices and provide safe, quality care.”

Rachel Simon, BSN, RN, CPN – Specialty Procedures Nurse, Pediatric Cardiology
Iowa Model training provides foundation for evidence-based improvements

For more than 10 years, the University of Chicago has been using the Iowa Model Revised Evidence-Based Practice to Promote Excellence in Healthcare (Iowa Model) in order to deliver the highest quality of care possible. In September 2014, the University of Chicago Medicine offered nurses a four-hour training program on the design, implementation and evaluation of evidence-based practice projects following the Iowa Model.

Sixty-five nurses on the Nursing Practice Council took part in the training as part of their quarterly meeting. Attendees praised the event, giving each speaker nearly a five out of five rating. Many cited their enhanced confidence in understanding the model as a major benefit of the training.

UChicago Medicine’s participation in events hosted by the University of Iowa Hospitals and Clinics (UIHC) allows our organization to ensure that the model is being properly realized within the system. In April, two staff nurses, three nurse leaders and an advanced practice nurse attended the UIHC’s 22nd National Evidence-Based Practice Conference. There they presented four posters from their evidence-based practice projects and participated in a discussion regarding upcoming revisions to the Iowa Model.

In February, Monica Gonzalez, MS, APN, PCNS-BC, CCRN, pediatric clinical nurse specialist, was the second UChicago Medicine nurse to attend intensive evidence-based practice training in Iowa City at the Advanced Practice Institute: Promoting Adoption of Evidence-based Practice event. Based on her feedback, plans have been made to partner with UIHC to bring a version of the training to UChicago Medicine in the coming fiscal year.

“Evidence-based practice is what we all should be striving to achieve,” said Cynthia LaFond, PhD, RN, CCRN-K, director for nursing research. “Everyone who in any way interacts with a patient, whether indirectly or directly, is responsible for knowing that what they’re doing is best practice for their patient. Following the Iowa Model allows us to question current practices, review sources of evidence to determine if a practice change is needed, and then plan to implement and evaluate that change. It allows us to be a continuously learning organization.”

UChicago Medicine nurses are constantly working to improve how they care for patients and to ensure the latest and most effective treatment protocols and best practices are used throughout our hospitals.
Nurses empowered to detect and treat sepsis

Over the last year, the University of Chicago Medicine has continued efforts to educate and empower nurses to detect, treat, and manage sepsis. This is a critical issue because as recently as 2012, we recorded a sepsis mortality rate among our patients that was above the national average.

Thanks to increased use of evidence-based treatment protocols by our nurses, physicians and staff, this number is decreasing.

“Antibiotics are being given more quickly, fluids are being given more quickly, all the numbers are going in the right direction,” said Mike Ward, MD, a physician in the emergency department and the ED lead for the hospital-wide sepsis initiative. “We’re seeing a lot of improvement, but overall we’d like to see even more.”

Online training courses and other educational materials are continuously updated and distributed to staff in the emergency department (ED) of the Bernard A. Mitchell Hospital to constantly improve our understanding of sepsis. We are also committed to increase patient screenings to boost early detection.

The ED has been equipped with an alert pager and an Epic-integrated sepsis timer that helps expedite sepsis care and creates a better line of communication between physicians and nurses.

At Comer Children’s Hospital, pediatric inpatient nurses have been educated using the Children’s National Medical Center training program, as part of a Pediatric sepsis collaborative. And the program will be rolled out in the ED.

“Over the next year, we want everyone to participate in the trainings,” said Gabe Campos, MSN, RN, PCNS-BC, CEN, CPEN, clinical nurse educator. “From the nursing perspective, we’ve been trying to get staff familiar with the process, and trying to get patients treated as quickly as possible.”

Sepsis awareness will continue to be a priority for adult and pediatric emergency departments over the next year. “We’ve made large strides to identify patients who are septic or in process of becoming septic. The importance of this effort speaks for itself.”

Bernard A. Mitchell Hospital Emergency Department Sepsis Screening Compliance (February 1, 2015 – December 31, 2015)

Chart reflects all patients who arrived to the Bernard A. Mitchell Hospital Emergency Department at the University of Chicago Medical Center, except those who left before triage or were moved to Comer Children’s Hospital Emergency Department

Multidisciplinary task force dramatically cuts VTEs

For the first time ever, the University of Chicago Medicine convened a venous thromboembolisms (VTE) Reduction Task Force, a multidisciplinary group of employees who were tasked with identifying ways the organization could reduce potentially preventable VTE in patients.

Recommendations from the task force included the development of care standards and expectations and the purchase of enough alternating leg pressure (ALP) pumps for every patient receiving care across three sites — the Center for Care and Discovery, Bernard A. Mitchell Hospital and the University of Chicago Medicine Comer Children’s Hospital.

“Once we had all the pieces of the puzzle, everything happened quickly,” said Vivek N. Prachand, MD, executive medical director for procedural quality and safety.

Gretchen Pacholek, MSN, RN, director of surgical and multispecialty services, calls the project one of the best collaborative efforts she has experienced at the medical center.

The reduction in VTE would not have been achieved without tremendous collaboration. The teamwork of medical and surgical nurses, staff nurses, nurse assistants and physicians from multiple areas — including physical therapy, pharmacy, supply chain, support services, risk management and CBIS-EPIC — made this project possible.

Vivek N. Prachand, MD, left, executive medical director for procedural quality and safety, and Gretchen Pacholek, MSN, RN, director of surgical and multispecialty services, co-led the VTE Reduction Working Group.
Looking Ahead
Cath Lab Continues Expansion with New Procedures

The highly skilled University of Chicago Medicine Cath Lab nurses are regularly praised for their great work, receiving consistently high patient satisfaction scores.

“Our big plans for this year are to continue to grow the program and add new staff. We’ll also be adding new procedures to our already expansive list that nurses are involved in,” said Janet Friant, MSN, APN-BC.

The use of Mitral Clips and CardioMEMS will widen the patient pool and be fundamental to maintaining the team’s outstanding track record of increased volumes year after year.

Best year yet for Nursing Grand Rounds

With the implementation of the Professional Practice Model (PPM), the University of Chicago Medicine made a commitment to foster ongoing professional development and advancement opportunities for nurses across the organization. One such program is Nursing Grand Rounds. This year was the best year yet for the program — a series of presentations that highlighted the newest and most rigorous research or evidence-based practice projects happening at UChicago Medicine and beyond.

The presentations, held on the third Tuesday of each month, discussed a wide range of topics this year, from pain management in patients with substance use disorders to UChicago Medicine’s Burn Unit HEAT Project and nursing research using preclinical animal models. While anyone is welcome to attend, the presentations are designed to offer nurses exposure to different types of research, practical information to incorporate best practices into patient care and educational sessions to help nurses conduct research and evidence-based practice projects.

“The Nursing Grand Rounds are allowing us to bring more leading-edge information to UChicago Medicine on a monthly basis,” said Cynthia LaFond, PhD, RN, CCRN-K, director for nursing research. “It’s exposing people to different types of research, as well as current events and new skills, through these unique, informative presentations.”

This year the most popular presentations drew in approximately 60 attendees. Feedback has been overwhelmingly positive, with nurses noting that the presentations were “very practical” and often “provided concrete tools” that can be applied to their work. Even more topics will be explored next year with the help of suggestions from this year’s attendees.

Author and nursing educator Anne Perry, EdD, MSN, BSN, professor emerita from Southern Illinois University Edwardsville School of Nursing, talks to a group of UChicago Medicine nurses during National Nurses Week in May 2015, imparting her knowledge and experience during one of the many regular grand rounds-type educational sessions.
A community of collaboration and respect gets better results

One of the hallmarks of the University of Chicago Medicine Nursing is collaboration. We partner with all disciplines and departments along the care delivery spectrum to achieve excellence in patient outcomes. Interprofessional collaboration, with a special emphasis on effective RN-MD relationships, is critical to the safe continuum of care. We seek to communicate seamlessly, be respectful, and support our fellow staff in all interactions. We achieve tremendous results when we work together. Not only have we helped reduce the length of time a patient spends in the hospital, but we've also developed new communication tools and grown the reach of our highly collaborative Advanced Practice Service Unit. These accomplishments underscore the commitment to our patients and their families.

“Through my years at UChicago Medicine, the day-to-day relationships with colleagues from many disciplines have contributed to my ability to provide safe and high-quality care. These interactions are integral to improvements in outcomes and the overall patient experience, plus are critical to our professional growth as nurses.”

Allison Smith, BSN, RN, CCRN
Patient Care Support Nurse
In 2015, staff nurses and nurse leaders collaborated to develop a schematic—our Care Delivery Model—which depicts the patient and family as being at the center of our work. This schematic was designed to illustrate the entire care delivery team working together to ensure the best possible outcomes for our patients and families.

Domains embedded in the Care Delivery Model are patient-centeredness, interprofessional collaboration, the use of external experts and evidence-based standards and guidelines for specific patient populations. This year, the Care Delivery Model will be further refined on every unit.

Nurse-driven collaboration boosts overall hospital efficiencies

As part of the University of Chicago Medicine’s ongoing commitment to reduce diversion hours and place patients more quickly, the Patient Care Support Nurses, Transfer Center and Bed Access teams merged operations into one Patient Logistics department in fiscal year 2015.

The 16 patient logistics nurses and 28 patient care support nurses in this new department handle all inpatient placements for hospital admissions and transfers with the goal of improving throughput. The push for improved efficiencies began with the Drive to Zero campaign in the Bernard A. Mitchell Hospital Emergency Department (ED) and the operating rooms (OR) in the Center for Care and Discovery—an initiative to reduce the number of hours the hospital is on diversion and operating rooms are on hold. It didn’t end with the Patient Logistics department. Throughout the hospital, steps have been taken to ensure that patients receive the best individualized care possible in a timely manner so they can return home as soon as possible. Initiatives such as discharge planning rounds, where the next day’s discharges are discussed and reviewed for potential barriers, have aided in better throughput across the organization.

“Everyone has been a part of moving the dial on throughput, from the nurse who proactively educated a patient on their discharge, to the nurse who advocated to get a patient out earlier to free up beds for the ED or OR,” said Emily Lowder, PhD, RN, NE-BC, executive director of patient logistics.

While this has been an ongoing process, the organization experienced reductions in average monthly diversion and has continued to keep numbers down. Increased patient throughput also had a positive impact on operating room efficiencies. In fiscal year 2015, UChicago Medicine reduced the number of OR holds by 33 percent.

“We are able to facilitate patient movement, predict bed needs and prepare for patients’ arrivals and discharges safely and more effectively—which allows us to give more patients greater access to care,” said Allison Smith, BSN, RN, CCRN.
Working together shortens length of stay

The University of Chicago Medicine recently took major steps to help patients navigate their hospital stay more efficiently and help them return home sooner. Recent changes in reimbursement mechanisms gave us the opportunity to assess current procedures and develop new ones to better manage a patient’s length of stay.

Extensive research on throughput practices and patient procedures found that changes could be made to improve outcomes and efficiency. These include:

- Increasing employee awareness of steps to facilitate swift navigation for a patient
- Facilitating more patient involvement in their care and discharge plans
- Partnering with transportation companies to ensure patients have a way home
- Frontloading the discharge process

Strong collaboration across departments and care teams proved most important in reducing length of stay. Nurses have embraced these changes and have done a tremendous job of getting patients back to their day-to-day lives as safely and quickly as possible.

“It’s a great satisfier for patients and their family members to know the plan,” said Antoinette Gillespie, BSN, MBA, RN, IQCI, director of case management and social work. “Patients come to the hospital feeling vulnerable. For many, a timeline to work toward provides great comfort and restores some sense of control.”

For the second year in a row, UChicago Medicine surpassed its patient stay goals with average patient stays last year of 6.0 days for adult patients and 8.5 days for pediatric patients.

Pioneering APN Unit extends care to more patients

A hospital-within-a-hospital. That’s what some are calling the Advanced Practice Service Unit. The unit — which was created for inpatients expected to be discharged in less than 72 hours — is designed to improve and standardize high-quality, high-touch patient-centered care through collaboration between advanced practice nurses (APNs) and unit-based nursing staff.

“We spent much of this year growing and fostering the programs that make our service unique,” said Joseph Giannini, ANP-BC, nurse practitioner manager, Advanced Practice Service. “In addition to the multidisciplinary rounds, we established a discharge follow-up phone call initiative to ensure safe transitions and allow patients to address any questions regarding their care directly with a provider.”

In more than a year and a half, the unit has grown from three APNs caring for two patients a day, to 13 APNs who care for up to 20 patients a day. In fiscal year 2015, the Advanced Practice Service admitted and cared for approximately 1,700 patients.

On top of that, the service has scored 95 out of 100 in patient satisfaction. The success of the Advanced Practice Service Unit has influenced other hospital-wide initiatives. “We have an outstanding team of nurse practitioners who are dedicated to providing high quality, evidence-based patient care that is efficient,” said Mindy Jacobs, APN, Advanced Practice Service.
A lifelong commitment to improvement and excellence

The practice of nursing requires a lifetime of learning. Professional development and advancement take many forms, but they are all ultimately designed to educate, inspire and feed our nurses’ commitment and passion for excellence in patient care. Our diversity training raises awareness of biases that might inhibit our connections with patients and each other. Our Advisory Board trainings — both leader development and frontline impact — are broadening our thinking and preparing us to lead the University of Chicago Medicine to continued success in the future. All trainings are interdisciplinary, built on collaboration and designed to complement our other professional development achievements. The growing number of nurses with advanced certifications, degrees and recognition underscore our dedication to improving the lives of our patients and their families and improving overall outcomes.

“A focus on education enhances the outcomes for your patients. Healthcare is constantly changing, with increased technology as well as new discoveries for treatment of diseases. Nurses have to be abreast of those changes to help educate the patient on what to expect when taking new medications or going for various procedures.”

Pam Valentine, MSN, RN, CCRN
Staff Nurse, D5/D6
Advisory Board trainings empower nurses

The Advisory Board Company, a noted performance improvement firm, is currently leading two interdisciplinary trainings for the University of Chicago Medicine staff — one focused on leader development and the other on frontline impact. Both trainings are enhancing our ability to collaborate and problem solve across departments, which ultimately translates into better care for our patients.

“None of us can do this by ourselves. We are reliant on each other. To solve many of our challenges, we have to work with others,” said Katherine Pakieser-Reed, PhD, RN, executive director, Center for Nursing Professional Practice and Research.

The leader development series, a two-year program intended for staff already in leadership positions, addresses broad themes pertinent to UChicago Medicine leaders, including goal development, leading amidst uncertainty and instilling accountability. Nurses join a range of departments — among them pharmacy, laboratory, occupational medicine and physical therapy — for these quarterly sessions.

“The training program provides the opportunity to interact more with different departments,” said Gerard Wilbert, MSN, RN, assistant care manager and one of the current leader development training participants. “We’re working to figure out how we can achieve better outcomes, how we can engage employees better, and how we can go about this journey together as one organization.”

The frontline impact series, a yearlong program intended for high-performing frontline staff, teams participants with coaches to solve real-world problems using an evidence-based approach. Approximately two-thirds of the participants are UChicago Medicine nurses, with the rest representing other medical center departments. According to Mary Ann Francisco, MSN, APN, AGCNS-BC, CCRN, clinical nurse specialist and training coach, these sessions are helping frontline staff to identify where their intervention and action can have the greatest impact.

One participant — Kelsey Hendry, senior anatomic pathology technician — said the training has empowered her to use her voice to enhance processes and patient care, and hopes it will have a ripple effect across UChicago Medicine. “I see problems day-to-day and instead of keeping my nose down, I ask questions and seek help for resolution. Speak up if you see something you’d like to change,” said Hendry.
Looking Ahead

New Internship Helps Nurses Pursue Research

Through the generous support of the Smart Family Foundation, Goldman Sachs and other charitable individual contributions, the University of Chicago Medicine is thrilled to introduce the inaugural year of the Nurses Using Research to Support Excellence (NURSE) Internship.

“Nurses who work with patients have a really intimate understanding of some of the barriers and challenges for patient care. The research questions they ask are intrinsically different than somebody who is not immersed in patient care,” said Cynthia LaFond, PhD, RN, CCRN-K, director for nursing research.

This 18-month internship will provide nurses with designated time, support and financial resources to run their own research project with the help of a mentor.

Higher cultural awareness results in more compassionate care

The University of Chicago Medicine’s Cultural Competence course, a diversity and inclusion training program available to all staff, surpassed its target participation numbers for 2015. The course, which is now in its second year, aims to enhance our ability to work effectively and respectfully amidst our differences — whether it’s gender, age, skin color, background or even the shifts we work.

“Diversity is anything that makes us different,” said Katherine Pakieser-Reed, PhD, RN, executive director, Center for Nursing Professional Practice and Research (CNPPR). “The goal of diversity awareness is seeing people for who they are. It could be as simple as the photos we pick for presentations, to the language we use, to the differences we need to be aware of for patient care.”

The interdisciplinary training consists of six sessions, and nurses receive 16.5 contact hours for completion. Sessions cover a range of topics — from the ethical dimensions of care and health disparities between diverse groups to the business case for cultural competence. Multiple dates and times allow staff to choose what fits their schedules.

“It’s bringing up a lot of good questions, which is really positive. It’s led to a lot of great discussions,” said Marina DePablo, MS, MPH, RN, clinical nurse educator, CNPPR, and Cultural Competence course participant.

Registration is available through the Oracle Learning Management System, and questions can be directed to Joel Jackson, manager of education and training, Department of Diversity, Inclusion and Equity.
Residency program eases transition to professional setting for new nurses

New graduate nurses employed in acute care facilities often experience challenges when transitioning from student to professional. At the University of Chicago Medicine, the nursing residency program helps integrate recent graduate nurses into their new roles in the clinical arena through a yearlong curriculum. To date, close to 500 nurses have gone through the UChicago Medicine residency program.

The goals for nurses participating in the residency program include:

- transitioning from entry level to competent nurse
- developing effective clinical judgment
- providing clinical leadership at the point of care
- incorporating research and evidence into practice
- assimilating into the healthcare team as an ethical nurse

Classes, which meet monthly, are taught by content experts in the “soft skills” of nursing practice, such as communication, cultural diversity, ethics, pain management and end-of-life care.

Participants also initiate and complete an evidence-based project during the program.

“The residency program allowed new grads from different units to collaborate and meet people with similar questions and concerns,” said Nicole Bardocz, BSN, RN, who was in a 2014–2015 cohort.

“We have seen job satisfaction and retention rise since we began the program in 2007,” said Margaret Dekoning, MSN, RN-BC, who coordinates the program with Rhonda Blender, MSN, RN-BC. “And over the years, many of our new nurses have been chosen for abstract and podium presentations for their evidence-based practice projects.”

Investing in our nurses means better care for our patients

At the University of Chicago Medicine, we are committed to ongoing professional development of our nursing staff. We offer various opportunities, including tuition reimbursement and scholarships, for our nurses to enhance their knowledge and learn new skills.

In fiscal year 2015, we experienced the greatest demand in the history of this initiative for additional education and training. We are proud to support our colleagues as they improve their education, skills and career opportunities. We believe that support for continuing education programs leads to quality care and services for our patients and their families.

“UChicago Medicine offers many benefits not only to help nurses provide superior care to their patients, but also to help them advance individually and professionally. Working here inspires positive competitiveness and a desire to advance professionally. Through the tuition reimbursement program, I successfully bridged my ADN to BSN while working full time as an oncology nurse. My BSN degree opened doors, paving the way for me to complete graduate studies in epidemiology. The culture of support for professional growth also led to me obtaining certification in oncology nursing (OCN). I’ve also attended several oncology and Magnet conferences using CEU days to help me stay current in my field and nursing in general.”

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“During my years at UChicago Medicine, I have taken advantage of every program offered to keep me ahead of the changes in the health care environment. I started my nursing career here as an LPN. I took advantage of the tuition reimbursement to obtain my BSN and MSN degrees without the need for any student loans. What a tremendous benefit. I also received my critical care certification using CEU days and reimbursement. Following an ethics fellowship, I have become more involved with helping my patients have a voice in their care. I encourage them to speak up about their concerns and help them get answers to their questions. I really believe we have to meet the patient where they are in order to get better outcomes.”
Nurses bring passion and excellence to the community

Through numerous neighborhood initiatives, we continue to advance the community’s health and well-being. From our campus to our surrounding neighborhoods, we’re spreading the reach of our care and cultivating a healthier community. In this section, you’ll learn more about our partnerships with Chicago Public Schools to educate kids on important health topics, such as self-care for hygiene and asthma, as well as our presence at major community events like the American Heart Association Go Red for Women Health Expo. You’ll also read about our volunteerism — sharing both our time and our expertise — to help improve the lives of Chicagoans. Our nurses are increasingly being recognized as the leading local providers of high-quality care in the South Side and across Chicagoland. Together, we are actively making a difference.

**Taking on asthma**

The University of Chicago Medicine’s Nurses in the Community group spent May 16, 2015, last year’s Day of Service, at Hyde Park Chicago Public Schools educating more than 30 caregivers, children and school nurses about asthma — a prevalent condition in our community. “Nurses’ patient contact is absolutely vital,” said Evan Skinner, BSN, RN, CCRN, CEN, third from left in bottom photo. “This event gave us the opportunity to interface with children suffering from asthma, and their caregivers, to talk about the importance of an overall asthma action and management plan.”

**Free heart screenings**

This year marked the inaugural year of an ongoing partnership between the University of Chicago Medicine and the American Heart Association Go Red for Women Health Expo. On May 29, 2015, UChicago Medicine nurses from a range of departments were among the 50 volunteers who performed free heart health screenings for more than 400 expo attendees. “We’re really excited about this partnership. This year was a huge success in terms of participants and great nurse volunteers, but we want this to be bigger and better for next year!” said Emily Lowder, PhD, RN, NE-BC, executive director of patient logistics.
Hygiene education for community kids

Approximately 450 Chicago Public Schools (CPS) eighth graders in our neighborhood received personal hygiene packs in 2015 thanks to the generosity of the University of Chicago Medicine nurses. CPS' Network 12 identified hygiene education as an important need for area schools and an ideal opportunity for nurses to make an impact. Nearly three dozen nurses sorted, bagged and packed the hygiene kits. LaTrell Fortson, BSN, RN, talked to the girls about health education and hygiene. The project was one of UChicago Medicine's most successful nursing-led community outreach initiatives to date.

Chicago-area kids receive free reconstructive surgery

In our third consecutive year of partnership with the Fresh Start Caring for Kids Foundation, more than 30 University of Chicago Medicine nurses collaborated with surgeons, anesthesiologists and other volunteers to offer free reconstructive surgeries for Chicago-area kids impacted by congenital deformities. Among those who helped provide free surgeries: (from left) Milette Hacek, RN; Amber Kratochvil, BSN, RN; Claudia Monsivais, ORT; Kim Boyd, RN; Michael Lombardo, RN; and Tara Mollandin, BSN, RN.
**New Developments in Cardiology at Comer Children’s**

The University of Chicago Medicine Comer Children’s Hospital recently opened a new hybrid cardiac catheterization lab, making it the only children’s hospital in Chicago to offer radiation safety advancements in a pediatric cath lab.

“This lab is state of the art, and we are offering reduced radiation technology that other local institutions do not have,” said Elizabeth Cozzi, administrative director, women’s and children’s services.

Specialists in the facility will diagnose and treat children with congenital cardiac anomalies, and help reduce a child’s risk for radiation burns and long-term radiation-exposure cancers.

“It has been amazing to see how the technological advancements we now have enhance the care we are able to deliver to our patients, which contributes to optimal patient outcomes,” said Rachel Simon, BSN, RN, CPN, pictured left, specialty procedures nurse in pediatric cardiology.
Many of our nurses have advanced degrees:

- MSN: 428
- DNP: 6
- PhD: 11

Continuing education reimbursement:

- $132,645 to 951 nurses

Tuition reimbursement:

- $3.7 million to 471 nurses

We have trained 14,487 participants through the Center for Nursing Professional Practice and Research (CNPPR).

Supporting nurses’ academic education:

- 34 collaborating nursing schools
- 816 undergraduate students
- 98 graduate students

National certification:

- 32% have national certification
  - 789 nurses
Recognition and Awards

2015 Nursing Award Recipients

Award for Nursing Excellence in an Adult Inpatient Area
Ashley Wahome, BSN, RN
(8N Neuro ICU)

Award for Nursing Excellence in an Outpatient Area
Karen Leal, BSN, RN, SANE
(Agent Mitchell ED)

Award for Nursing Excellence in a Pediatric Inpatient Area
Lindsey Wieser, BSN, RN (PICU)

Award for Nursing Excellence in a Specialty Role
Jannie White, BSN, RN, CFRN
(UCAN Flight Nurse)

Award for Nursing Excellence in a Leadership Role
Iliana Staneva, MSN, MBA, RN, CCRN, NEA-BC (Director CV Neuro Service Line)

Brittany McKinney “Remember Me” Award for Excellence in Pediatric Oncology Nursing
Allison Kobe, BSN, RN (Comer 6)
Kelly Smith, RN (Comer 6)

Constance E. Staffelino Award for Excellence in Transplant Nursing Practice
Christine Trotter, MSN, APN, ACNP-BC (Transplant Surgery)

Mark and Nanciann Huening Award for Excellence in Medical Intensive Care Nursing
Maria Brady, BSN, RN, CCRN (10N)

Sylvia Watson Award for Excellence in Ambulatory Oncology Nursing
Patricia Heinlen, BSN, RN, OCN (Dept Hem/Onc)

James Queenan Award for Excellence in Nursing
Gi Kim, BSN, RN (D2)
Abby Cleminson, RN (NICU)

DAISY Award Recipients  July 1, 2014 through June 30, 2015

Melissa Chiu, BSN, RN
Christopher Schultz, BSN, RN, EMT-P
Kelly Metcalf, BSN, RN, CCRN
Susan Hartmann, RN
Nickolas Mileos, BSN, RN
Myoung-Sook Kwon, PhD, RN
Antoinette Lozano, BSN, RN, CCRN, TNCC, ENPC
Amanda Lawrence, BSN, RN
Melinda Mohamed, BSN, RN, OCN
Lydia Castillo, BSN, RN
Kim Robinson, BSN, RN, CAPA
Veronica Stroud, BSN, RN, CPAN
Additional Awards

Stephanie Blossomgame Nurse.com Finalist: “Patient and Staff Management”
Julie Johnson 2014-2016 Jonas Nurse Scholar: PhD VA Health Scholar.
Rita Lanier Nurse.com Finalist “Rising Star”

Catherine Murks International Society for Heart & Lung Transplantation, Nursing, Health Science and Allied Health Excellence in Research Award.

Publications


Presentations

23rd Annual International Transplant Nurses Society Symposium, September 2014.
Mark Lockwood. Determinants of Internet use at an urban transplant center: Characterizing the digital divide.
Emily Lowder. Discharge process reengineering to enhance organizational throughput.
2015 Wisconsin Health Literacy Summit, Madison, WI, April 2015.
Marina DePablo and Katherine Pakesier-Reed. Incorporating health literacy principles into nursing professional development for clear communication with patients.
American Association of Critical-Care Nurses National Teaching Institute, San Diego, CA, May 2015.
Ilana Staneva, Trevor Yuen, and Dana Peres Edelson. Proactive vs. reactive management of clinical deterioration: The benefits of critical care outreach.

Association for Nursing Professional Development (ANPD) 2014 Annual Convention, Orlando, FL, July 2014.

Cynthia LaFond. A targeted needs assessment for simulation instructor courses
Emily Lowder. Get your hands on this: Developing hospital educational programs using iPad technology.


Catherine Murks. Patients with visuospatial constructional deficits may successfully manage LVADs.

Midwest Nursing Research Society 2015 Annual Research Conference, Indianapolis, IN, April 2015.

Katherine Pakesier-Reed and Susan Solmos. Moisture associated skin damage (MASD): A key component of a hospital acquired pressure ulcer (HAPU) bundle.


Mary Ann Francisco, Monica Gonzalez, and Cynthia LaFond. Pause for POSS: Assessing unintentional sedation in patients receiving opioids.

Sigma Theta Tau International’s 25th International Nursing Research Congress, Hong Kong, July 2014.

Katherine Pakesier-Reed, Sally Black, and Emily Lowder. Activation planning: Preparing a workforce for expansion into a new healthcare facility.

Katherine Pakesier-Reed, Sylvia Garcia-Houchins, and Megan Miller. Successful institution-wide sustained reduction in central line associated bloodstream infection (CLABSII) using a multidisciplinary approach.

University Health System Consortium Nurse Residency Annual Conference, Scottsdale, AZ, March 2015.

Margaret DeKoning. The benefits of utilizing former nurse residents as experts in NRP sessions.


Marianne Banas. Do patients in a tertiary surgical intensive care unit, when turning wedges and turning signs are implemented, have a decreased rate of saccrococygeal pressure ulcers?*

Posters

22nd National Evidence-Based Practice Conference, Iowa City, IA, April 2015.
Micaela Wiedlin, Susan Szymbczak, and Jennifer Leibas. Implementing standardized ER verbal report.

Mary Ann Francisco, Monica Gonzalez, and Cynthia LaFond. Pause for POSS: Assessing unintentional sedation in patients receiving opioids.

Association for Nursing Professional Development (ANPD) 2014 Annual Convention, Orlando, FL, July 2014.

Linda Minella. Supporting preceptor needs.

Association of periOperative Registered Nurses (AORN) Surgical Conference and Expo, Denver, CO, March 2015.

Mariana Boyle and Rena Thompson. Preparing inexperienced RNs with Periop 101 course.
Linda Minella, Rena Thompson, and Mariana Boyle. Overcoming the myths of ECT.
Rena Thompson, Beth Nardi, Linda Minella, Mariana Boyle and Robert Steppacher. Improving and maintaining a quality EMR workflow.
Rena Thompson, Rachel Marrs, Sandra Schultz, Nancy Crossett, Konstantin Umanyski, and Vivek Prachand. A teamwork approach to reduce surgical site infections.

Illinois Perinatal Quality Collaborative Annual Conference (ILPQC), November 2015.


Danielle Miller, Mary Sandelski, Kenneth Nunes, Sharon Greene-Hughes, Sylvia Freeman, and Barbara Scavone. Massive blood transfusion in labor and delivery

Society of Pediatric Nurses 25th Annual Conference in Anaheim, CA, April 2015.

Kelly Lankin and Alyssa Kirk. Development and implementation of an MIBG program for the treatment of neuroblastoma using a multidisciplinary approach.


Patience Tieri, Nancy Scott, Ashley Wahome, Cedric McCoy and Catherine Vincent. Clot busting: Enhancing nursing documentation.

University Health System Consortium Nurse Residency Annual Conference, Scottsdale, AZ, March 2015.

Micaela Wiedlin, Susan Szymbczak, and Jennifer Leibas. Implementing standardized ER verbal report.

Grant

Fiscal Year 2015

9,956 employees
- 2,229 registered nurses
- 211 advanced practice nurses

28,726 hospital admissions
- 23,555 adult
- 5,171 pediatric

130 nurse residents
- 5 groups
- 15 evidence-based practice projects

137 pediatric
- 480 adult

617 licensed beds

87,856 Emergency Department visits
- 55,907 adult
- 31,949 pediatric

19,425 surgeries
- 9,266 inpatient
- 10,159 outpatient

14,487 individuals participated in training led by the Center for Nursing Professional Practice and Research (CNPPR)

121 nurse-driven kaizen events
- aimed at improving efficiency

67,020 hours continuing education