Department of Nursing

This year our nursing team has worked hard to ensure that nursing remains at the forefront of excellence. Two years ago the University of Chicago Medical Center was awarded the prestigious Magnet Recognition Award from the American Nursing Credentialing Center (ANCC). That achievement was the culmination of a multi-year effort on the part of our nurses and the organizational leadership to demonstrate the highest level of nursing care.

This year, we are continuing the move to electronic nursing documentation, which will enhance patient care workflows and nursing efficiencies. In addition, we continue to showcase the research accomplishments of our nurse researchers through a series of nursing research rounds. Nurses are involved in shared decision-making, a model that fosters professional autonomy and increased job satisfaction. Our Quality Resource Nurse Program, which empowers nurses to work directly on nursing quality issues on their patient units, continues to be a powerful tool for achieving better outcomes. This program was cited by the ANCC as a national best practice.

Our professional pride continues to grow. I am honored to be part of the nursing family here at UCMC.
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Nursing Committees

Patient, Family Education

Recruitment and Retention

Policy and Procedure

Skin Care

Informatics

Research

Nursing/Pharmacy
February 14, 2007, was a momentous date for the Department of Nursing at the University of Chicago Medical Center (UCMC). On that day, we learned we had been awarded the prestigious Magnet Recognition designation from the American Nursing Credentialing Center (ANCC). This achievement was the culmination of a multi-year effort on the part of our nurses and organizational leadership to work collaboratively to change our culture and focus on nursing so we could demonstrate provision of the highest level of nursing care to patients and families.

Our second Nursing Annual Report is an overview of our accomplishments from 2007. The achievement of Magnet Recognition underscores that when we work together, the sum of our individual skills comes together in magnificent ways to accomplish our collective goals. Much of what the ANCC recognized as outstanding nursing practice has been highlighted in this report. We are very pleased to share our major achievements and examples of how nursing practice made a difference at the University of Chicago Medical Center in the last year.

Nurses involved in shared decision-making

In shared decision-making, the accountability and responsibility for nursing practice rests with the direct nursing staff. This model of practice fosters professional autonomy and increased job satisfaction. Many of our nurses embraced this process and their work facilitated numerous changes which resulted in positive outcomes for our patients. This spring, we held the first elections for Local Practice Council Chairs and provided leadership training to support the new chairpersons. Numerous changes in nursing practice were implemented as a result of issues brought before the Nursing Practice Council.

Improving quality at the bedside

Quality will always be central to our nursing practice. The program of empowering quality resource nurses to work directly on nursing quality issues on their patient units continues to be a powerful tool for achieving better outcomes. Our hard work was apparent to the appraisers from the American Nurses Credentialing Center who conducted our Magnet survey. They cited our Quality Resource Nurses Program as a national best practice. In the last year, one of the significant outcomes was the integration of SBAR communication (Situation-Background-Assessment-Recommendation) on all patient units.

Retention and recruitment of nursing talent

The BSN Nurse Residency Program, now in its third year, continues to positively impact our nurse retention rate of new baccalaureate graduates. We continue to demonstrate a strong average tenure of eight years for UCMC nurses. Additionally, in collaboration with our staff nurses, we have started work on some innovative programs to continue to address improving the retention of nurses, such as exploring a clinical ladder program which would recognize the professionalism and expertise of our nurses.
Embracing an electronic clinical environment

Nursing continues to demonstrate leadership in the Phoenix Project, which is the name for our initiative to transform clinical processes through an electronic medical record. This year we performed the preparatory work to move to electronic nursing documentation, which is planned to begin in 2008. This significant undertaking has involved front-line nurses from numerous inpatient areas to serve as subject matter experts. They are participating in the design and validation of electronic tools and workflows that will support world-class nursing care at the University of Chicago Medical Center. These staff nurses are partnering with patient care managers, specialty nurses, informatics nurses and other experts to develop and shape our future.

As you will read on the following pages, we have accomplished much and have reason to celebrate. We remain committed to our future as a leader organization in ensuring that “Nursing is at the Forefront of Excellence”. I want to take this opportunity to thank our nurses for all of their contributions in this historical year. Our nurses exhibited extraordinary determination, enthusiasm and leadership throughout the last 12 months, examples of which permeate this document. This has been a year of professional pride for us all. I am very honored to be a part of the University of Chicago Medical Center nursing family.

Jamie M. O’Malley, RN, MS
Vice President and Chief Nursing Officer

Nurse Residency Program

The Nurse Residency Program began its’ third year of shepherding new bachelor in science nursing graduates(BSN) as staff nurses at UCMC in July. The UCMC program, part of the University Hospitals Consortiums’ National BSN Residency Demonstration Program, is just one of 26 offered in the US and the only participant in Illinois. The program focuses on the transition to professional nursing practice using Patricia Benner’s theoretical framework from novice to expert.

Throughout a 12 month period, the newly hired graduates attend monthly workshops in which such topics as evidence based practice, ethics, critical thinking exercises in the simulator lab, death and dying, stress management and conflict resolution are discussed. In addition, the monthly meetings afford the nurse residents an opportunity to meet and network amongst themselves to build relationships outside their home units and share experiences as they move forward in their professional nursing careers. The second cohort completed the program in August. Through August 2007, 74 BSN graduates have completed the residency program with an additional 46 enrolled in the program enrolled.
Shared decision-making places the accountability and responsibility for nursing practice with the point of care staff and empowers staff to make changes and decisions that impact clinical nursing practice. This year, several of our nursing units and individual nursing staff became fully immersed in this process. Their work changed policy, practice, outcomes, and relationships. Shared decision-making is the process we choose to work within. The Nursing Practice Council (NPC) provides the structure and framework to guide staff while accomplishing their work. The NPC membership includes representatives from our Local Practice Council (LPC) Chairs, Nursing Research, Nursing Education, Nursing Administration, Nursing Quality, Case Management, Advanced Practice Nursing and all nursing committee chairs. The NPC provides resources and guidance to staff and Local Councils when needed through the Resource Network. The NPC meets formally every other month through a Council Meeting. The purpose of this meeting is to provide a communication vehicle and to showcase best practice across the organization.

This year, two of our staff were mentored to assume Chair and Co-chair positions for the NPC Susan Gaspari-Forest, Chair and Allyson Wright, Co-chair. The goal of our shared decision-making process is to develop our front-line staff into bedside leaders. This spring the first elections for LPC Chairs were held throughout the Medical Center. New Chairs attended a two-day workshop designed to give them some of the skills and knowledge they will use over their first year as our emerging leaders.

As the concept and process of shared decision-making has evolved, the LPCs have identified opportunities for change and improvement on many fronts specific to their clinical practice and the patients they care for. Here are some of the projects and outcomes from the past year:

Gina Barrett, RN, MSN and Laetitia Ofodile, RN, MSN from The Women’s Care Center presented a request for a change in practice for the healthy and uncomplicated laboring woman called “Laboring Down.” This technique enhances and manages the second stage of labor using gravity rather than the use of medications to induce labor. They presented the evidence of randomized clinical trials from descriptive studies to the medical staff, and requested that “Laboring Down” become a choice for women who met specific criteria. The nursing and medical staff were educated on the practice and criteria. Nursing staff from the Ambulatory areas sought clarification about the scope of practice for LPNs working in the clinics. They were concerned that the scope was not well defined and that this could lead to confusion about what skills were appropriate for them to perform. They brought their concerns to the Nursing Practice Council and a task force was established. Mary Ann Francisco, RN, MSN, APN, the Chair of the Policies and Procedure Committee and Joan Bryar Angeletti, RN, BSN, MSN-C, the Clinical Nurse Educator for Ambulatory Nursing, led the task force. Membership included administrators from the ambulatory areas, and LPNs and RNs from both inpatient and ambulatory areas. They reviewed the Illinois Department of Professional Regulation Nursing Acts, the National Council of State Boards of Nursing Practical Nurse Scope of Practice White Paper (2004), and the Department of Health and Human Services Use of Licensed Practical Nurses (2004). A policy revision was made that outlines the Scope of Practice for LPNs as defined by the Nurse Practice Act. This process led to an increased awareness of what were appropriate responsibilities for LPNs in the ambulatory areas and resulted in standardization of their job functions.

Lolette Bandelow, RN, BSN, CNOR and Rena Thompson, RN, MSN identified an opportunity to improve safety and practice in the operating rooms. As a staff nurse, Lolette was assigned to a room where a new procedure was being performed. She raised awareness for the need to make improvements in the safety of the environment, and the educational level of all nursing, medical and operating room staff when performing this procedure. She brought her recommendations to the Nursing Practice Council and the Department of Risk Management. A team of nurses, physicians, and safety experts worked together to review and revise policies and procedures for the use of intraoperative chemotherapy. A perioperative comprehensive education plan was developed and delivered to all operating room staff.
Shared Decision-Making Model

Support Network Delegation

**Nursing Committees**
- Documentation
- Nursing Informatics
- Nursing Pharmacy
- Nursing Research
- Patient/Family Education

**Advanced Practice Nurses/APN Executive Council**
- Ambulatory Nursing
- Case Managers
- NPPCC

- Policy and Procedure/Standards of Care
- Quality
- Recognition and Retention
- Skin Care

Nursing Excellence in Practice
UCMC nurses continue to build upon their foundation of principles of evidence-based practice by translating research into their daily clinical practice. Facilitated by nurse researcher Janice Phillips, RN, PhD, FAAN, the Nursing Research Committee (NRC) has been participating in a variety of research education, discussion and implementation.

The NRC continues to meet monthly. They have developed a program called “SMALL BITES” that is reaching out and encouraging more staff members to start a unit based journal club, read and critique the literature and bridge the gap between research and practice. Through this effort, “SMALL BITES” will be “Bringing Info To Every Staff Nurse”.

There has also been a great expansion in web-based resources offered to UCMC nurses. They can be easily accessed by opening the “Clinical for Nurses” tab on the UCMC website. Included are links to a selection of websites on evidenced based nursing, nursing research, and best practice guidelines to assist in reviewing, interpreting and writing research. Additionally, all UCMC nursing staff can now access the Crerar Library website from home and link to Medline (Ovid) and a large selection of medical and scientific databases and electronic journals. Also, on the UCMC Academy site, there is now an online self-learning module available for all UCMC nurses: “The Essentials of Evidence Based Practice”.

During Nurse’s Week in May, our pediatric nursing staff was showcased for the third annual mock trial. The featured debate was on “Sibling Visitation in the NICU”. The “Judge”, for the mock trial, Mary Ann Francisco, MSN, APN, is the Chair of the Policies and Procedures Committee. Participants included Adrian Priester-Coary, RN, MSN, CNN, Clinical Educator, Dialysis Program; Mary Beth Joyce, RN, BSN, Pediatric Cardiology; Barbara Powell, RN, MSN, ACM, Nurse Case Manager, General Medicine; Janet Wasylko, RN, BSN, NICU staff nurse; Donna Lemmenes, RN, BSN, NICU staff nurse and Clinical Nurse Ethicist, Allyson Wright, RN, BSN, NICU staff nurse, Renee Keith, RN, BSN, NICU staff nurse; Karen Tiernan, RN, BSN, NICU Manager, Sylvia Garcia-Houchtins, manager, Infection Control and Jenny Kemp, Comer Child Life Specialist. A large audience intently observed as the teams presented the basis for their opposing views using their own evidence-based research. Each side then offered a summation and closing argument of their analysis of the evidence. The audience jury was polled and declared that ‘Sibling Visitation in the NICU’ was the correct and family centered care direction for UCMC’s Comer Children’s Hospital.

Dr. Phillips has also initiated hospital-based library hours in partnership with the John Crerar Library. Deb Warner, Science Librarian and Biomedical Specialist at Crerar, is holding library hours in the hospital’s Professional Development classroom on a monthly basis to assist nurses in navigating a variety of research databases. Ms. Warner is also teaching nurses how to use the “RefWorks” bibliographic management tool. RefWorks manages citations, organizes research and creates bibliographies for writers.

All of the efforts of the Nursing Research Council are directed toward promoting interest in exploring nursing research and examining how nurses implement evidence based practices every day in their ongoing pursuit of clinical excellence.

Advanced Practice Nurses Council

The Advanced Practice Nurse Council (APNC) consists of eleven Advanced Practice Nurses who have elected to serve as leaders in supporting and guiding the practice of Advanced Practice Nurses (APN) at the University of Chicago Medical Center. The APNC provides a conduit for direct communication between the Chief Nursing Officer, nursing leadership, direct care nurses and all APNs.

The APNC sponsor and participate in activities that enhance professional nursing practice and contribute to the goals of Patient Care Services. They provide an APN forum quarterly for the purpose of discussing current clinical practice, resource utilization and professional issues.

The APNC also provides quarterly educational programs and promotes evidenced based practice and research to advance nursing knowledge. Additionally, they serve as mentors and role models to other APNs and direct care nurses.
Nursing Ethics

Over the past 3 years, UCMC Nursing has sponsored a Nurse Ethics Fellowship for a staff nurse to complete coursework at The MacLean Center for Clinical Medical Ethics at the University of Chicago. Marc Epstein-Reeves, RN, BSN, staff nurse on 6NW Hematology/Oncology, is the third staff member to complete the fellowship and joins the ranks of Carole Guger, RN, MSN Professional Development (2005) and Donna Lemmenes, RN, MS, BSN Neonatal Intensive Care Unit (2006).

During the past year the nurse ethicists have participated in weekly case conferences, presented seminars to the nurse residents and presented to new nursing staff during their nursing orientation. The nurse ethicists have assumed pivotal roles in the implementation of Schwartz Rounds in both the Mitchell and Comer Hospitals. They served as liaisons to nurses, families and patients and have assisted in determining whether the issue at hand is an ethical problem. They also suggested options and provided an ethics-based rationale. The nurse ethicists work collaboratively with the ethics attending physicians and fellows.

During Carole Guger’s fellowship her interest was end of life issues. She co-authored a study on the Cardiac Care and Hematology/Oncology Units with the focus of evaluating the evidence of “Advance Directives in the Cardiac Care Unit”. The results of this study have been published in the American Heart Journal.

Donna Lemmenes conducted a retrospective study on the prognostic ability of the NICU care team to predict the survival of a premature infant to discharge. The care team consisted of attending physicians, fellows, residents, neonatal nurse practitioners, and staff nurses. Conclusions revealed that the attending physicians are best at predicting survivors, while nurses are best at predicting non-survivors.

During Marc’s fellowship, he was invited to participate as a Teacher’s Assistant for the Pritzker Medical Schools’ Doctor-Patient-Relationship Course. In this role he facilitated small group discussions which included topics such as death and dying, reproductive health and genetics.

Future plans by the nurse ethicists include their involvement in the development of Morbidity and Mortality (M&M) conferences. Carol, Donna, and Marc look forward to their continued work with staff nurses in providing guidance and support with ethical challenges.

Patricia Gwizdalski, RN, BSN, Clinical Educator for Mitchell 4, has begun her Nursing Ethics Fellowship which will be completed June 2008.

L-R: Marc Epstein-Reeves, RN, BSN; Donna Lemmenes, RN, BSN; Carole Guger, RN, MSN; Patricia Gwizdalski, RN, BSN
The Nursing Quality Council displays a strong commitment to advancing the professionalism and excellence of nursing care provided at the University of Chicago Medical Center. The Council does this through collaborating with direct care nurses known as Quality Resource Nurses and with formal nursing unit leadership. The Contract for Excellence outlines the role of the quality resource nurse and guides the collaborative relationship between nursing leadership and the Nursing Quality Council.

These dynamic nurses meet monthly to share best practices across diverse patient care areas. Pediatric, adult, outpatient, and peri-operative nurses come together and find commonalities in challenges faced and in opportunities for improvement. Synergistic problem solving is a core benefit of the monthly meetings. Nurses now have the expanded collaboration of peer educators and experts from throughout the organization. The Magnet appraisers from the American Nurses Credentialing Center recognized the Quality Resource Nurses as a Magnet Exemplar and a national best practice.

Several of the accomplishments from this past year include:

Teresa Bauer, RN, Staff Nurse, Neonatal ICU has agreed to serve as Co-Chair of the Nursing Quality Council. Teresa has been an active Quality Resource Nurse since the program’s inception in 2005. In 2006, Teresa attended the conference Journey to Nursing Excellence & Magnet Designation, a program presented by Magnet nurses at Aurora Health Care in Milwaukee, WI. Teresa said, “Before attending the Magnet conference I was not 100% sure I understood the great importance of Magnet Recognition and what it would mean to me as a staff nurse. While at the conference I listened to others speak about what Magnet Status has meant to the nurses in their facilities and it inspired me. This conference heightened my awareness and brought the meaning of Magnet Recognition to a new level for me. I knew that we were doing great things here at The University of Chicago and I felt we as nurses deserved to be recognized for that. I came home from that conference with an excitement and inspiration that made the Magnet Journey that much more important to me. I was eager to share the information with my co-workers and to be a resource for them as we ‘journeyed’ together.”

Isabel Garcia, RN-C, Staff Nurse 5NE General Medicine, will be a Co-Chair representing the adult hospital. Isabel has worked tirelessly on improving documentation of discharge instructions for patients with congestive heart failure and implementing a nurse driven process for immunizations in patients with community acquired pneumonia. These core measures of quality healthcare identified by the Centers for Medicare and Medicaid are important to me. I was eager to share the information with my co-workers and to be a resource for them as we ‘journeyed’ together.”

LaTonya Macklin, RN, BSN, Staff Nurse 6NW, Bone Marrow Transplant, described the desire of the nurses on her unit to proactively manage their patient’s pain. “We would like to reach a point where no patient will ever have to ask for pain medication. If we are assessing our patient’s pain goal upon admission, and advocating for the patients, we should be offering pain medications around the clock, so that our patients don’t need to ask.” Non-judgmental care and patient advocacy are essential elements in LaTonya and her team’s approach to improving the patient satisfaction with pain management scores on 6NW.

Barbara Buerke, RN, BSN, Staff Nurse 6NE Oncology, joined the Nursing Quality Council during 2007. Concerned with communication and psychosocial assessments of patients, Barbara and her team are seeking a link between the patient’s overall experience and the results of the Press Ganey Patient Satisfaction Survey. Patient and family perceptions of the caregiver’s body language and tone of voice when responding to a request may contribute to how well the patient feels their pain is managed. Improving the understanding of how compassion is projected may result in patients feeling more satisfied with their hospital experience.

Meghan Compton, RN, BSN, Staff Nurse 4SW Multispecialty Care Unit, reported on a peer review process being piloted on her unit. Nurses have been successful in conducting patient chart audits and providing feedback to nurses on their documentation of pain assessment and intervention. Providing additional feedback on how care is perceived by patients will likely provide more meaningful information to the team and the individual staff nurse.

Press Ganey Patient Satisfaction Surveys are sent to patients to evaluate their hospital experience. The nursing unit where the patient is discharged from gets the greatest feedback. Nurses working in intensive care have felt this process may not capture a valid snapshot of their performance. Aurika Savickaite, RN, BSN, Staff Nurse Medical ICU, is developing a process where patients and families are interviewed prior to transfer out of intensive care. Providing an opportunity for patients and families to evaluate the intensive care nursing staff while this experience is fresh in their memories may provide more specific data for the nursing team.

Our Nursing Department participates in The National Database of Nursing Quality Indicators (NDNQI). NDNQI provides a mechanism for nurse-sensitive quality indicators to be benchmarked against other similar organizations. This past spring, our adult and pediatric ICUs and Infection Control Department participated in pilot testing of proposed nosocomial infection indicators. Staff from UCMC provided NDNQI with feedback on the data collection tool as well as the proposed process for collecting the data.

This has been an exciting year for the Nursing Quality Council in that a record number of UCMC nurses have participated in quality initiatives impacting the care provided throughout UCMC.
# Nursing Sensitive Quality Measures

## Intensive Care Tower (D2, D3, D4, D5, D6, T6IC)
- Central Line BloodStream Infections (per 1000 pt days) D2 Data
- Ventilator Pneumonia Incidence (per 1000 pt days) D2 Data

## Surgery Care Center (4NE, 4NW, 4SE, 4SW)
- Pain Level with Vital Signs (4NW Data)
- Post Intervention Reassessment (4NW Data)

## Perioperative Services (GOR, CCOR, DOR, & PACUs)
- Latenital Final Verification/ Time Out (Step 1 Documentation) CCOR
- Latenital Final Verification/Time Out Side and Site Documented CCOR

## Cardiology & General Medicine Care Centers (5NE, 5NW, 5SE, 5SW)
- Percent Compliance with Smoking Cessation Education (Total) 5SE Data
- Percent Compliance with Smoking Cessation Education (Acute MI) 5SE Data

## CardioThoracic/Surgical 3SE
- Percent Compliance with Smoking Cessation Education (Pneumonia)
- Percent Compliance with Smoking Cessation Education (Heart Failure)

## Adult Cardiac Catheterization Laboratory
- Percent of STEMI Patients with Door to Balloon Time <120 Minutes
- Documentation Complete in Step 1 of Final Verification

## Adult Cardiac Electrophysiology Laboratory
- Verbalized Positive EP Lab Experience Upon Callback
- Documentation Complete in Step 1 of Final Verification

## Interventional Radiology
- Follow-up Phone Call within 24 Hours Post Procedure
- Final Verification Complete for all Procedures

## Cancer Care Center (6NE, 6NW, 6SW)
- Written Chemo Note has 2 RN signatures (6NW Data)
- 2 RN Initials on MAR for Chemotherapy (6NW Data)

## Women’s Care Center - Labor & Delivery
- Fetal monitoring decels assessment & intervention documented
- Breastfeeding Patients first “Latch On” within 1 hour of delivery

## Women’s Care Center - Mother/Baby
- Pain Assessed on Progress Note
- Pain Reassessed on Progress Note

## Women’s Care Center - Medical/Surgical 3SW
- Percent of Unit Census in Restraint on Prevalence Day
- Rate of Restraint Episodes per 1,000 Patient Days

## Inpatient Psychiatry W3
- Injury Assault Rates
- Total Assault Rates

## Mitchell Adult Emergency Room
- Percent of STEMI Patients with Door to Balloon time < 120 Minutes
- Percent of Pneumonia Patients with Door to Antibiotics time < 240 Minutes

## Pediatric Emergency Room
- Discharge Instructions given by RN
- Initial Pain Assessment Documented by RN

## Pediatric Intensive Care Unit
- Injury Falls per 1,000 Patient Days
- Percent Completed Pain AIR Cycle

## Neonatal Intensive Care Unit
- Percent Completed Pain AIR Cycles
- CBC Specimens - clotted

## Comer 5 & 6 - General Pediatrics
- Percent Completed Pain AIR Cycles (Comer 5 Data)
- Asthma Length of Stay (Comer 5 Data)

## Pediatric Cardiac Cath/EP Laboratory
- Percent Fluoroscopy Time Documented
- Percent Renal Fluoroscopy Documented

## Acute Dialysis Unit
- Water for Dialysis Cultures <50 cfu/ml
- Dialysis Machine Cultures <200 cfu/ml

## Clinical Research Center
- Protocol Deviation: No Missed Samples
- Average Length of Stay
Achieving Breakthroughs is an organizational strategy that focuses on the patient experience through improvement of processes, systems and employee recognition.

The nurse leaders from Mitchell Hospital participated in two “deep dive” or intensive review sessions to gain greater understanding into our patient’s experience while hospitalized. Many nurse leaders, in partnership with their local practice councils, reviewed unit based-trends, top priority index items and patient perceptions to sustain and or improve care for patients and their families.

Many areas utilized the following strategies to help them in their quest for improving the patient experience:

- Instituted hourly rounding by nursing staff
- Promoted AIDET (Acknowledge, Introduce, Duration, Explain, Thank) use by all team members
- Promoted UCMC Standards and Pride Values
- Facilitated training for all nurse leaders on Infoedge to access Press Ganey database
- Initiated leader rounding on all inpatient admissions
- Implemented “No Meeting Zone”, two hours of dedicated time each day for nurse managers to assure patient and support service rounding
- Implemented praise cards utilization to support Peer to Peer recognition

As a result of these approaches to patient satisfaction, the Mitchell Hospital was able to see the “likelihood to recommend” score increase 16% from FY06 to FY07.

In Mitchell Hospital, there are 14 inpatient units. Of these, 6 units (4NW, 4SE, 5SE, 5SW, 6NW and 6SW) all met or exceeded the target of the 60th percentile for FY07.

**Achieving Breakthroughs**

**A Year of Action and Accountability**

**Mitchell Hospital**

Satisfaction scores have risen at the University of Chicago Children’s Hospital due to work done on a number of different levels. The Satisfaction & Measurement Committee and the Reward & Recognition Committee have developed strategies that enhance and reinforce family-centered care.

Some of the interventions include:

- Created treasure chests that allow staff to recognize one another for going beyond the call of duty.
- Developed an “Employee of the Month” program that has staff throughout the hospital nominate staff members who serve as mentors of family-centered care.
- Started an orientation for all Comer Hospital employees to reinforce family-centered care, interdisciplinary teamwork, A.I.D.E.T. (Acknowledge, Introduce, Duration, Explain, Thank) and L.E.A.S.T. (Listen, Empathize, Apologize, Solve, Thank).
- Started an instant service recovery program on General Peds that immediately responds to patient complaints.
- Worked with the Family Advisory Board to create the Comer Family Guide and the Comer FYI; two documents that provide families with information to help them feel more oriented when they arrive.
- Created a process to ensure families received the Comer Family Guide and the Comer FYI.
- Designed a “How Can We Make Your Stay More Pleasant” sheet that goes to families so that we can better anticipate their needs.
- Instituted educational materials for caregivers and children who have isolation precautions.
- Recently started a “Create 4 Comer” program that rewards staff for coming up with ideas that improve care, improve patient satisfaction, and save money.
Breakdown in communication is a well documented problem in healthcare which may lead to adverse events as well as patient and staff dissatisfaction. In 2006, the Joint Commission published a National Patient Safety Goal to address this issue. The goal requires each accredited organization to “improve the effectiveness of communication among caregivers” especially communication which occurs during high risk transition in patient care either from unit to unit, shift to shift or service to service. To meet this goal, the communication model SBAR (Situation - Background –Assessment - Recommendation) was implemented hospital-wide in the fall of 2006.

SBAR is an initiative designed to employ a systematic execution of the process of communication on each nursing unit. Process flow maps (a picture of the sequence of steps in a process) were developed for each unit. The Iowa Model of Evidence-Based Practice to Promote Quality Care was utilized to guide the development of this project.

In order to facilitate the implementation of the SBAR process, an interactive 90-minute handoff clinic was presented to the unit based local nursing practice councils and staff. The goals of the clinic were to create unit-specific standardized communication tools using the SBAR model, to develop unit specific process flow maps and create an effective plan for implementation of the SBAR tool on each nursing unit. To determine the success of implementing the standardized hand-off tool and process, qualitative measures will be used such as satisfaction of the end-users as well as peer review ratings. Patient satisfaction results and employee satisfaction results will also be utilized.

The ultimate goal of the SBAR tool is to standardize the exchange of information from nurse to nurse and nurse to physician and between all care providers. This initiative will improve communication and increase employee and patient satisfaction.
The Nursing Practice Council (NPC) meets bi-monthly and serves as the forum for collaborating on the establishment of multidisciplinary patient care standards. The Council is comprised of staff nurse representatives from each Local Practice Council (LPC). A variety of nursing committees and delegations continue to support the NPC by providing expertise and the resources needed to implement the identified best practice goals and initiatives. The NPC meetings also serve as the venue for the sharing of best practices across all care centers.

For the past year, the NPC meeting agendas have included several best practice programs and initiatives established by UCMC staff nurses. The following is a review of these initiatives and their associated accomplishments for 2007.

- CMS indicators were incorporated into the new smoking cessation program.
- The Women’s Care Center presented evidence-based research that supports allowing first time mothers to “labor down”. This provides a second-stage rest period for laboring women. A major way that laboring down influences nursing practice is that the nurse does not encourage the woman to push until she feels the urge to do so.
- A Task Force was developed to define the LPN scope of practice at the Medical Center.
- SBAR communication tool kits were given to each LPC Chair for the creation and implementation of unit specific communication tools.
- The D-5 Local Practice Council developed and implemented a “Physician Orientation Program” to promote and enhance communication between RNs & MDs.
- The infection control team presented new antimicrobial body wash cloths for use by pre-operative patients to reduce the incidence of peri-operative infection.
- A presentation by Deb Werner, medical librarian at the Crear Library, announcing 24 hour on-line access to journals and a permanent reserve collection of nursing books for all nurses.
- The presentation of a $1,000.00 “NPC Attendance Scholarship” to a UCMC staff nurse.
- Staff nurses from Comer Children’s Hospital introduced an innovative pediatric palliative care program “Project Hope”. The Project Hope program improves the quality of life for pediatric patients and their families facing life threatening illness, through prevention, assessment and treatment of pain and other physical, psychosocial and spiritual problems.
- Staff nurses presented at the National Teaching Institute (NTI) conference in Atlanta, GA. They shared their expertise and experience at the Nursing Practice Council.
- Posters presented by nurses at the Iowa Nursing Research Conference were presented to the NPC and audience by their authors.
**Project HOPE**

Project HOPE is a staff nurse driven initiative in Pediatric Palliative Care. HOPE stands for “Helping Others through Palliative Education”. The goal for this comprehensive program at Comer Children’s Hospital is to ultimately prevent and relieve suffering, to support the best possible quality of life for patients and families regardless of the stage of disease or need for other therapies. The overall purpose is to respect the personal dignity of each child by preventing and relieving physical and emotional suffering, where offering comfort is as critical as offering a cure. Pediatric palliative care is a unique collaboration of disciplines working together to determine and provide the best quality of life care for children with life limiting illnesses.

In May of 2006, four staff nurses attended a three day, intensive “teach the teachers” conference sponsored by Initiative for Pediatric Palliative Care (IPPC), equipping them with the tools necessary and the passion needed to begin this type of program at Comer. Planning began almost immediately and formal education started in March of 2007. Five interdisciplinary educational seminars, as well as round table journal groups, became the focus of physicians, nurses, chaplains, social workers, child life specialists and ethicists. Education of staff as well as support of those individuals dealing with life threatening situations every day is a must in this arena.

Topics include:

- Engaging with children and their families
- Relieving pain and other symptoms
- Analyzing ethical challenges in pediatric end of life decision making
- Responding to suffering and bereavement
- Improving communication and strengthening relationships

These modules are developed by the staff at IPPC and include not only activities and valuable information, but also award winning videos incorporating families who have been through crisis. These modules and corresponding videos provide the guidance and information needed to begin the care of this very special population.

It is estimated that approximately 55,000 children die from accidents, prematurity, illness or hereditary disorders each year in the United States. According to Children’s Hospice International, there are nearly 3,000 programs for hospice and palliative care nationwide with approximately 450 of these who have programs specifically for children. We would like to add Comer Children’s Hospital to that list. Project HOPE is an excellent example of the work that dedicated professionals are doing in providing compassionate and humane care in order to help patients and families through their difficult and unfathomable journey. We feel that together we can make a difference.

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**UCMC Receives Stroke Center Certification from Joint Commission**

In February 2007, UCMC received the Joint Commission’s Certificate of Distinction for Primary Stroke Centers. The two nursing units that comprise the Stroke Center are 4SE and the D3 ICU. This certification recognizes the centers that make exceptional efforts to foster better outcomes for stroke care and enables patients to achieve the most successful long-term results.

According to Stroke Program Coordinator, Cedric McKoy, MS, APN, The Joint Commission’s Certification program was developed in collaboration with the American Stroke Association. Implementation of the Program has expedited and standardized the care that patients receive throughout their hospital stay. The award of the Certificate of Distinction designates that the care provided by our medical center is effectively managed to meet the unique and specialized needs of stroke patients.
**Remodeled Labor & Delivery Center Opens**

The newly remodeled Women’s Care Center Labor and Delivery department opened in January 2007 with rave reviews. Labor & Delivery staff nurses participated in focus groups and planning meetings with the architects and design team to express their opinions on the unit and patient room design. The resulting collaboration is a stylish blending of the latest medical technology with comfort, style, safety and function.

The Labor & Delivery design is based on the nursing model of the Family-Centered Care concept. Patient rooms are equipped to meet all aspects of the birthing experience: labor, delivery and the recovery period. The patient stays in one room throughout the childbirth experience.

The new patient rooms now have walk in showers with hand-held showerheads and several have a built-in bench to accommodate handicapped access. Rooms also have flat screen televisions and couches that pull out into a bed to allow plenty of room for dad or a significant other person to be comfortable.

Wireless technology has been incorporated throughout the unit allowing the nursing staff to monitor laboring patients as they walk throughout the unit while wearing a fetal monitor.

Patients and visitors are welcomed inside the unit by artwork including a selection of framed textiles with posted descriptions indicating the significance to that particular culture as represented by cloth works from Africa, China, Japan, and Thailand. Caryn Reid, MS, APN, pointed out her favorite artwork, a painted bowl in a presentation case depicting a woman cradling the world in her hands which is paired with the quote by Diane Mariechild, “A woman is a full circle: within her is the power to create, nurture, and transform.”

The result of all the thoughtful collaborative work is a lovely, comfortable new unit in which to care for their patients.

**New Home for Pediatric Emergency Care**

Last December Chicago’s newest and most advanced pediatric emergency department opened in our Comer Children’s Hospital. The state-of-the-art $42 million facility is focused entirely on the needs of children ranging in ages from birth to age 15. Every medical or surgical need, including level 1 trauma treatment is available 24-hours-a-day.

“We are able to handle any situation from asthma to extremely complex trauma requiring multiple medical specialists and advanced nursing skills,” said Jeff Coto, RN, MSN, CCRN, CCNS, former nursing director of the pediatric emergency department. “We see patients with multiple gunshot and stab wounds. We never know what will come through the door and we must be prepared,” Coto said. He recalled the evening the emergency department received a call that our helicopter transport service was on the way to Comer from Indiana with a toddler who had been attacked by two dogs and sustained extremely serious life threatening injuries. The child was treated and stabilized in the emergency department and later was discharged home. “Our nurses are among the best the city has to offer and the care they give is superior,” Coto said.

Of the 37 staff nurses assigned to the emergency department more than 80 percent are board certified in pediatric trauma care.

Comer has the only pediatric level 1 trauma center on Chicago’s south side. On average, 2,500 patients are seen each month including approximately 70 trauma patients.
Nursing Expertise and the Phoenix Project

Building an electronic future for staff nurses.

The Phoenix Project is a multi-year initiative to implement a comprehensive electronic medical record that will transform the care delivery process. The primary goals of the project are to enhance patient safety and quality of care. Other goals include improving patient and employee satisfaction through more efficient and effective operational processes.

Our nursing staff, represented through both their designated subject matter experts (staff nurses and patient care managers) and the Phoenix Project nurses has participated in creating the vision of our electronic future within the department of nursing. The Phoenix Project continues to capitalize on the nursing knowledge, expertise and understanding of our organizational culture provided by the subject matter experts interacting directly with patients. The synergy between our subject matter experts and the nurses who have chosen to advance their nursing careers in the field of information technology by becoming members of the Phoenix team has created a firm foundation upon which we are building the electronic future of nursing.

The information gained through our nursing experts has been essential for the evaluation and creation of documentation standards (Clinical Documentation), the processing, meaning and function of nursing orders (Computerized Provider Order Entry, CPOE) and in defining future nursing workflows. Additionally, the nursing subject matter experts have assisted in developing expectations for their peers regarding the implementation of clinical documentation, computerized provider order entry, results retrieval and within an emergency department visit the capability of tracking the patient’s status and location.

Participation by UCMC nurses has assisted in developing a collaborative approach for the integration of data and improved communication of electronic information across all patient encounters. The ability to share information across encounters will facilitate the patient’s care and promote a safe, quality experience for the patient and their family. Representatives in this initiative have included in-patient staff nurses identified as subject matter experts and staff working on the Clinical Documentation, CPOE, Ambulatory and Emergency Department modules of the Phoenix Project.

Over the last year, 75 future nursing and nursing-related ancillary workflows have been identified, discussed and designed collaboratively through the work of the subject matter experts and the Phoenix teams. These teams of nursing representatives are validating the appropriateness of the workflows and are designing systems that respect the convergence of the work of the nurse and the use of electronic clinical tools. The number of workflows will continue to grow as additional functionality is developed.

With the help of the subject matter experts, the Phoenix team has collected more than 2000 nursing related assessment and flow sheet documentation items from our current paper-based forms. Those documentation items are in the process of being evaluated, consolidated and modified to reflect best practice documentation standards. This is a collaborative effort between the Phoenix teams (Clinical Documentation, CPOE, Ambulatory and Emergency Department) and the nursing subject matter experts. Benefits of this initiative will be the standardization across the organization regarding documentation nomenclature and clinical data availability across all Phoenix modules.

The electronic nursing future is looking bright as the Phoenix goals for improved patient safety, quality, interdisciplinary communication and increased nurse and physician satisfaction are being developed.
Professional Development Highlights

UCMC / GSU Cohort

In the Spring of 2004, UCH partnered with Governors State University (GSU) to offer a Masters of Science in Nursing (MSN) degree program on campus to prepare baccalaureate nurses to practice as clinical nurse specialists in adult health. Initially, it was thought that approximately 20 staff members would apply for the cohort and plans were made accordingly.

Nursing staff from both hospitals and Biological Sciences Division (BSD) responded to the invitation to the cohort bringing the number of respondents to 30, 10 more than originally planned. GSU responded to this increased demand and agreed to double the size of their commitment from one to two sections of 20 each to meet the needs of the UCMC professional nurses. The first GSU classes began in January 2005, with students meeting twice weekly each semester continuing through Spring 2007. Several of the students completed their clinical practicum requirements at UCMC working with Advanced Practice Nurses as their mentors. The graduation ceremony was held on Saturday, June 2, 2007, at the Tinley Park Convention Center in suburban Tinley Park. The graduates will be taking the examination for advance practice nursing over the upcoming months. Congratulations, Graduates!

Graduates of the Masters of Science in Nursing program, which prepared nurses to practice as clinical specialists in adult health. Sponsored by Governors State University, January 2005-April 2007, on the campus of the University of Chicago Medical Center. The graduation ceremony was on Saturday, June 2, 2007 at the Tinley Park Convention Center, Tinley Park, IL.

Nursing Coordinating Council

The Nursing Coordinating Council is hosted twice a year by the Center for Nursing Professional Practice. Our Medical Center offers advanced nursing education opportunities for our staff nurses as well as providing a clinical practicum site for nursing students through our partnerships with many area nursing education programs. The Council provides a forum for the nursing faculty from colleges of nursing and UCMC leadership to discuss developments and current trends in nursing education. Our partners in education share information about student enrollment, anticipated curriculum changes and the success of existing nursing education programs offered on our campus. Academic institutions involved in the Coordinating Council in the past year included deans or faculty representatives from the following nursing programs: Daley College, DePaul University, Governor’s State University, Lewis University, Loyola University, Moraine Valley Community College, Olivet Nazarene University, Purdue University, Rush University, St. Xavier University, Trinity Christian College, Truman College, University of Illinois, University of St. Francis and West Suburban College of Nursing.
The American Association of Critical Care Nurses (AACN) held the world’s largest educational conference and exposition entitled the National Teaching Institute (NTI) focusing on acute and critical care nurses. This year NTI was held in Atlanta, Georgia from May 19-24th, 2007. Eight nurses from the University of Chicago Medical Center attended and presented a total of 5 poster exhibits highlighting “Creative Solutions” to everyday nursing and patient care issues. The following is a list of the posters and their authors:

- **ICU Quick Reference Pocket Cards – Let Your Fingers Do The Walking!**
  - Helen Michalopoulos, RN, MN, CNCC(C); Jenny Sala, RN; Derrick Kozlowski, RN, BSN; Rita Ojibah, RN, BSN

- **Improving RN and MD Communication and Relationships in a Cardiac Care Unit (CCU)**
  - Helen Michalopoulos, RN, MN, CNCC(C); Debbie Lazzara, RN, MSN, CCRN; Kelly Trinosky, RN, BSN; Joy Jones, RN, BSN; Savita Fedson, MD

- **Blue Ribbon Recognition for Blue Ribbon Service!**
  - Helen Michalopoulos, RN, MN, CNCC(C); Jenny Sala, RN; Rae McGrath, RN, BSN; Nancy Causing, RN, BSN; Theresa Abaring, RN, BSN; Joann Filipovski, RN, BSN

- **Contamination! Spreading the CCRN Virus**
  - Jennifer Taylor, RN, MS, CCRN; Nancy Jones, RN, BSN; Evelyn Perez, MSN, APN-C; Helen Michalopoulos, RN, MN, CNCC(C)

- **Gutteral Nursing**
  - Marianne Banas, RN, BSN; Marianne Curia, RN, MSN

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Nurse from the University of Chicago Medical Center presented a poster at The Fourteenth National Evidence-Based Practice Conference in Iowa City on April 20th, 2007. The title of the poster presentation was “Handoff Clinic: A Strategy for Creating and Implementing Handoff Protocol One Unit At A Time”. The presenters were Ruth Barnes, RN, MN, APN-BC; Michelle Johnson, RN, MSN; and Pat Gwizdalski, RN, MSN.
Celebrating Nurses Week 2007

Nursing Excellence in Practice was the theme of National Nurses Week 2007. The University of Chicago Medical Center has a long and rich history of celebrating the achievements of its professional nursing staff, and Nurses Week 2007 added to this tradition with a robust schedule of activities organized and planned by a committee designated to herald the professional nursing practice at UCMC.

While the official dates of Nurses Week run from May 6th through May 12th, UCMC kicks off in advance in order to accommodate the various activities scheduled. The weeklong celebration began on Thursday, May 3rd with the Blessing of the Hands, a ceremony in which all staff are invited to have their hands blessed with oils as a sign of the care and healing they offer to patients and in recognition of their vocation as caregivers.

Friday, May 4th was a celebration of monumental proportion as all professional nurses at UCMC were invited to participate in the pinning ceremony in celebration of achieving the distinguished Magnet Recognition for nursing excellence. Janice Phillips, PhD, RN, FAAN, reflected upon her early years at UCMC and reminded nursing “We must seize and create even more opportunities to provide high quality patient care, demonstrate professionalism, and advance nursing practice here at the University of Chicago Medical Center. Congratulations and be ever mindful of the words of Helen Keller... ‘I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I can do.’”

The innovative ‘mock trial’, a learning opportunity of presenting evidence based practice literature on a specific subject, was reprised and featured a robust discussion on “Sibling Visitation in the NICU.” Nursing Informatics, representing the Phoenix Project, featured demos of clinical applications for both inpatient and emergency room nurses that will be part of the clinical documentation implementation in the future.

The role of UCMC professional nurses who have been recognized as authors, co-authors, editors, reviewers, and consultants who are nationally published were highlighted and displayed at Authors Row held in the Goldblatt Lobby as well as documented in the “UCMC Nurses Do The Write Thing” brochure that was distributed. Capping off the day was the ‘Writers Café’, a supper club event open to all UCMC nurses and sponsored by Professional Development, in which Dr. Janice Phillips Nurse Researcher, served up great tips for professional writing such as barriers to writing for publication, writing for publication, and small bites of wisdom on successful publication.

Guest speakers for the week included Carolyn Smeltzer, RN, EdD, FAAN, and Frances R. Vlasses, RN, PhD, editors of Ordinary People, Extraordinary Lives. The Stories of Nurses, who shared their journey in capturing the living spirit of nursing in the stories that unfold in the book. One of these stories, “The whole is greater than the sum of the parts: A team of nurses”, co-authored by Janie Gawrys, RN, MS, former Director of Nursing Professional Development, highlights the incredible teamwork evidenced by the PICU nursing staff during the time she was Director of Pediatric Nursing.

Highlighting the achievements and professionalism of UCMC nursing, the Nursing Awards Ceremony was the highpoint of the week. Over 50 nurses were recognized by nominations from their peers or managers for excellence in nursing practice.

Wrapping up the weeklong activities, the Advanced Practice Nurses (APNs) held an information session, “Ask an APN” to facilitate inquiries by staff, patients, and visitors of the Hospitals regarding the role of the APN in patient care and career development.
Nurses Week 2007 Awards

The nominees for Nurses Week awards have demonstrated care and compassion to patients and families, and exemplify excellence in nursing practice by contributing to the professional practice environment in a variety of ways.

Award for Nursing Excellence in an Adult Inpatient Area

Nominees

- Marjorie Bohus RN  D2
- Sheila Carter RN  5NE
- Susan Gaspari-Forest RN  4NW
- Deborah Hampton RN  L & D
- Latrice Johnson RN  5NE
- Jennifer Labas RN  4NW

Award Winners: Marjorie Bohus RN  Sheila Carter RN  Susan Gaspari-Forest RN  Deborah Hampton RN  Latrice Johnson RN  Jennifer Labas RN

Award for Nursing Excellence in a Pediatric Inpatient Area

Nominees

- Heidi-Ute Lundelius RN  Comer 6
- Patricia Stanton RN  Comer 5

Award Winner: Laverne Ryzski RN NICU

Award for Nursing Excellence in an Outpatient Area

Nominees

- Patricia Heinlen RN  Infusion Therapy
- Richard Rodgers LPN  ID Clinic

Award Winner: Brian Lopez RN DCAM OR

Award for Nursing Excellence in a Specialty Role

Nominees

- Michele Akerman RN  Hospital Operations Administrator
- Chris Amidei RN  APN - Neurosurgery
- Ruth Barnes RN  APN - Professional Development
- Karen Daly RN  Case Manager - Oncology
- Sylvia Davis RN  Nurse Educator - OB/GYN Clinic
- Joseph Fabris RN  Hospital Operations Administrator
- Carole Guger RN  Nurse Educator - Professional Dev.
- Debbie James RN  Nurse Associate - GI Clinic
- Helen Michalopoulos RN  Nurse Educator - Professional Dev.
- Caryn Reid RN  APN - Labor and Delivery

Award Winner: Annemarie O’Connor RN Nurse Associate – Burn Unit

Award for Nursing Excellence in a Leadership Role

Nominees

- Barbara Anderson RN  Manager, GI Procedures
- Thomas Andrews RN  Director, Nursing Informatics
- Josephine Arthur RN  Manager, Labor & Delivery
- Sally Black RN  Director Mitchell 6 Oncology
- Suzanne Carlberg RN  Director, General Pediatrics
- Jeff Coto RN  Director, PEDS ER
- Kathleen Shanahan RN  Director, Mitchell 4
- Delores Watts RN  ACM, Oncology

Award Winners: Penny Hurley RN, Director, Special Projects – Magnet
Jacquelyn Newsome-Ryan RN, Manager, Hematology/Oncology Clinic

Queenan Award for Excellence in Nursing Practice

Nominees

- Lisandra Ayala RN  6NW
- Maria Gurgone RN  6NW
- Rachel Hensley RN  6NE
- Donna Lemmenes RN NICU
- Sheila Miller RN NICU

Award Winners: Katie Parker RN, Comer 6 & Diane Smith RN NICU

Morgan Award for Nursing Excellence in Oncology Nursing

Award Winner: Amelia Luardo RN 6SW

Nursing Spectrum Excellence Awards 2007

Nursing Spectrum’s Excellence Awards recognize extraordinary contributions nurses make to their patients, each other, and the profession. Nominations are submitted to Nursing Spectrum by coworkers of the nominees who identify the contributions to professional practice and manner in which a nominee exemplifies nursing excellence in their field.

Janice Phillips, RN, PhD, FAAN, nurse researcher, was the regional finalist in the Advancing and Leading the Profession category.
Each summer for one week children who have suffered burns are just like everyone else. The Illinois Fire Safety Alliance Burn Camp - Camp “I Am Me” - provides a nonjudgmental setting for burn survivors to share their common experiences while being able to have fun and not feel self conscious about their scars.

Nurses from UCMC are among the staff who volunteer their time to be part of the Health Center team at camp. Burn Unit nurse Anne O’Connor, MSN, RN, is the co-coordinator of the camp Health Center. This was her sixteenth summer as a volunteer at the camp. Deborah Davy, RN, staff nurse in the Plastic Surgery Clinic and Lynn Meyrick, RN, nurse case manager, Comer Hospital, also volunteered in the Health Center. Other UCMC staff who volunteered their time at Burn Camp are Pamela Anderson LCSW, UCMC Social Work Manager and Tracy Koogler MD, Comer Children’s Hospital.

This year 95 Illinois children ages eight through 16 attended camp. More than 300 children are hospitalized for burns in Illinois each year. Each child who participates has experienced a burn injury requiring hospitalization. There is no cost to the families for camp as it is funded entirely through donations and staffed primarily by volunteers. Camp “I Am Me” is held at YMCA Camp Duncan near Fox Lake, Illinois.

Regular camp activities include: swimming, row boating, sailing, canoeing, fishing, archery, nature, crafts, high ropes course, teams courses, camp-outs, hiking and horseback riding. Campers also use cameras and journals to write autobiographies about their lives before and after they were burned.

The Illinois Fire Safety Alliance (IFSA) is a non-profit coalition of individuals dedicated to fire and burn prevention through public education. After camp, the children will continue on with their own lives but it will be different - they will have new friends, better self esteem and the realization that they are not the only one with a burn injury.

The trip was sponsored by the International Children’s Heart Foundation, a non-profit charitable organization based in Memphis, Tennessee. Their mission is to help children with congenital or acquired heart disease in developing countries throughout the world get the expert cardiac surgical procedures that they need. The surgeries were performed at the Hospital Infantil in Santiago. The surgical cases that the team performed consisted of many children with Tetralogy of Fallot, one child with a large ventricular septal defect and two children with double outlet right ventricles. In total, ten cardiac surgery cases were performed over their five day stay. Their workdays began at 8 am and lasted until all of the cases were completed about 8 pm in the evening and some nights ran even later.

Shirley Swanson stated, “Every evening when we went back to our quarters there were families sleeping on the floor waiting for their children’s surgery to be done sometime that week. The next morning everyone would be up and about, anxiously awaiting their turn for surgery. They were all so appreciative of everything we did”. Shirley also said that taking this trip made her acutely aware of the many things we take for granted here in the United States. She pointed out that here in the U.S. we waste so many supplies and that in the Dominican Republic they reuse what they have until it literally falls apart. She says, ”Now I have everyone in the Comer OR and GOR saving all recyclable medical supplies to send with healthcare teams going on medical missions”.

Operating Room nurses Thelma Henderson, RN and Shirley Swanson, RN recently completed a pediatric cardiac medical mission trip to the city of Santiago in the Dominican Republic. They were invited to participate in the trip by Dr. Bassem Mora, a pediatric cardiac surgeon at Comer Children’s Hospital. Their surgical team consisted of 13 outstanding American and international medical professionals. In addition to Dr. Mora there was another cardiac surgeon from Croatia, two perfusionists from the University of Chicago (Dennis Sobieski and Travis Siffring), three nurses from London and one from California, an ICU physician from Philadelphia and a cardiologist and anesthesiologist from Washington, DC.
The Day of Service and Reflection is a unique opportunity for our nursing staff to volunteer in a variety of projects that offer assistance to our surrounding community. The University of Chicago Medical Center continues to forge partnerships with service organizations that provide support to the local community. During this year’s Day of Service nurses contributed to a wide range of projects that included planting and cultivation of community gardens, painting rooms in schools and community facilities, public beach clean-up and preparing meals at the Ronald McDonald House. At the end of the day, participants gathered at the UCMC Academy for a guided discussion and reflection on insights they had gained during their Day of Service experience.

“A mind that is stretched by a new experience can never go back to its old dimensions.”

– Oliver Wendell Holmes
Honors

- Janice Colwell, RN MS WOCN FAAN, was inducted as a Fellow of the American Academy of Nursing.

Fellowships

- Marc Epstein-Reeves, RN BSN, completed the Nursing Ethics Fellowship of the McLean Center for Medical Ethics

Quern Scholarships:

Provides formal and informal learning experiences designed to build leadership skills.

- Francine Auerbach RN BC MSN
- Diane Jones RN BC MSN

Certifications

Certification in oncology nursing from the Oncology Nursing Society (ONS):

- Kenisha Allen RN OCN
- Karen Fronk RN BSN OCN
- Margie Gleason, RN, BSN, OCN
- Rachel Hensley RN OCN
- Sheila Miller RN BSN OCN
- Gianetta Norwood RN BSN OCN
- Terri Oberg RN BSN OCN
- Laura Stumpf RN BSN OCN

Certified Informatics Nurses:

- Francine Auerbach RN-BC MSN
- Janet Gervasio RN-BC MSN
- Diane Jones RN BC MSN

CCRN (Pediatric) certification from the American Association of Critical Care Nurses:

- Kate Arroyo RN MS CCRN
- Nilsa Campos RN BSN CCRN
- Cassandra Chaplinski RN BSN CCRN
- Susan Corpolongo RN BSN CCRN
- Monica Gonzalez RN BSN CCRN
- Cathleen Herron RN BSN CCRN
- Sharon Maher RN BSN CCRN
- Pamela Perona RN BSN CCRN
- Wendy Ploegstra RN BSN CCRN
- Phillip Reeder RN BSN CCR
- Jenna Smith RN BSN CCRN
- Myrna Villas RN BSN CCRN
- Caroline Wickman RN BSN CCRN
- Becky Wortel RN CCRN

Certified Bariatric Nurse:

- Lauren Vacek RN MS CBN APN-BC

Certified Pediatric Oncology Nurses:

- Leticia Mitchell RN BSN CPON
- Katie Parker RN BSN CPON

Certified Pediatric Nurse:

- Tracy Kozy RN BSN CPN

Certified Clinical Transplant Nurses:

- Charina Diokno RN BSN CCTN
- Genevieve Sotello RN BSN CCTN

Degrees

The following nurses received their bachelor’s degrees in nursing in 2007:

- Sharon Chavez RN BSN
- Susan Gaspari-Forest RN BSN

The following nurses received their master’s degree in 2007:

- Ellen Agins RN MSN
- Kate Arroyo RN MS
- Sally Black RN MSN/MBA
- Gina Bradley RN MSN CNRN
- Roxanne Brown-Mannie RN MSN
- Jennifer Butler RN MS
- Dawn Davis RN MSN
- Kristen Demitroulas RN MSN
- Donneea Edwards RN MSN
- Sawanna Fitzpatrick RN MS
- Sherri Genis RN MSN
- Mercy Gonzalez RN MSN
- Stephanie Graham RN MSN
- Carol Hardeman Miller RN MSN
- Sheila Harmon RN MSN
- Jocelyn Holmes RN MSN
- Nancy Jones RN MSN
- Shirley Legaspi RN MSN
- Vivian Liu RN MSN
- Helen Mesina RN MSN
- Patty Milne RN MSN
- Adrienne Mubarak RN MSN
- Lisa Parish RN MSN
- Paulita Preston-Stone RN MSN
- Sonya Rawls RN MSN
- Laura Sink RN MSN
- Rena Thompson RN MSN
On November 10, 2007, Janice Colwell, RN, MSN, WOCN, FAAN was inducted as a fellow into the American Academy of Nursing (FAAN). The American Academy of Nursing (AAN) was established in 1973 under the auspices of the American Nurses Association to provide visionary leadership to the nursing profession and to the public in shaping future health care policy and practice. The AAN is comprised of 1,500 qualified and savvy nurse leaders who have accomplished extraordinary milestones in nursing leadership and nursing practice. Janice Phillips, PhD, RN, FAAN was inducted into the Academy in 2000.

- Nicole Tucker RN MSN
- Ruthie Washington RN MSN
- Barbara West RN MSN

The following nurses received doctoral degrees in 2007:
- Younhee Jeong RN MS PhD, received her PhD in nursing from the University of Illinois
- Shirley Spencer RN MS PhD, received her PhD in education from the University of Illinois

**Recognition**

Penny Hurley, RN MS MBA, Director Special Projects, has been named to be an ANCC Magnet Appraiser.

**Posters/Exhibits**

The Pediatric Intensive Care Unit and Sedation Service represented UCMC at the 2007 Critical Care Conference in Denver, CO.
- Cassandra Chaplinski RN BSN
- Jamie Harrison RN BSN
- Christine Mazzone RN BSN
- Alicia Villegas RN BSN
- Amanda Wulff RN BSN
- Lily Yuen RN MS APN-BC

**Publications**

**Janice Colwell RN MS WOCN FAAN**

**Carole Guger RN MSN**

**Janice Phillips RN PhD FAAN**

**Lauren Vacek RN MS APN-BC**
- "Sensitivity Training for Nurses Caring for Morbidly Obese Patients” in the 2007 fall quarterly issue of the *Journal of Bariatric Nursing and Surgical Patient Care*.

**Awards**

**Janice Colwell RN MS WOCN FAAN**

**Janice Phillips RN PhD FAAN**
- *Chicago Defender*: Woman of Excellence Award, 2007
- 2007 Nursing Excellence Award *Nursing Spectrum*: Advancing and Leading the Profession
Nursing Accomplishments

The following Outpatient Dialysis Unit nurses received an Award for “Outstanding Excellence” from the Chicago Fire Department, for “Life-saving actions in the resuscitation of a cardiac arrest patient”.

- Sherri Downs RN BS MS
- Elda Nierras RN
- Sarah Schulz RN BSN

Poster Presentations

National Teaching Institute, Atlanta 2007

- Jennifer Taylor RN MS CCRN and Nancy Jones RN MSN presented "Contamination: Spreading the CCRN Virus”.

14th Annual Evidence Base Practice Conference in Iowa City, Iowa on April 19-20th, entitled: “Handoff Clinic: A Strategy for Improving Handoff Protocol One Unit At A Time Using the Iowa Model of Evidence Based Practice”

- Ruth Barnes RN MSN APN-BC
- Patricia Gwizdalski RN BSN
- Michelle Johnson RN MSN/MBA

Presentations

“Predicting Infant Survival vs. Mortality in the NICU: The Crystal Ball Study”. University of Chicago Medical Center Clinical Research Study, 2006

- Donna Lemmenes RN BSN

“Improving Nurse-to-Nurse Communication Using the SBAR Technique”.

Presented at The Joint Commission Fall Conference; September, 2007, Oakbrook Terrace, IL.

- Vineet Arora MD
- Ruth Barnes RN MSN APN-BC
- Susan Gaspari-Forest RN BSN
- Michelle Johnson RN MSN/MBA

“Fatigue Before and after Acute Myocardial Infarction: Review of Data Collected at the University of Chicago Medical Center.” Presented at the annual meeting of the American Heart Association, Orlando, Florida, 2007.

- Michelle Fennessy RN MSN APN-BC

“Collaborative Management of the Patient with Stoma and Peristomal Complications”. Presented at the Wound, Ostomy and Continence Nurses Society annual meeting; Salt Lake City, Utah, 2007.

Member of the “Ostomy Consensus Panel”. At the Wound, Ostomy and Continence Nurses Society annual meeting; Salt Lake City, Utah.

- Janice Colwell RN MS WOCN FAAN

“Learn Earn and Return…The Three Phases of a Nursing Research Experience”. Presented at the University of Illinois College of Nursing, Chicago, IL.

- Janice Phillips RN PhD FAAN

“Operating Room Nursing”. Presented at Chesterton High School, Chesterton, IN.

- Mariana Boyle RN BSN

“The Importance of Self-Breast Exams, Breast Cancer and Prostate Health”. Presented at the New Age Services Organization; Chicago, IL.

- Donna Christian, RN MS APN-BC

Research

Diabetes Knowledge Assessment Among Medical-Surgical Nurses; University of Chicago Medical Center, 2007

- Mary Ann Francisco RN MSN CCRN APN-BC

Community Service

Christine Baker MS APN-C WOCN

- Active member of the Community Education Committee of the WOCN

Mariana Boyle RN BSN

- Soup kitchen volunteer, St. Patrick Church, Chesterton, Indiana 2007

Chief Flight Nurse Karen Arndt, RN, BSN, CFRN has been elected to serve as 2007-2008 President of The Air & Surface Transport Nurses Association [ASTNA]. Karen, a Certified Flight Nurse, has been with the University of Chicago Aeromedical Network (UCAN) for 11 years ASTNA is the national organization for flight nurses transporting trauma, maternal, adult, pediatric and neonatal patients. The organization focuses on supporting, serving and facilitating communication among professional nurses who practice transport nursing as well as promoting education and research specific to nursing knowledge and air medical patient care.
Kathy Fleckenstein, RN BSN
- Served in nursing mission work with “Healing the Children – The People to People Ambassador Program”

Colleen McDonnell RN BSN
- Participated in a medical mission trip to Ecuador

Patrice Moore RN M.Ed
- 2007 Member of Leadership Council and Chairman, Health and Wellness Cabinet; Jubilee Faith Community Church, Tinley Park.

Julia Nebe RN BSN
- Volunteered for Operation Smile in Hangzhou, China, November 2007

Lisa Pawlik, RN BSN
- Participated in a medical mission trip to the Dominican Republic

Janice Phillips RN PhD FAAN
- UCMC Principal for a Day – Betsy Ross School, 2007
- UCMC Volunteer- Uplift Chicago, 2007
- The Chicagoland Breast Cancer Task Force

Josephine Silvestre RN
- Served in nursing mission work through Friendship Bridge International Volunteers in Ho Chi Minh City, Vietnam.

Shirley Swanson RN and Thelma Henderson RN
- Participated as OR nurses in a pediatric cardiac medical mission trip to Santiago, Dominican Republic.

The following nurses volunteered as “Camp Nurse” for a week at Girl Scout summer camp:
- Kelly Eberbach, RN BSN
- Kathy McDaniel, RN BSN
- Amy Robberson, RN

Donna Christian MS APN-C
- Interviewed by Channel 19 for a segment on breast health

Day of Service
- Thomas Andrews, RN-BC, MS
- Sandra Armstrong RN MS
- Christine Baker MS APN-C WOCN
- Mariana Boyle RN BSN
- Suellen Daum RN MS HPCQ
- Peggy Griffin RN

Special Recognition

Margaret Alvarez MSN APN-C
- Received Honorable Mention for her article entitled “Intracerebral Granulocytic Sarcoma”, by the Journal of Neuroscience Nursing Case Study Contest, 2007

Karen Arndt RN BSN CFRN
- 2007-2008 President of the Air & Surface Transport Nurses Association

Jan Beschorner MS APN-C AOCN
- Recognized for being a Certification Advocate at the 32nd Annual Oncology Nursing Society Congress, 2007
- Certificate of Appreciation from the Oncology Nursing Society Foundation as a Review Team Member for the “Bachelors Academic Scholarships” 2007.

Janice Colwell RN MS WOCN FAAN

Janice Phillips RN PhD FAAN
- Appointed by the Board of Directors of the American Academy of Nursing as a member of the Selection Committee, 2007-2009.
Committee Goals and Accomplishments
UCMC Department of Nursing – Fiscal Year 2007/2008

Documentation Committee

Goal: To continue to work collaboratively with the Committee of Health Information Management, Pharmacy & Therapeutics Committee, Nursing Informatics, and other disciplines to facilitate the form approval process and standardize forms throughout the University of Chicago Medical Center.

Accomplishments:
- The Co-Chair positions were filled with one representative from Nursing Informatics and one representative from the Health Information Management Committee
- A representative from the medical-legal department was appointed to work collaboratively with the committee to review forms and expedite the approval process

Goal: Standardize forms to include evidence based information to improve quality of care.

Accomplishments:
- The adult critical care flow sheet was standardized throughout the various critical care units to improve continuity and quality of patient care
- The Adult Patient Education Record has been standardized throughout Mitchell to document education done with the patients and families. It will provide consistent and accurate information discussed with the patients and families
- The Initial Adult Hyperglycemia Management Physician’s Orders were standardized as a guide for the medical staff to initiate consistent care to diabetic patients.
- The Subsequent Adult Hyperglycemia Management Physician’s Orders were standardized as a guide for the medical staff to provide consistent care to diabetic patients
- The Pediatric Minor Burn Admission Orders were standardized to give pediatric patients with less than 10% burns consistent quality care
- The Pediatric Major Burn Admission Orders were standardized to give pediatric patients with more than 10% burns consistent quality care
- The Pediatric Radiology/Procedural Sedation Orders were standardized to improve the quality of care for pediatric patients who are sedated for CT and MRI
- The Adult Liver Pre/Post Operative Recipient Orders were standardized to give consistent care to the adult liver recipient to facilitate quality care
- The Adult Liver Pre/Post Operative Donor Order Forms were standardized to give consistent care to the adult liver donor to facilitate quality care
- The general and cardiac Multidisciplinary Discharge Instruction forms were updated to include the CMS requirements for heart failure education
- The Adult 24 hour Summary Flow sheet and Pediatric flow sheet were updated to include the CAPS recommendation for blood glucose testing

Goal: Standardize forms to facilitate their future transition into the electronic medical record.

Accomplishment:
- Updated forms to include barcodes, the hospital address and patient identifiers

Policy and Procedure Committee

Goal: Mentor a staff nurse to transition to co-chair of the nursing P&P committee.

Accomplishment:
- Lira Palen, RN, BSN, has been mentored by Suellen Daum, RN, MS, CPHQ and Mary Ann Francisco, MSN, APN-C to learn the processes of committee chairmanship. She has assisted in the development of agendas, completion of meeting minutes and coordination of committee meeting operations.

Goal: Incorporate evidence-based practice into newly developed nursing/patient care policies.

Accomplishments:
The following new nursing policies were developed:
- LPN Scope of Practice
- Pain: Assessment, Education and Documentation
- Adult Telemetry Monitoring Standards

Goal: Incorporation of current evidence-based practice into revisions of patient care policies.

Accomplishments:
The following policies were revised to reflect evidence-base practice:
- Tube Feeding, Blood Procurement and Administration, IV Therapy and Vascular Access, Adult and Pediatric Parenteral Nutrition, Emergency Equipment Readiness
Goal: Provide direct links for on-line evidence-based practice references.

Accomplishment:
• Direct links to articles and websites have been added to the reference list of policies as appropriate

Goal: Develop and implement a consistent mechanism for dissemination of policy changes.

Accomplishments:
• New and revised policies are posted to the Intranet after approval.
• Summary of Policy and Procedure changes are emailed to all UCMC nurses and distributed at Nursing Practice Council meetings.
• Nursing Quick Reference Guides including policies are distributed to all UCMC nurses

Nursing Informatics Committee

Goal: Create a communication venue for staff nurses to increase their awareness, involvement and education on the implementation of UCMC’s electronic medical record.

Accomplishments:
• Monthly updates regarding progress in creating/implementing electronic clinical documentation, computerized provider order entry, emergency department documentation, Pharmacy and Radiology.
• Demonstrations of electronic clinical documentation and computerized provider order entry allowing feedback and recommendations regarding those development initiatives
• Validation by committee members of the direction created by the Subject Matter Experts and Phoenix Team regarding the creation of electronic clinical documentation.

Nursing Quality Council

Goal: To build on the knowledge foundation established this first year by continuing to spend sessions reviewing and using the FOCUS/Plan Do Check Act methodology.

Accomplishment:
• Evolution of this goal remains in progress. Various members have conducted PDCA cycles and others are in the process of using the methodology.

Goal: To provide opportunities for the Quality Resource Nurses to interpret the data specific to their area of specialty, for performance improvement recommendations.

Accomplishment:
• The Quality Resource Nurses have used quality tools to analyze the data related to Patient Satisfaction with Pain Management. Several nurses have initiated unit based improvement projects identifying communication as a key concern in this area.

Goal: To prepare the Quality Resource Nurses for the pivotal role they have in a successful Magnet Site Survey.

Accomplishments:
• The Quality Resource Nurses were interviewed by the Magnet appraisers. The structure and outcomes of the Quality Resource Nurses were identified as a national best practice by the American Nurses Credentialing Center in the Appraiser Summary Report.

Goal: To provide opportunities for the Quality Resource Nurses to use and analyze the data specific to their area of specialty.

Accomplishment:
• The Quality Resource Nurses have evaluated patient satisfaction/pain management data to identify opportunities for improvement

Goal: Assist QRNs in becoming experts at interpreting their unit-specific nursing quality dashboard data.

Accomplishment:
• The dashboards have been widely disseminated on the inpatient areas and the data has been discussed with nurses at unit staff meetings and Local Practice Council meetings. As a result, staff nurses throughout the organization have accessibility to their own unit-specific data.
Retention and Recruitment Committee

Goal: Retain our UCMC nursing talent.

Accomplishment:
- Created a survey for our staff nurses assessing their satisfaction and needs. Results presented to the Directors of each nursing care center.

Goal: Facilitate the inclusion of as many direct care nurses as possible in the UCMC 2007 Nurse’s Week celebration activities.

Accomplishment:
- Blessing of nurse’s hands was offered on nursing units in Mitchell Hospital, Comer Hospital and in the DCAM clinics.
- Distributed Magnet pins throughout the medical center.
- The Advanced Practice Nurses group displayed educational posters on the bridges of Mitchell Hospital, Comer Hospital and the DCAM to promote easier access to the presentation.

Goal: Continue the traditional Nurse’s Week event of the Mock Trial.

Accomplishment:
- This year’s Mock Trial was on sibling visitation in the NICU.

Goal: Promote open dialogue with new nurses throughout their orientation period.

Accomplishment:
- UCMC Nurse Recruiters had lunch with the orientees at the 6 week mark of their employment and then hosted a breakfast and roundtable for them at the end of their first 6 months.

Goal: Continue recruitment of highly qualified nurses to our medical center.

Accomplishment:
- UCMC Nurse Recruiters regularly attend area nursing career fairs to represent our medical center. Additionally, they frequently invite staff and managers from nursing units with open positions to accompany them to interact one on one with potential candidates.

Nursing/Pharmacy Committee

Goal: Facilitate communication between nursing and pharmacy staff.

Accomplishments:
- Appointment of Beverly McCullough RN BSN, Staff nurse on 6NW, as Committee Co-Chair.
- Added a Pharmacy speed dial on nursing unit tube systems for direct line to Pharmacy.
- Implemented use of “fax” stamp to help pharmacists identify stat orders and thereby increase efficiency of these medication deliveries to units.
- Formed a multidisciplinary team to evaluate medication use systems to assist in decreasing medication delivery turn around times.
- Designed a pharmacy “telephone tree” to identify the appropriate pharmacy staff person to contact for desired information.

Goal: Continued development of patient safety strategies.

Accomplishments:
- Implemented a new Policy and Procedure for dispensing and tracking of controlled substances.
- Put into operation a secure distribution system for all insulin administration.
- Updated the Hospira Pump medication library for each nursing care center.

Patient Education Committee

Goal: Identification of strategies to increase staff awareness of the availability of patient education programs here at UCMC.

Accomplishment:
- Exhibited posters and gave presentations regarding patient education at the Magnet festival

Goal: Evaluation of medical center patient & family education programs and activities.

Accomplishments:
- Provided support to the hospital-wide initiative on heart failure.
- Developed patient education handouts on heart failure in Spanish and English versions.
• Established a dedicated patient education channel for heart failure (Channel 6 on the adult patient room closed circuit TV).

Goal: Assessment of patient education materials based on content, format, and comprehensive reading level.

Accomplishments:
Patient education materials evaluated:
• Signs and Symptoms of Infection
• Instruction Guide for Patient-Controlled Analgesia (PCA)
• Home Care Guidelines for Patients with J-Tube Feeds
• Age and Weight-based ORT Dosing Guidelines
• Drain Care

Goal: Improve staff nurse access to education materials for medications.

Accomplishment:
• A new patient education intranet resource “Micromedex Care Notes” was made available in May, 2007.

Goal: Standardization of format for patient & family education materials.

Accomplishment:
• Developed format and initiated formal approval process for patient education materials

Nursing Research Committee

Goal: To insure that all nursing staff are introduced to the basic concepts related to evidence based nursing practice (EBNP).

Accomplishments:
• Winter 2006, the Nursing Research Committee launched an online EBP course outlining the basics of evidence based nursing practice. To date over 500 nurses have completed the online module.
• Developed two series of Small Bites outlining the concepts of Protection of Human Subjects and Evidence Based Nursing Practice
• Offered the annual Mock trial, highlighting the principles of EBNP.

Goal: Highlight the scholarly accomplishments of staff nurses thereby increasing the visibility of nursing throughout the organizational setting.

Accomplishments:
• Sponsored Author’s Row for two consecutive years.
• Collaborated with Office of Clinical Research during the university’s annual research day showcasing the nursing initiatives completed by nursing staff.
• Hosted first annual Nursing Poster Fair highlighting research and qualitative projects implemented by nursing staff.

Goal: Increase nursing involvement in completing research projects independently and in collaboration with medical center staff.

Accomplishments:
• Initiated individual and unit based consultation to staff involved in conducting research and quality related projects.
• Secured IRB approval for three nursing related research projects.

Goal: Increase resources needed to successfully develop and complete nursing research projects.

Accomplishments:
• Continued to build working relationship with the Crear Medical Science Librarian, Debra Werner.
• Initiated in house library hours for staff nurses in hospital classroom.
• Provided Reference Works Training Sessions in hospital classrooms
Mission
For The Department Of Nursing:
Our mission is to lead in the achievement of superior outcomes for individuals and their families through the provision of world-class nursing care.

Vision
For The Department Of Nursing:
Our vision is to be the foremost model of dynamic patient-focused and family-centered care led by expert, compassionate, and creative nurses who choose to practice in an environment of collegial respect.

Philosophy
Of Nursing:
Principles of Nursing Care:
1. We are leaders in patient-focused, family-centered care.
2. We respect and honor the individual values and decision of patients and their families.
3. We help individuals and their families identify their goals of care.
4. We advocate on behalf of individuals and their families to assure they gain access to all supports and resources available.
5. We assure that dignity, confidentiality, and privacy are maintained for all individuals.
6. We are committed to a consistent standard of excellence for all individuals and families.
7. We employ the nursing process as the framework for the delivery of nursing care.
8. We identify excellence in clinical care, education, research, leadership, and advocacy as essential components of our nursing practice.