AT THE FOREFRONT
OF EXEMPLARY CARE
The University of Chicago Medicine Nursing Annual Report 2014
DEAR COLLEAGUES,

During the past year, academic medical institutions across the country faced unprecedented changes in the wake of health care reform. Patient volume and demand for services were at an all-time high, while pressures to contain costs and drive efficiencies remained constant. Even with these shifting industry dynamics, we at the University of Chicago Medicine Nursing have remained steadfastly focused on continuing our journey of excellence and setting the standard for exemplary patient care.

In the past year, our nurses achieved outstanding patient outcomes, innovated new practices, led groundbreaking research, and continued advancing the professional practice of nursing—all while providing compassionate, comprehensive care to patients and families from throughout Chicago.

In this report, you’ll hear about our nurses’ most notable achievements from the past year. You’ll also read about their positive impacts on our patients, community, organization, and the nursing profession. Our journey toward excellence is just that—a journey—and we are committed to continually improving and evolving as necessary to meet the ever-changing demands of our industry and patients.

To that end, one of our strategic priorities of the last year was to create our Professional Practice Model (PPM). Developed by nurses for nurses, the PPM is unique and singular to UChicago Medicine’s culture of exemplary care. You’ll see many of the attributes of our model interwoven throughout this report. From contributing to evidence-based practice to pursuing professional development and advancing the community’s health and well-being, this practice model solidifies our commitment to providing exemplary patient- and family-centered care.

Through shared governance and daily care delivery, our nurses are driving our strategic operating plan forward, particularly in areas such as patient experience, service, safety, and quality. Our nurses are working together to improve patient outcomes and quality indicators around emergency department diversion rates, pressure ulcers, and catheter-associated infections. We are also deploying new technologies and approaches to improve the patient experience, yield positive outcomes, and drive operational efficiencies.

I’m proud of all that our nurses have achieved in the past year. When I think about our journey toward excellence, I am confident we are well on our way. It is because of the daily contributions and excellent leadership of our nurses—their hands, their hearts, and their minds—that we are able to change the lives of patients and advance the professional practice of nursing each and every day.

Sincerely,

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

The 2014 fiscal year has been one of exciting change for nursing here at the University of Chicago Medicine. After a great deal of in-depth work in fiscal 2013, we began this year by officially announcing the selection of Dorothea Orem as our nursing theorist. Her Self-Care Deficit theories aligned with many attributes that we as UChicago Medicine nurses identified within our own practice.

Once the selection was complete, we wanted to update our Shared Governance Model. This new model truly speaks to the core of Shared Governance. On each of our house-wide councils, there is a staff nurse and a member of leadership who act as co-chairs. One of the additions gained through our new model is our Coordinating Council, co-chaired by Debi Albert, Chief Nursing Officer, as well as the Nursing Practice Council, which I am honored to chair.

The Nursing Practice Council was formed as a centralized forum for each of the house-wide council chairs to meet and discuss current projects. It allows for collaboration between the various disciplines within the medical center, ensuring a broad reach is achieved before a critical patient-care decision is made.

Another innovative addition to our Shared Governance model was the Nursing Clinical Practice Council. This venue injects our nursing staff’s expertise and input into the introduction of new technology aimed at improving patient safety and care outcomes. The new council has been crucial in allowing our nurses to have their voices truly heard on decisions that will affect how they interact with patients and technology. The Nursing Clinical Practice Council strives to choose a staff representative from each area.

As the Nursing Practice Council Chair for 2014, it has been my honor to help empower UChicago Medicine nurses. I have witnessed firsthand the power we hold when speaking as a unified voice and partnering with our leaders to make care decisions that directly affect our patient-care outcomes. I’m looking forward to the exciting growth of our nursing through the continued strengthening of our Shared Governance!

Sincerely,

Crystal Ward, BSN, RN
2014 Nursing Practice Council Chair

INTRODUCTION BY CRYSTAL WARD
The University of Chicago Medicine made significant gains in a number of safety and quality measures in fiscal 2014.

Nurse-led initiatives were behind many of the improvements made this year.

These programs incorporated quality process analyses, evidence-based practice projects, and research that supported changes to treatments and led to improved patient outcomes and a more efficient hospital.

**QUALITY**

Two major gains in quality metrics led by our nursing staff were reductions in hospital-acquired pressure ulcers (HAPU) and catheter-associated urinary tract infections (CAUTI).

In 2013, clinical nurse educator Susan Solmos, MSN, RN, CWCN, began an extensive review of our approach to pressure ulcers—a key national quality metric.

Solmos was joined in her efforts this past March by Mary Maroney, MSN, RN, FNP-BC, an experienced nurse and wound-care Advanced Practice Nurse with the Center for Nursing Professional Practice and Research (CNPPR). Together the duo focused on improving new-hire training on HAPU and related moisture-associated skin damage (MASD) prevention. They also educated staff on differentiating between the two and provided better skin care education for patients and their families.

Combining classroom work, clinical rotations, and monthly prevalence surveys of patients’ conditions, results improved dramatically, falling 70 percent in a year.

“Wound care has become an area of specialized clinical focus for both physicians and nurses,” said Solmos.

**PRESSURE ULCERS INITIATIVE**

**CHALLENGE:**

UChicago Medicine’s rates of hospital-acquired pressure ulcers (HAPU) were higher than industry benchmarks. Months of staff interviews and other analyses were conducted to determine the cause.

**SOLUTION:**

We implemented the HAPU prevention bundle of evidence-based practices, a multidisciplinary approach to education and treatment including:

- 20.5 HOURS OF TRAINING FOR SKIN CARE NURSING TEAM
- 8.5 HOURS of classroom work and skills validation
- 3 CLINICAL ROTATIONS totaling 12 hours of additional training

**ADDITIONAL TRAINING**

All new hires in the last 18 months received one hour of HAPU prevention training, as well as other education. Also, more than 1,600 nurses received HAPU education during in-person classes or computer training.

**RESULTS:**

70% reduction in HAPU rates in one year
The dramatic reduction in CAUTI rates is another nurse-driven quality success story.

Nationwide, CAUTIs are responsible for about 80 percent of all in-hospital infections and cause about 13,000 deaths annually.

Beginning in March, UChicago Medicine nurses, in collaboration with physicians, infection control, information technology experts, and medical and administrative leadership, implemented the Standard Pathway for the Prevention of Catheter-Associated Urinary Tract Infections.

Following evidence-based guidelines, this protocol evaluates the need for continued catheterization.

If a patient no longer meets the criteria, nurses are empowered to remove the urinary catheter—without a physician’s order. That lowers the duration of catheterization, reducing risk of infection. This systematic and collaborative approach led to a 26 percent drop in CAUTIs from the previous fiscal year.

“Every discipline we’ve been working with has been very engaged,” said Rachel Marrs, MSN, RN, the lead infection control practitioner in the University of Chicago Medical Center’s Infection Control Program. “Not only does preventing a CAUTI potentially increase a patient’s overall satisfaction, but it also could help decrease costs, length of stay, and help avoid unnecessary treatment.”

**EVIDENCE-BASED PRACTICE PROJECTS**

A systematic approach to problem solving is the cornerstone of any academic medical center. For UChicago Medicine nurses, evidence-based practice projects are the gold standard in treatment and improvement.

EBP projects involve an exhaustive literature and clinical data review. They also include clinical expertise to arrive at best practice standards for the hospital.

UChicago Medicine participates in the Nurse Residency Program, a national curriculum established by the University HealthSystem Consortium and the American Association of Colleges of Nursing. The project furthers scholarship and education for nurses as they transition from students to professionals. The centerpiece of the year-long program is the design and execution of an evidence-based practice project.

The 87 nurse residents produced 18 evidence-based practice projects during fiscal 2014. Underscoring the quality of the work, three abstracts were accepted for presentation at conferences.

Syed Saad Iqbal, BSN, RN, presented an EBP project at a national conference this year. Analyzing sequential compression devices, he and his residency group made changes to clinical procedures that helped reduce venous thromboembolisms (VTEs), or blood clots in the legs.

**REDUCING CAUTIs**

**CHALLENGE:**

80% of all in-hospital infections are CAUTIs

Nationally, CAUTIs, catheter-associated urinary tract infections, cause 80% of all in-hospital infections and 13,000 deaths each year.

**SOLUTION:**

Empower Nurses

Implementation of our Standard Pathway for Prevention of CAUTIs:

- Protocol evaluates patients’ needs for continued catheterization
- Gives nurses ability to remove catheters without a physician’s order

**RESULTS:**

↓ 26% decrease in the number of CAUTIs

- Shorter duration of catheterization
- Lowered infection risk
- Decreased cost
- Decreased length of stay
It’s this focus on constant investigation and evaluation that leads to continual safety and quality improvements.

“It gives me much more of a sharp eye to look for different things during patient assessments,” said Iqbal.

RESEARCH

About 550 nurses participated in research or evidence-based practice forums this past fiscal year, earning more than 1,640 hours of training in nursing science.

“Nurses are trained to see the patient holistically with the understanding that patients are complex beings who have identities beyond their disease state,” said Mark Lockwood, MSN, RN, CCRN, co-chair of the Nursing Research Committee.

Lockwood, who coordinates clinical trials for the Department of Surgery/Transplant Center, embodies the drive to improve the science of nursing at UChicago Medicine. Though relatively new to conducting research protocols of his own—he has been a research nurse coordinator for more than 12 years—he has support from his colleagues and managers as he continues to expand his own program of research.

During the year, he won an International Transplant Nurses Society Research Grant and the Edith Anderson Leadership Education Grant, awarded by the honor society of nursing, Sigma Theta Tau. Lockwood also recently published a nursing-led study examining how access to technology, particularly among the African-American community, presents challenges and opportunities to improve access to care.

Lockwood is now researching other barriers, such as the influence of quality of life, support networks, and other interpersonal characteristics, that may be obstacles to successful completion of the pre-kidney transplantation evaluation.

A better understanding of these barriers could lead to novel ways of overcoming them and ultimately improve a patient’s journey along the transplantation continuum.

“Evidence-based practices, quality improvement projects, and research make up the foundation of nursing practice,” Lockwood said. “These initiatives are critical to the development of nursing leaders who will use their knowledge to improve the nursing profession, the health care system, and the health of the communities in which they serve.”

RESEARCHING ER DIVERSION HOURS

UChicago Medicine’s Adult Emergency Department dramatically reduced ambulance diversion thanks to three years of teamwork. The ED racked up about 2,200 diversion hours in 2011, or about 184 hours a month. In 2014, the total diversion hours fell to about 200 through the department’s “Drive to Zero” effort. In fact, the ED wasn’t on diversion at all for the months of April and May.
Christa Woodley, BSN, RN, cares for a young patient in the burn unit at UChicago Medicine.

“Being a nurse is part of who I am. No other occupation can fulfill my desires of assisting the well-being of others. It is a personal obligation of mine, and I promise myself not to fail.”

Christa Woodley, BSN, RN
At the University of Chicago Medicine, patient- and family-centered care means a careful and deliberate approach to planning, implementing, and evaluating health care.

Our practice is grounded in mutually beneficial partnerships between health care providers, patients, and families. It redefines relationships with clear goals: improving safety, quality of care, and organizational efficiency.

Our patient- and family-centered practitioners recognize the vital role families play in ensuring the health and well-being of patients. They acknowledge that emotional, social, and developmental supports are integral components of health care. This approach shapes our policies, programs, and day-to-day interactions.

At UChicago Medicine, our patient- and family-centered care revolves around four key principles—each with a number of initiatives underway—aimed at improving healthy outcomes and patient satisfaction.

RESPECT AND DIGNITY

Health care practitioners listen to and honor the perspectives and choices of patients and their families. Their values, beliefs, and cultural backgrounds are incorporated into care planning and delivery. UChicago Medicine nurses study clinical medical ethics alongside physicians and other clinicians in the MacLean Center for Clinical Medical Ethics fellowship program. The fellowship is the oldest, largest, and most successful program of its kind. It offers an intensive, structured curriculum that teaches clinicians how to identify and resolve ethical dilemmas that arise during patient care.

This year, four UChicago Medicine nurses participated in the fellowship:
- Siv Sjursen, BSN, RN, Senior MacLean Fellow
- Jessica Duong Wicker, BSN, RN
- Kirsten Inducil, BSN, RN
- Julie Lester, BSN, RN, IBCLC

In the interest of honoring our patients’ desires to recover and return to the comfort of home as quickly as possible, UChicago Medicine standardized the planning process for each patient’s discharge.

Using Lean methodology, we developed a standardized discharge checklist, used whiteboard planning for potential discharges for the upcoming day, and developed multidisciplinary discharge rounding on all adult inpatient units.

Before the standardized discharge coordination measures, only 15 percent of hospital discharges occurred before 2 p.m. That caused many delays for post-operative and emergency department patients, who often had long wait times for beds. But by the end of the 2014 fiscal year, 48 percent of patient discharges occurred before 2 p.m., allowing for better bed availability.

INFORMATION SHARING

As health care practitioners, we communicate and share complete and unbiased information with our patients and their families in affirming and useful ways. We make sure patients receive timely and accurate information, so they can effectively participate in their care and decision-making.

Nurses play an integral role in the design of discharge education videos, which are now distributed to many inpatient rooms through
the hospital’s interactive patient platform. Teams of nurses identified key educational needs based on feedback from patients in their units. Working together, they helped design the workflow of the videos that are prescribed to other patients.

After patients are discharged, a specially trained team of nurses calls them to provide assistance with any ongoing medical issues that may require additional care. The nursing team also schedules follow-up appointments and checks on how satisfied a patient was with the care received.

**PARTICIPATION**

Patients and families are encouraged to participate in care and decision-making. We’ve found that one of the best ways to capture the voices of patients and empower them to participate in their care is through rounding. Bedside nurses conduct purposeful, hourly rounding visits to address the “5 Ps” of patient experience: pain; personal needs; position in bed; placement of items in the room; and presence—that is, the full, undivided attention of nursing staff.

Nursing leadership verifies these purposeful visits during a separate rounding process, using iPads to capture feedback in Vocera that triggers alerts to improve service while also providing data to patients.

Both rounding processes provide our nurses with data-driven means of designing individualized care, as well as recognizing and rewarding excellence, while continuing to identify opportunities for process improvement.

UChicago Medicine nurses and case managers are also piloting a new program through the Vocera system that provides recorded audio instructions for patients and their families after they’re discharged. Once patients leave the hospital, they receive a secure code to access instructions online or through a toll-free number. Authorized family members and caretakers can also access these recordings remotely, whether they live nearby or in another part of the country.

**COLLABORATION**

Our health care leaders collaborate with patients and families in policy and program development, facility design, professional education, and delivery of care. Since 1996, the Comer Children’s Hospital Family Advisory Board has embodied this kind of collaboration. As an advisory committee to administrators, physicians, nurses, and staff, board members represent the rich diversity of patients who are treated at Comer. Thanks to their suggestions over the years, the hospital has created a unique, holistic healing environment for the whole family.

Building an employee culture that embraces this new patient and family partnership is a key to delivering true patient- and family-centered care. The approach is congruent with our mission to provide superior health care in a compassionate manner, mindful of each patient’s dignity and individuality.

**UCHICAGO MEDICINE PROFESSIONAL PRACTICE MODEL**

The University of Chicago Medicine Professional Practice Model is a bold visual representation of the vision and values that connect nurses across every department, career stage, and practice domain. The PPM design was created after more than a year of research into evidence-based practices and input from hundreds of nurses across the medical campus.

The PPM shield depicts a sense of strength—a guiding force for nursing practice. It also underscores the tried and true standards of a highly effective nursing organization.

Staff nurses, nurse managers, and unit-based Shared Governance Council chairs who participated in the project are confident the model will play a key role in depicting UChicago Medicine Nursing’s commitment to consistently practicing professional care at the highest levels.

Amy Toncrey, RN, talks to a patient in the Mitchell Hospital Emergency Department at UChicago Medicine.
Nursing at the University of Chicago Medicine goes far beyond exemplary patient care.

Our nursing community has more than 2,500 employees, from support staff to advanced-practice nurses, all of whom are striving to evolve the professional practice of nursing. Their hard work, both in and out of the classroom, is central to our mission of remaining at the forefront of exemplary practice.

During the 2014 fiscal year, almost 400 nurses received tuition reimbursement from UChicago Medicine. The payments totaled $2.8 million, covering 100 percent of the tuition reimbursement of a BSN and MSN degree—as well as 75 percent of tuition for a DNP or PhD in nursing. That unparalleled benefit enabled our nurses to further their educations by attending classes at some of the most prestigious universities in the country—among them, Georgetown, Johns Hopkins, Duke, University of Illinois-Chicago, and Loyola University.

Meanwhile, our Center for Nursing Professional Practice and Research (CNPPR) provides support for nurses by offering education and professional development. That includes nurse orientation as well as education on standards of care, quality improvement, research, and ethics. The CNPPR is committed to achieving and maintaining excellence and advancing practice trends in patient care by mentoring staff, developing evidence-based practice and protocols, and providing experiential learning to produce optimal patient outcomes.

The work starts with nursing students and continues throughout each employee’s career at UChicago Medicine. Nearly 850 graduate and undergraduate nursing students spent time in clinical practica at the hospital last year. The pre-licensure students alone spent more than 8,800 hours receiving first-hand experience that will guide their careers.

The training and support doesn’t stop there.

Our Nurse Residency Program helps beginning nurses transition from “new graduate” to “full-time professional nurse.” Over the course of a year, these nurse residents meet monthly to learn about everything from stress management and communication to end-of-life nursing care and evidence-based practice.

UChicago Medicine nurses spent almost 48,000 hours attending in-person classes, in-services, and online class modules offered by the CNPPR in fiscal 2014. In addition to that, more than 3,300 people participated in hundreds of continuing education classes. CNPPR is an approved provider through the Ohio Nurses Association and provided UChicago Medicine nursing staff free classes with a total value of 570 contact hours.

Separately, 111 members of the nursing community participated in two Iowa evidence-based practice training sessions, and 72 more attended CNPPR-supported national nursing certification programs.

One of the certification students was Ashley Klein, BSN, RN, CPN. Klein, who works in Comer 5, enrolled in the two-day certified pediatric nurse training program held in June 2014 because she wanted to “become more specialized and knowledgeable” in pediatric nursing.

“The teacher of the course was phenomenal,” she said. “It made me want to go home and continue to study the material because she made it non-intimidating.”
2,054 registered nurses

14,298 participants in training led by the Center for Nursing Professional Practice and Research (CNPPR)

33% of our nurses have national certifications

48 nursing schools

740 undergraduate students

101 graduate students

8,800 undergraduate training hours

1,381 MSN

7 DNP

17 PhD

# of nurses with advanced nursing degrees

$129,417 in continuing education reimbursed to 483 staff

$2.8 million in tuition reimbursed to 399 nurses
Chicago’s South Side communities are among the nation’s most vulnerable when it comes to health disparities.

But University of Chicago Medicine nurse Donna Christian-Harris, APN, FNP, says empowering people to play a stronger role in their own health outcomes can go a long way.

As an American Cancer Society ambassador, Christian-Harris is a well-regarded fixture in South Side churches, beauty salons, spas, and community groups. That’s where she takes her messages about women’s health—particularly breast cancer—to some untraditional information hubs.

“Health care settings can be stressful or intimidating, while these more intimate settings promote a sense of trust,” said Christian-Harris. “Often, by the time a patient arrives in a clinic or ED, the problem has escalated out of control. That’s why I’m so passionate about promoting health and wellness through prevention.”

Christian-Harris is among the nurses who volunteer hundreds of hours providing screening services and health education to underserved communities. From blood pressure screenings, hypertension, and glucose testing to free immunizations, nurses make a positive impact on the health of vulnerable populations.
FLU IMMUNIZATIONS

UChicago Medicine nurses administered 2,662 influenza vaccinations at community events and schools during the last fiscal year. One of the largest at-risk groups served included licensed taxi and limo drivers. They were immunized at conveniently staged clinics on cab lots at O’Hare and Midway airports.

COMMUNITYRX

Nurses play a critical role in one of UChicago Medicine’s most expansive efforts to broaden access to community health services. Since March 2013, nurses helped generate more than 110,000 personalized lists or, “prescriptions,” for neighborhood health and social services as part of an innovative program called CommunityRx. The program, funded by a U.S. Department of Health and Human Services Innovation Grant,* is aimed at creating critical links between health care and community resources. The goal is to help people stay well and better manage chronic conditions between appointments.

*Grant Number 1C1CMS330997-03-0000 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

SERVICE AT HOME AND ABROAD

TOP: Nurses and their families were among the more than 315 UChicago Medicine volunteers who fanned across Chicago’s South Side to lend a hand during the 12th annual Day of Service and Reflection (DOSAR).

BOTTOM: In September 2013, cardiac intensive care nurse Lacy Holevis, BSN, RN, CCRN, sitting, right, traveled to the National Research Center for Cardiac Surgery in Astana, Kazakhstan, to share nursing care best practices.

PEDIATRIC MOBILE MEDICAL UNIT

For many children living in underserved South Side communities, obstacles to regular doctor visits are common. Each school year, the Comer Children’s Hospital Pediatric Mobile Medical Unit hits the road to help overcome these barriers. Now in its tenth year, this nurse-staffed clinic on wheels has expanded from school physicals, screenings, and immunizations to a broad range of services.

2013–2014 SCHOOL YEAR:
137 visits to 49 schools, preschools, and health fairs
1,144 medical encounters
Nurses at the University of Chicago Medicine are dedicated to improving the lives of patients.

This is evident in the amount of recognition nurses have received this past year for their clinical care for patients and families, quality improvement projects, and research. From hospital-specific honors to national awards and international presentations, UChicago Medicine nurses are leaders in the profession.
SELECTED PUBLICATIONS:


SELECTED NURSING PRESENTATIONS

UCHICAGO MEDICINE NURSING AT A GLANCE – FISCAL YEAR 2014

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On the cover: UChicago Medicine nurses Enrique Robledo, BSN, RN, Victoria Frazier-Warmack, MSN, RN, OSC, and Elizabeth Soto, BSN, RN, pose inside the Duchossois Center for Advanced Medicine.