



Elmhurst Hospital 2020 Nursing Annual Report



WE DID IT AGAIN!



NURSING EXCELLENCE

SWEET REPEAT

MAGNET REDESIGNATION 2020





2020: A year we will never forget

Who knew how correct the World Health Organization (WHO) would be in 2019 when – well before a global pandemic was on our radar – they declared 2020 as the Year of the Nurse. Worldwide, the coronavirus pandemic has highlighted the clinical excellence, quality, and compassionate care of nurses and the courage and resilience of healthcare workers.

Our first positive coronavirus patient was admitted March 12, 2020. Early on we started an incident command structure, formed multiple committees, including the COVID-19 Steering Committee and Clinical Decision Committee, and began meeting in daily huddles. There was so much fear and anxiety and so much yet to learn about the testing, diagnosis and treatment of coronavirus. However, by the time of the second surge in the fall, we became clinical experts in those areas and were better adapted overall.

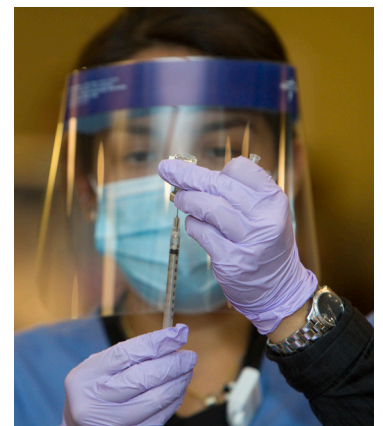
As I reflect on 2020, I am extremely proud of the commitment, compassion and resilience of our nursing staff to meet the countless challenges we faced during the pandemic. I am hopeful of what the vaccine can provide for healthcare workers, essential workers, our patients, families, and community. At the time of this writing, I am pleased to report that our volume of COVID positive patients is in the teens and upwards of 72% of our employees have been vaccinated.

Another reason we won't forget 2020 is because of our successful Magnet re-designation. The virtual Magnet site visit took place in September and our "Sweet Repeat" re-designation was formally announced in November. The surveyors were very complimentary of our nursing staff, leadership and the organization. They commented: your nurses are engaged; your relationship-based model of care and vision of safe, seamless and personal are evident; your clinical nurses have the resources and access to clinical experts; and your strength in nursing is very strong from the CEOs, CNO, and nurse leaders, to your clinical bedside nursing staff.



The pages of this year's Nursing Annual Report highlight nursing's significant contributions to improving the quality and safety of care during the COVID-19 pandemic, the accomplishments related to our Magnet re-designation, shared governance central and unit-based councils, nurse sensitive indicators, and our continued journey to transform healthcare – safe, seamless and personal.

This year as we continue our efforts to control the spread of coronavirus while facing financial challenges as a healthcare organization and nation, I am confident that our nurses will remain committed, resilient, adaptable and unified. I have always been grateful for the opportunity to work with Elmhurst's nursing staff, physicians and leaders, but I've never been prouder of our nurses over this past year. Together, we've experienced the lowest of lows and the highest of highs and yet somehow became stronger as nurses, individuals, and a community. The World Health Organization has extended the Year of the Nurse into 2021 because of the impact of the pandemic and the increased visibility of nurses' contributions. EEH proudly joins WHO in continuing to honor our nurses well into 2021 and beyond.



It is with a grateful and committed heart that I lead nursing through our continued journey to manage the COVID-19 virus, create an exceptional patient experience and emerge as a stronger, more resilient nursing profession than ever before.

Jean Lydon, MS, MBA, RN
System Vice President, Operations and Chief Nursing Officer



Magnet Redesignation



Magnet is the ultimate credential for excellence in nursing. Granted by the American Nurses Credentialing Center (ANCC), Magnet recognition is considered the highest honor a hospital can achieve for its nursing care, and illustrates a commitment to safe, high-quality patient care. Elmhurst Hospital received its first Magnet designation in 2015. In June 2019, we submitted our 2,086-page re-designation document to ANCC, in December 2019 provided an additional 446 pages, then anxiously awaited news of our site visit. COVID-19 prevented us from completing our scheduled visit as planned in April 2020, but we were able to finally accomplish our site visit virtually September 23-25, 2020.



The appraiser team was extremely complimentary of nursing in the organization, noting strong leadership at all levels especially nursing at the bedside. The appraisers said that our relationship-based care model shines through and that our vision of safe, seamless, and personal is clearly enculturated in our nursing practice. They also recognized nursing's role in collaboration and interprofessional care. They said that the strength of nursing in the organization is evident and is driving strong patient outcomes. When asked if there is anything we could do better or different, they told us to keep going and growing.

On November 23, 2020, a group of eager listeners joined a WebEx to hear live the much-anticipated call from Jeanette Ives Erickson, DNP, RN, NEA-BC, FAAN, Chair of the Commission for the Magnet Recognition Program®. Elmhurst Hospital earned its second Magnet® designation from the ANCC! What a sweet repeat!



Further, Elmhurst was recognized by the ANCC with five exemplars in Exemplary Professional Practice for outperforming the benchmark and comparison cohort for Nurse Satisfaction, Ambulatory Falls with Injury, Median Time to PCI for ST-elevation myocardial infarction, Safety, and Service Recovery.

The Magnet designation is granted every four years to organizations that demonstrate sustained superiority in nursing care. Thank you to every nurse in our organization. Magnet designation is more than a validation of the work you do; it's a reflection of your excellence, autonomy, engagement and dedication. In the uncertain and stressful times we've faced, your care of our community, patients, families, team members and yourselves as nursing professionals is more needed than ever before. Your excellence matters. Your caring matters. The patient outcomes you achieve matter. The relationships you form matter. You make a difference!



COVID-19 Pandemic



COVID-19 Reflection

Linda Rempala, MSN, RN

I clearly remember a Friday near the end of January 2020 receiving a call from Annemarie Schmocker inquiring about the number of negative pressure rooms on the inpatient units. For what? I asked. COVID. Are you kidding me? Isn't that going to be the next MERS, SARS or Ebola? Lots of hype and no cases? Oh, was I wrong.



Within two months of that call, the state was on lockdown. Two weeks later we had 53 critical care beds in three locations, COVID-positive patients on third, fourth, and fifth floors, stopped non-essential procedures and surgeries, and essentially closed our ambulatory network.

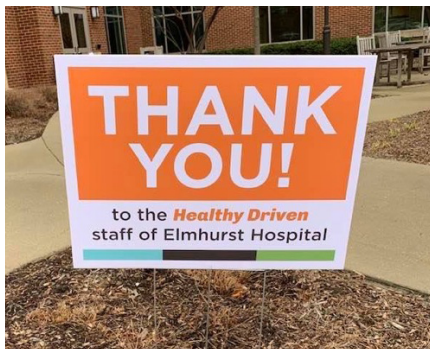
A little-known virus, ever-evolving science, constant changes in PPE recommendations, and shifting best practices left many uneasy. I recall the fear and anxiety that we experienced in the first weeks of the pandemic - it was palpable everywhere, but especially with the COVID-positive facing staff. It was tough to get a meaningful foothold against the virus - patients kept coming, crashing, and some, too many, dying. We were worried about our patients, their loved ones, our loved ones, ourselves and we were exhausted. But we were and continue to be so much more than that. We are nurses. Nurses who get up, come to work and face what everyone else could shelter from. Nurses who are courageous, strong, excellent, supportive and compassionate - for our patients, our families, and each other. Nurses who set aside our worries and made a difference every moment of every shift. Nurses who saved lives, soothed pain, calmed worries, eased death, filled the place of family, and gave everything even when we had nothing more to give.

You may never know how strong you are, until being strong is the only choice you have.

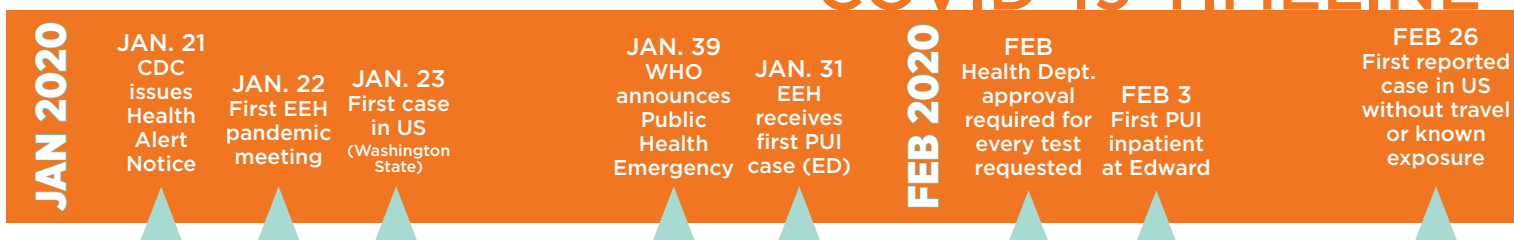
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Being strong was the only choice we had.

We rose to the occasion. On these pages we share our numbers, timeline and memories, but I am sure you have your own. Reflect on them and celebrate who you are as a nurse, and how strong you can be when it's the only choice you have.



COVID-19 TIMELINE



Wave 1				
3/1/2020	12/31/2021			
Discharges				
IP (ex Deaths)	Observation	OP in a Bed	Inpatient Deaths	Newborn
1272	141	60	141	0
Deaths				
Deaths	Inpatient Discharges	% Inpatient Deaths		
141	1413	9.98%		
Inpatient ALOS				
Total Inpatient Days	Inpatient Discharges	ALOS-Days		
11K	1413	7.61		
Vented				
Total Vented Patients	Inpatient Discharges	% Vented		
128	1413	9.06%		
Vented Excluding Deaths	Total Vented Patients	% Recovered		
61	128	47.66%		
ICU				
Total ICU Days	ICU Patients	ICU ALOS-Days		
3224	375	8.60		
ICU Patients	Inpatient Discharges	% ICU		
375	1413	26.54%		



COVID-19 Memories

- Never-ending guidance from CDC, IDPH, FDA, EPA, CMS
- Reporting mandates - so much data!
- Entry screening
- Labor pool
- APRNs assigned to COVID units
- Work restrictions for exposed health care workers
- Changes in PPE recommendations
- N95 vs. isolation mask (What about KN95 and P100?)
- Respirators - started with three, ended with eight
- Isolation gown reprocessing
- N95 reprocessing
- Messages on windows
- Proning
- M2000 - we can run tests in-house!
- Another change in PPE recommendations
- Town Hall meetings
- No wipes... disinfectant spray
- Healing Team and staff support spaces
- Drive-through testing
- Universal masking, then universal eye protection
- Reopening guidance. What phase are we in?
- Vaccines!



A sampling of the many news articles featuring quotes and interviews with Elmhurst Hospital nurses!

A special thank you to Mary Anderson MT(ASCP), SM, CIC, CPHQ, CPPS and Annemarie Schmocker, BSN, RN, CIC for generously sharing their memories.

MAR 2020

MAR 4
First EEH COVID Incident Command meeting

MAR 9
COVID daily huddles begin

MAR 11
WHO declares pandemic

MAR 12
First confirmed COVID-19 case at Elmhurst

MAR 13
Visitor restrictions implemented

MAR 21
Illinois shelter in place order

And then the challenges really began...

Transformational Leadership

Council Work



Nurse Executive Council

Chair: Jean Lydon, MS, MBA, RN

Purpose: Provide leadership and direction to all nursing councils. Establish annual goals for the nursing division in accordance with organizational goals and objectives. The Council coordinates the work of the other councils to ensure that work is aligned.



Research and EBP Council

Chair: Debra Rodgers, MSN, RN, CNL

Purpose: Support the development of nursing research throughout the Elmhurst Hospital system. The Council promotes the translation of research into practice and promotes evidence-based practice.



Practice/Quality Council

Chair: Cheryl Byrne, BSN, RN

Purpose: Implement and maintain standards and quality of clinical nursing practice and patient care consistent with evidence-based practice and regulatory requirements. The Council monitors the appropriateness and effectiveness of the care provided by the nursing staff while assessing and ensuring compliance with established standards of care and practice.



APN Professional Practice Council

Chair: Svetla Ivanova, DNP, APN, FNP-C, PCCN

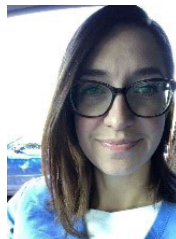
Purpose: To promote best practice, patient safety, advancements in technology, research, and quality improvement related to APN practice. The APNs also evaluate patient care within the scope of the APN privileges and scope of practice



Nursing Professional Development Council

Chair: Carol Fitzgerald, BSN, RN, OCN

Purpose: Define, implement, evaluate and maintain educational standards that promote professional growth, development and ongoing clinical competency. Identify strategies to promote retention of the professional nurse.



Physician Practice Division (PPD) Ambulatory Nursing Clinic Council

Chair: Heather Jamriska, BSN, RN

Purpose: Define, implement, and maintain the highest standards of clinical practice, consistent with the professional standards and requirements of regulatory agencies directed toward improved health outcomes for all patients.



Work Life Council

Chair: Colleen Dhamer, BSN, RN, CHPN

Purpose: To enhance nursing satisfaction at Elmhurst Hospital and promote a positive work environment through respectful communication, collaborative teamwork, opportunities for professional and personal growth, and caring relationships.



Chair Council

Chair: Debra Rodgers, MSN, RN, CNL

Purpose: Share information, projects, best practice, and key learnings across unit practice councils. Align Unit Practice Councils with nursing and organization strategic plan.

Nursing Strategic Plan

The FY18-FY21 Nursing Strategic plan was developed in collaboration with the Nurse Executive Council, with input from nurses who attended the nursing annual meeting in May 2018. The plan defines goals and initiatives that will move nursing forward and support a successful implementation of the system strategic plan.

KEY GOALS	PROGRESS
Improve patient safety through reduction of Clostridium difficile infections	Achieved
Nurse sensitive indicators perform better than benchmark <ul style="list-style-type: none"> • Patient falls with injury (IP and ambulatory) • HAPI stage 2 or greater • CLABSI • CAUTI 	Achieved
Revitalize Nursing Research and EBP	Achieved
Improve handoffs (ED to IP and shift to shift)	Achieved
Implement strategies for RN safety: CPI and Care Companion programs	Achieved
Improve RN engagement and retention through the FUEL program	Achieved
Expand Transitional Care Management	Achieved
Maintain Magnet designation	Achieved

Nurse Residency Program

Debra Rodgers, MSN, RN, CNL

Since its inception in 2011, the Nurse Residency Program (NRP) at Elmhurst Hospital has a long-standing tradition of honor, dedication and resiliency in supporting the transition into practice for new graduate nurses. The culmination of all that hard work inspired the Nurse Residency Program to apply for accreditation through the American Nurses Credentialing Center's Practice Transition Accreditation Program™ (PTAP) in 2018. In February 2019, the NRP was notified that Elmhurst Hospital was awarded accreditation with distinction as a Practice Transition Program by the American Nurses Credentialing Center's Commission on Accreditation in Practice Transition Practice Programs.

Built on a modified Quality and Safety Education for Nurses (QSEN) framework, the NRP is distinguishable by its two-phase design. Phase One focuses on a 16-week clinical rotation through four medical-surgical inpatient units, simultaneously incorporating clinical classroom support. Phase Two traditionally focuses on supporting clinical learning through supplemental development in leadership, critical thinking, and clinical reasoning. With the Fall 2020 Nurse Residency, we piloted selecting a group of residents specifically designated to the Progressive Critical Care Unit (PCCU). This addressed the need for additional resources in PCCU and ensured appropriate selection and onboarding of new graduate nurses for this high-acuity environment. Additionally, as a result of the many challenges correlating to the COVID pandemic, the NRP planned a second nurse residency that began in February of 2021. In similar fashion to the Fall 2020 Nurse Residency, the Spring 2021 Nurse Residency is comprised of a group committed to the PCCU, and a medical-surgical group.

New curriculum was added to Phase Two of the residency program for the Fall of 2020. This period of time is typically dedicated to incorporating more advanced practice transition material to further develop nursing practice. Examples include participating in Crisis Prevention Training, developing and implementing an evidenced-based research project, and nursing simulation. Through a joint team effort with Edward's Simulation Team and the community partnership with Elmhurst University, the Fall 2020 Nurse Residents completed two high-fidelity simulations in the Elmhurst University Simulation Lab located within Elmhurst Hospital. Feedback from their participation indicated a highly positive experience and we look forward to continuing simulation training.



New Knowledge, Innovation and Improvements

Non-Ventilator Associated Hospital Acquired Pneumonia (NV-HAP)

Michele Gobber, DNP, RN, SCRNP, CNL, CCRN-K

Non-ventilator, hospital-acquired pneumonia (NV-HAP) is a costly and preventable hospital-acquired infection (HAI) that can afflict any patient at any age in any hospital unit. The burden of NV-HAP across the nation is associated with an incidence of 0.12 - 2.28 cases per 1,000 patient days. The condition is attributed to adding seven to nine days to the length of stay, increasing discharge to skilled nursing facilities instead of returning home, and adding \$40,000 to \$60,000 to the cost of care per case. In addition, NV-HAP has a mortality rate of nearly 50%.

Inadequate oral care can lead to colonized oral bacteria aspirated into the lower airway. The leading cause of NV-HAP is microaspiration, or silent, asymptomatic aspiration of colonized oral bacteria into the lower airway often due to inadequate oral care combined with decreased mobility while hospitalized. Routine oral care for hospitalized patients is a simple intervention that has proven to prevent cases of NV-HAP. A standardized oral care protocol, based on published clinical practice guidelines, is an evidence-based bundle of care proven to reduce the rate of NV-HAP.

While working on her DNP, Michele Gobber, DNP, RN, SCRNP, CNL, CCRN-K assembled an interprofessional team (clinical nurse education, rehab, infection control, respiratory care, clinical quality improvement, purchasing, and logistics) to identify the current rate of NV-HAP, develop an evidence-based oral care protocol for inpatients, and standardize oral care supplies and care throughout the hospital. The interprofessional team of champions facilitated an education blitz which included information on NV-HAP, return-demonstration of new oral care products, new evidence-based oral care protocol for all patients, and the expected documentation of care. By the end of the first three weeks of education, nearly 87% of almost 500 staff members had completed the education.

The goal of the project was to reduce NV-HAP cases per 1000 patient days. The baseline rate of NV-HAP for the inpatient units was calculated as 1.83 cases per 1,000 patient days. The overall rate post-intervention was 0.92 cases per 1,000 patient days, which demonstrates a 49.7% decrease in the NV-HAP rate. All units demonstrated an overall decrease in rates.

This project elevated the oral hygiene provided in the hospital and improved patient outcomes through the dedication of an interprofessional team led by a nurse.

SwipeSense

At EEH the safety of our patients and staff is of utmost importance. As we continue our journey toward safety and high reliability, preventing hospital-acquired infections is a major focus. Proper hand washing is one of the easiest yet most effective evidence-based practices to prevent infections.

In 2019, we joined forces with a company called SwipeSense, an innovative platform that uses tracking technology to help protect our patients and ourselves. By using a combination of SwipeSense badges, hygiene sensors and communication/location hubs, we can capture reliable data to help increase hand hygiene compliance and aid in the fight against hospital-acquired infections.

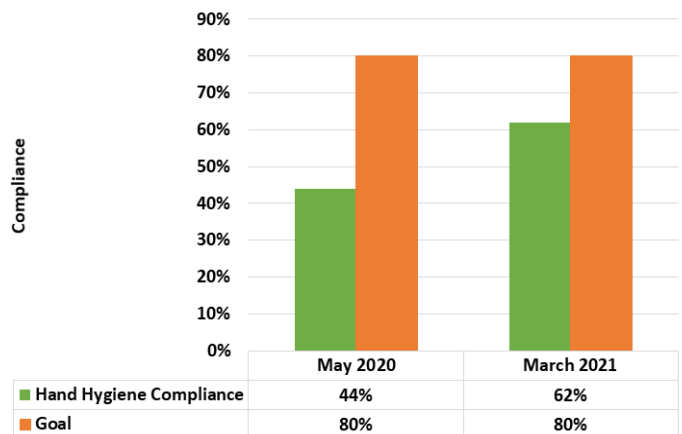


SwipeSense timeline:

- Installation - November/December 2019
- System Optimization - January/February 2020
- Sensor Upgrade - September/October 2020

Innovation and establishing new ways of achieving high-quality, effective, and efficient care are the hallmark of organizations receiving Magnet Recognition.

Hand Hygiene Compliance Baseline to Present



SwipeSense also allows us the ability to keep better track of valuable hospital equipment through its Asset Tracking technology. This tool will save hundreds of hours of clinical staff time tracking down medical equipment and thousands of dollars in lost and stolen equipment. We are in the process of implementing Asset Tracking.

Technology and Innovation in the Physician Practice Division

Debra Rodgers, MSN, RN, CNL

It is ingrained in our Planetree philosophy of care at Elmhurst Hospital to provide person-centered care. We want our patients to be involved, educated, and engaged healthcare consumers in order to make informed decisions about their care. Access to healthcare information and patient medical data puts patients in control of their health, ultimately driving quality and improving patient outcomes, while forming a more collaborative relationship with their providers.

The Physician Practice Division (PPD) within Elmhurst Hospital combined two goals into one: improve patient satisfaction through increased access to care, by increasing MyChart activations. Once activated, patients have the ability to review their electronic medical record, view test results, manage prescriptions, schedule tests and appointments, and communicate with their care team.

Within the PPD, patients can take the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to reflect on their experience and identify strengths and opportunities in care processes. Leaders in turn review these responses and determine areas that can be improved. A top box rating is the percent of patients who provide a rating of nine or 10 on a 0-10 scale. The baseline top box rating in access to care was 79.7%. Leaders identified that there was an opportunity to improve the patient experience in this area.

In 2019, a campaign was launched with clinical staff to increase awareness of MyChart activation status. Staff was directed to assess the MyChart activation status when working within a patient's chart and simply ask if they would like to sign up for MyChart during various points throughout their care: check-in, rooming in, and especially phone triage. In just a few months, the top box rating increased to 82%. This rating increase demonstrates how clinical nurse involvement paired with adaptation of technological opportunities can positively impact patient care.

In early 2020, the Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information finalized directives within the Cures Act, mandating that healthcare providers and health plans provide their patients with access to their health information. The nurses in the PPD were ahead of the curve!

Innovative Practices Thriving at Elmhurst

Nurses continuously improve patient care by learning new skills, implementing new processes, providing new services and incorporating evidence-based care into practice. Below are notable projects from across all areas.

Area	Project
4 Southeast	Increased percentage of RNs who hold a chemotherapy administration card from 40% to 73%.
4 West	Cared for elective surgical patients to becoming the first inpatient COVID unit.
5 Medical	Care of COVID positive patients requiring advanced oxygen therapies such as Vapotherm and continuous BiPap.
Cancer Center	Decreased crowding and waiting times with a family drop-off reminder ticket. Mid-level providers assessing and treating acute care oncology patients prevented nearly 280 ED visits.
Care Coordination	Standardized documentation on AVS for patients receiving post-acute services and implemented a patient-specific referral tool that helps provide the best options for patient choice in post-acute services.
Cath/EP/IR	Same day discharge post Afib ablation.
CV	Implemented Discharge RN role and helped transition the role to Edward.
Diabetes Education	Video visits. Jumpstart Your Health program offered to community and staff. Diabetes is now a system department.
ED	Achieved Lantern Award.
Endoscopy	Enhanced PAT services by restructuring the PAT phone call to include COVID testing for both the hospital and north Elmhurst locations.
Labor & Delivery	OB Enhanced Recovery After Surgery
Mother/Baby	Teal Band Project — increases awareness that the patient delivered a baby within the last six weeks if she returns for medical services.
Special Care Nursery	Staff efficiency education — helps staff better plan their workday and provide more efficient care for the patients.
Immediate Care	Rapid COVID testing and monoclonal antibody infusion.
Infection Control	Implementation of SwipeSense. System-wide Rapid Process Improvement Initiative to reduce CAUTI.
OR	Nose to Toes antimicrobial surgical prep.
PACU	Restructuring of PACU staffing and scheduling.
Pain Center	Decreased the amount of opioids that our patients take by offering different modalities such as massages, injections, physical therapy and acupuncture.
PCCU	Proning school.
PICC RNs	Implemented a vascular scoring tool and BPA alert for vascular access consult.
PPD	Anticoagulation Clinic updated the current evidence-based Coumadin dosing protocol to improve patient outcomes.
Prep/Recovery	Nose to Toes antimicrobial surgical prep.
Nurse Residency/PCCU	PCCU-focused residency.
Specialty Care Clinics	CardioMEMS remote monitoring so APNs can view readings and adjust medications to avoid a hospital admission.
Wound/Ostomy	Use of Polymeric Membrane Dressings (PMDs) to reduce hematomas while improving bruise resolution.

Exemplary Professional Practice/Outcomes

RN Resident Evidence-Based Practice Projects

Title/Topic	RN Resident Participant	Unit
Stroke Order Set Protocol Compliance	Taylor Pape, BSN, RN Mimi Chirayil, BSN, RN Michelle Kozelka, MSN, RN Madeline Nettleton, BSN, RN Allison Farrow, BSN, RN	CV
Mindfulness Meditation for Pain in Post-Operative Surgical Patients	Amanda Hogen, MSN, RN, CNL Alexandria Morris, BSN, RN Austin Reigle, BSN, RN	4SE
The Difference Between Infrared Temperature Probes and Oral Temperature Probes	Emilie Kottmeier, BSN, RN Qiana Jackson, BSN, RN Dansowaah Bandoh, BSN, RN Adam Kebo, BSN, RN	4W
Preventing Medical Device Related Pressure Injuries (MDPRIs)	Julia Noorlag, BSN, RN Bailee Krantz, BSN, RN Taryn Rydbom, MSN, RN Katie Jensen, BSN, RN Sophia Kilgast, BSN, RN	5M
Improving the Confidence of New Hires	Bailey Ford, BSN, RN Marijana Vidovic, BSN, RN Brigita Braslauskaitė, MSN, RN, CNL Lexi Heuertz, BSN, RN Cecelia Cooper, BSN, RN Ange Angartia-Santamaria, MSN, RN Stephanie Findley, BSN, RN Alyssa Dupont, MSN, RN, CNL Yesenia Rodriguez, BSN, RN	PCCU
Breast Pumping or Self-expression of Breast Milk: The importance for SCN mothers to initiate within the first two hours after delivery	Michaela Cortez, BSN, RN Claire Jenniches, MSN, RN, CNL	FBC

Discharge Nurse Role – 5 Medical and CV

Linda Rempala, MSN, RN

The inpatient units at Elmhurst Hospital experience a high occupancy rate. This means that Emergency Department and Operating Room patient throughput is highly dependent on the ability of the inpatient units to create capacity. This capacity occurs through the timely and early discharge of patients.

Review of data in the Elmhurst Throughput Committee demonstrated there was opportunity for improvement in both timely and early discharges on the inpatient units. 5 Medical worked with Care Coordination to pilot the discharge nurse role. This nurse works Monday through Friday and focuses on planning, coordinating and facilitating patient discharges. The discharge nurse attends discharge rounds, hones the plan, identifies and fills gaps, and ensures that the patient is ready to be discharged at the designated date and time. In response to the pilot, Chrissy Michaud, RN commented, “The discharge nurse assists the nurses with all the paperwork that some detailed discharges require; it helps with taking one thing off of our to-do list. This gives us more time to review discharge instructions with the patient.”

The pilot was so successful – in both metrics and RN satisfaction – that it was implemented on both 5 Medical and then CV. Jensine Joseph, BSN, RN fills this role on 5 Medical, and Danielle Smithy, BSN, RN, PCCN is the Discharge Leader on CV. Reflecting on the impact of her role Danielle notes, “As a discharge leader, I help to expedite the discharge process for our patients to open up beds to allow for better patient flow. I also help to identify concerns that could make a patient’s discharge process difficult and address them as they arise. By adding this role, we as an organization have helped to refine our process of discharging patients. Within this role, I have been able to spend more time with patients educating them and providing them with tools they can use to succeed at home.” In addition to having great success with the role on their own unit unit, CV has provided shadowing opportunities and mentorship for units at Edward Hospital as they explored this role.

Improvements to Reduce Catheter Associated Urinary Tract Infections

Jen Unger, BSN, RN, CCRN-K

In the first three months of 2020, we noted a significant increase in the Catheter Associated Urinary Tract Infection (CAUTI) rate, exceeding the National Database of Nursing Quality Indicators (NDNQI) benchmark. It is not a coincidence that this increase was concurrent with the first surge of COVID-19 patients. These patients had high acuity, extended lengths of stay, and therefore more catheter days.

In response to this data, the clinical nurse educators with the help of the Quality and Practice Council formulated an action plan to address the issue. This included: education and competency of all inpatient nurses who insert indwelling urinary catheters, increased use of an external urinary collection device for females, introduction of an external urinary collection device for males, PCT education on peri care and catheter care and maintenance, education and implementation of nurse driven processes for removal of indwelling urinary catheters and urine retention management, and the introduction of a new catheter insertion tray that was designed to reduce the chance of contamination.

As a result, we experienced a quick and definitive improvement in our CAUTI rates, with rates below the NDNQI benchmark July-September 2020, and zero CAUTI October 2020-January 2021. This is a great example of nurses using data to identify opportunities and to make a difference in patient outcomes!

Nurse Sensitive Indicators

Nursing-sensitive outcome indicators are patient outcomes that depend on the quantity or quality of nursing care, such as pressure ulcers and patient falls. Below are the four indicators that we use for our Magnet designation. Data for 2019-2020 includes seven quarters. No data was collected January through March 2020 because of the pandemic.

Elmhurst is below the mean (lower is better) in National Database of Nursing Quality Indicators (NDNQI) in six out of seven quarters for Hospital Acquired Pressure Injuries, Falls with Injury, and Catheter Associated Urinary Tract Infections (CAUTI). We are below the mean in seven out of seven quarters for Central Line Associated Blood Stream Infections (CLABSI). What a great reflection of the quality of our nursing care!

INDICATOR	NUMBER OF QUARTERS THAT OUTPERFORM THE MEAN*	MEETS OR EXCEEDS MAGNET STANDARDS
Inpatient Fall with Injury per 1,000 patient days	6/7	✓
% of Patients with Hospital Acquired Pressure Injuries (HAPI) Stage 2 and Above	6/7	✓
Central Line Associated Blood Stream Infections (CLABSI) per 1,000 central line days	7/7	✓
Catheter Associated Urinary Tract Infections (CAUTI) per 1,000 catheter days	6/7	✓
Ambulatory Falls with Injury per 1,000 patient visit/cases	7/7	✓

*No reporting in Q2 2020 due to pandemic

Source: National Database of Nursing Quality Indicators (NDNQI). Eight quarter average through December 2020.

Structural Empowerment

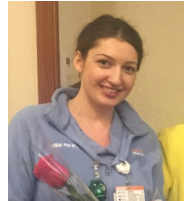
Nursing Contributes to Quality

Nurses are an integral part of the healthcare system. Not only do they deliver outstanding care and support to patients and their families, they advocate on their behalf. Nurses work to make sure patients receive the best possible care today and are committed to improving the quality of care that will be available in the future. Nursing played a key role in these recognitions Elmhurst Hospital and/or Edward-Elmhurst Health received in 2020.

- Five stars in Centers for Medicare and Medicaid Services Overall Hospital Quality Star Ratings.
- Healthgrades Patient Safety Excellence and Outstanding Patient Experience Awards.
- Fortune/IBM Watson Health 15 Top Health Systems for the second year in a row.
- Fortune/IBM Watson Health's 100 Top Hospitals list.
- Everest Award winners for being among the fastest-improving hospitals in the country over the last five years.
- EEH Infection Control & Prevention team named as one of Crain's 2020 Notable Health Care Heroes. Team members include Infection Control nurses Annemarie Schmocker and Sara Czechowicz.
- Emergency Nurses Association Lantern Award. This is Elmhurst Hospital's first Lantern Award.
- Re-designation as a Magnet hospital for nursing excellence from the American Nurses Credentialing Center.
- Elmhurst Hospital earns an A in The Leapfrog Group's Spring and Fall 2020 Hospital Safety Grades. Elmhurst Hospital is one of only 29 hospitals in the country to have achieved straight A's since the Hospital Safety Grades began in 2012.

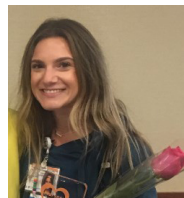
2019 Nursing Awards

Awarded during Nurses Week, May 2019



2019 Rising Star - Nikki Rosko, Nursing Support

The Rising Star Award honors newer nurses who show initiative to further their education, engage and motivate others around them, and embrace change to impact their department.



2019 Research, Evidence Based Practice and Innovation - Cassie Calvello, Family Birthing Center

The Research, Evidence-Based Practice and Innovation Award honors nurses who are actively involved in the planning, implementation and interpretation of evidence-based research that lead to quality improvement in the organization.



2019 Leadership - Linda Rempala, Patient Care Services

The Excellence in Leadership Award honors individuals who empower staff by promoting a positive work environment, growth opportunities and mentorship, and who promote change to improve patient care quality outcomes.

2019 Spirit of Nursing - Sandy Canty, Cancer Center

The annual Spirit of Nursing Award recognizes the role nurses play in quality patient outcomes, prevention of negative patient events, positive patient experiences, and creation of a healing environment.

2020 Nursing Awards

Although nursing award recipients were not formally identified in 2020, every nurse is recognized for their compassion, perseverance, commitment and resilience during the COVID-19 pandemic.

OB Opioid Initiatives

Heather Rodriguez, MSN, RN, C-EFM

As an obstetrical unit, we partner with the Illinois Perinatal Quality Collaborative in order to implement statewide initiatives to improve the quality of care and services that we provide for the obstetrical population. In April of 2018 we began a new project called the Maternal Newborn Opioid (MNO) Initiative in order to bring awareness in identifying women with Opioid Use Disorder (OUD) early in pregnancy. This initiative focused on reducing stigma and bias across clinical teams, and empowered mothers through education and assessing readiness in linking them to recovery programs. We partnered with social services, behavioral health, maternal fetal medicine and the Special Care Nursery. Our goal was to provide safe, seamless and personal care to patients identified with OUD across the healthcare system.

We partnered with obstetrical providers, their office personnel and obstetrical employees to educate them on how to identify and obtain additional services for people identified with OUD. Education included early identification with the use of a validated screening tool, linking to behavioral health/maternal assisted therapy services, reducing stigma and bias, developing a plan of care for pain management, care of the newborn and follow up treatment post discharge.

In the summer of 2020, we piloted an additional initiative called OB ERAS (Enhanced Recovery After Surgery.) This pilot focused on early ambulation, foley catheter removal, general diet consumption and decreasing the use of opioids in the postoperative period. We found that the use of morphine milligram equivalent (MME) postoperative opioid use decreased from 35 MME pre-pilot to six MME at the pilot completion. The average amount of prescribed opioids MME at discharge decreased from 101 MME to 35 MME — with pain scores that averaged three pre and post pilot.

In the fall of 2020, we concluded the MNO project and extended the OB ERAS initiative to include all scheduled and unscheduled cesarean deliveries.

The Care Closet – a Human Connection

Debra Rodgers, MSN, RN, CNL

For various reasons, patients receiving care at the emergency department at times may not be able to go home in the clothes they arrived in. In the case of an incoming trauma, clothing may need to be cut off to gain quick access for medical care. In other situations, those who have suffered from a sexual assault, may need to relinquish their clothes as evidence for law enforcement. In the face of domestic violence cases, sometimes all patients have are the clothes on their back and it's not safe to return to their home environment.

In the past, when a patient needed clothing at discharge, they were given hospital scrubs to wear home or to their next destination. Recognizing the need for something to be more personal (and less costly), Jessica Smith, Emergency Department PCT, felt compelled to act and started a clothing drive within the Emergency Department.

“The Care Closet” was born from EEH and community donations of clean clothing like sweatpants, t-shirts and socks. Word of mouth, including local community groups on social media, led to donation after donation.

In addition to clothes, toiletries and daily necessities are valuable for patients who may be homeless or facing the harsh reality that they fled their environment with nothing but the shirt on their back. Families involved in a motor vehicle crash can find themselves with no safe way to get their children home. Donations of new car seats can provide parents with one less worry.

Centrally located within the ED, donated items occupy a full storage unit, with back up storage in an unused office nearby. Employees within other departments may also contact the ER Charge RN should they need items for their patients.

Jessica's work with the Care Closet exemplifies EEH's vision of safe, seamless and personal care by delivering all three parts into action through resilience, determination, and most of all, compassion for those in need. Jessica's ability to reach and connect with special populations, treat all patients with dignity and respect, and go above and beyond to meet the needs of our patients and their families earned her the Elmhurst Hospital 2020 Healthy Driven Hero of the Year. We thank and congratulate her and everyone who has contributed to the initiative.

If you or someone you know is interested in donating to the Care Closet, please contact Jessica Smith at jessica.smith@eehealth.org or Niccole Armstrong at niccole.armstrong@eehealth.org.



Niccole Armstrong (left),
Jessica Smith (right)

Learn, Grow and Stay

We support a culture of lifelong learning through continuous professional development and effective transition of experienced and new graduate nurses into the work environment. Congratulations to all our nurses who have achieved a degree, a certification, or have been recognized for their contributions!

Nursing Degrees - unfortunately, we were not able to track this information in 2020. Congratulations to all our nurses who achieved a BSN, MSN or DNP in 2020!

Certifications - 49 nurses obtained a new certification in 2020

Certification validates specialized knowledge, enhances professional credibility and indicates a level of clinical competence that nurses, patients and consumers are looking for. Certification is a commitment to the profession. In 2020, nearly \$27,000 was spent to support certification. Research shows that certified nurses improve care and patient outcomes. Having certified nurses on the team benefits all of nursing as they serve as resources to their peers. This creates a trickle-down effect and elevates patient care overall. Elmhurst has more than 291 nurses that have achieved specialty certification.

PCCU

Brigita Braslauskaitė, CNL, Certified Nurse Leader
Alyssa DuPont, CNL, Certified Nurse Leader
Lauren Reeves, CCRN, Critical Care Registered Nurse (Adult, Neonatal, and Pediatric Acute)

Cardiovascular

Jenelle Euliano, PCCN®, Progressive Care Certified Nurse
Denise Vigilia, PCCN®, Progressive Care Certified Nurse

4th Floor Surgical/Oncology

Amanda Hogen, CNL, Certified Nurse Leader
Ashley Lupo, ANP-C, Advanced Nurse Practitioner Certified
Jaimie Palermo, OCN®, Oncology Certified Nurse
Christina Pogue, ONC®, Orthopedic Nurse Certified
Kathy Wabiszczewicz, RN-BC, Medical-Surgical Registered Nurse

Family Birthing Center

Catalina Acosta, C-EFM, Certified-Electronic Fetal Monitoring
Cheryl Angulo, C-EFM, Certified-Electronic Fetal Monitoring
Kathryn Aliaga, RNC-OB, C-EFM, Inpatient Obstetric Nursing/
Electronic-Fetal Monitoring
Augusta Arnett, RNC-OB, C-EFM, Inpatient Obstetric Nursing/
Electronic-Fetal Monitoring
Kathleen Callanan, C-EFM, Certified-Electronic Fetal Monitoring
Millicent Deluca, C-EFM, Electronic Fetal Monitoring
Heather Grimmer, C-EFM, Certified-Electronic Fetal Monitoring
Cathy Harte, C-EFM, Certified-Electronic Fetal Monitoring
Kathleen Lindemulder, RNC-OB/C-EFM, Inpatient Obstetric
Nursing/Electronic Fetal Monitoring
Amanda Maguire, RNC-OB/C-EFM, Inpatient Obstetric Nursing/
Electronic Fetal Monitoring
Anais Medina, C-EFM, Certified-Electronic Fetal Monitoring
Luz Pereda, C-EFM, Electronic Fetal Monitoring
Diane Ramos, C-EFM, Certified-Electronic Fetal Monitoring
Heather Rodriguez, C-EFM, Electronic Fetal Monitoring
Chloe Stapleton, C-EFM, Certified-Electronic Fetal Monitoring
Dirmary Torres, C-EFM, Certified-Electronic Fetal Monitoring

Mother/Baby

Heidi Cramer, CBC, IBCLC, Certified Breastfeeding Counselor,
International Board of Lactation Consultant Examiners
Claire Jenniches, CNL, Certified Nurse Leader
Liana Mathias, IBCLC, International Board Certified Lactation
Consultant

Nursing Support

Megan Mortensen, RN-BC, Medical-Surgical Registered Nurse
Joshua Sullivan, CMSRN, Certified Medical-Surgical Registered Nurse

Emergency Department

William Aiken, CEN®, TNS, Certified Emergency Nurse, Trauma Nurse
Specialist
Victoria Blum, CEN®, SANE, TNS, Certified Emergency Nurse/Sexual
Assault Nurse Examiner - Adult
Patricia Cortes Valadez, CCRN, Critical Care Registered Nurse
Hillary Hecht, CEN®, Certified Emergency Nurse
Jim Jaffe, CEN®, TNS, Certified Emergency Nurse, Trauma Nurse
Specialist
Nina Kachelmeyer, CEN®, SANE-A, Certified Emergency
Nurse/Sexual Assault Nurse Examiner-Adult
Jonna Kellher, CEN®, TNS, Certified Emergency Nurse, Trauma Nurse
Specialist
Kerrilyn Lehman, CEN®, Certified Emergency Nurse
Deirdra Lumpkin, CEN®, TNS, Certified Emergency Nurse, Trauma
Nurse Specialist
Mary Nolan, CEN®, TNS, Certified Emergency Nurse, Trauma Nurse
Specialist
Paulina Schuch, CEN®, TNS, Certified Emergency Nurse, Trauma
Nurse Specialist
Usah Sontep, CEN®, TNS, Certified Emergency Nurse, Trauma Nurse
Specialist
Alex Thomas, CEN/TCRN, Certified Emergency Nurse/Trauma
Certified Registered Nurse
Kristen Veenstra, CEN®, Certified Emergency Nurse
Andrea White, TNS, Trauma Nurse Specialist
Elenor Garcia - PICC - VA-BC, Vascular Access-Board Certified
(VA-BC)

Infection Control

Sara Czechowicz, CIC®, Certified in Infection Control

Care Coordination

Lisa Nelson, AGACNP-BC, Adult-Gerontological Acute Care NP

Every attempt was made to acknowledge the
accomplishments of our nurses -
please excuse us if you were overlooked in error.

2020 RN Healthy Driven Heroes

February

Sandrine Bopeya, RN
Jeanie Brown, RN
Amanda Maguire, RN
Veronica Matticks, APN
Sandra Medina, RN
Kerrie Samuelian, RN

August

Kate Callanan, RN
Anita Diaz, RN
Petra Jiang, RN
Cathy Kazmierowicz, RN
Diana Scheck, RN
Emily Wittenkeller, RN

2020 RN Good Catch Awards

Nada Todorovic, RN,
Surg/Onc
Deborah Rogers, RN,
Surg/Onc
Lacie Lamay, RN,
Mother/Baby
Anne Gabriel, RN,
Telephone Triage
Michelle Fischer, RN,
Pre-admission Testing
Pam Wise, RN,
Pre-admission Testing
Jennifer Ingram, RN,
Telephone Triage

Elmhurst Provides Clinical Experience for 424 Nursing Students

Elmhurst Hospital is proud to support and provide extensive clinical placements for both graduate and undergraduate nursing students. In 2020, we were able to provide opportunities for 374 undergraduates, 15 BSN completion, and 35 graduate students.

2020 Breakfast with Jean

Breakfast with Jean (BWJ) is a monthly celebration of our nurses. Nurses are nominated by their leader and attend a breakfast with the CNO. At the breakfast the nurses are recognized for their contributions to nursing. We laugh, cry, and are amazed by the stories. After the recognition, the nurses can ask questions, raise concerns or provide feedback and input to the CNO and other nurse leaders. In 2019, 121 nurses were recognized by their leaders and the CNO, with another 62 nurses recognized in 2020 (because of COVID, BWJs were only held six of the 12 months). Visit the Nursing portal on E-squared to view stories and photos of the latest BWJ honorees. In just over eight years, **998** nurses have attended this nursing recognition! It's Jean's favorite day of the month!





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