

# EXCELLENCE IN ACTION

**UChicago Medicine's Journey to Re-designation**



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AT THE FOREFRONT  
**UChicago**  
**Medicine**

# Creating an Environment of Nursing Excellence

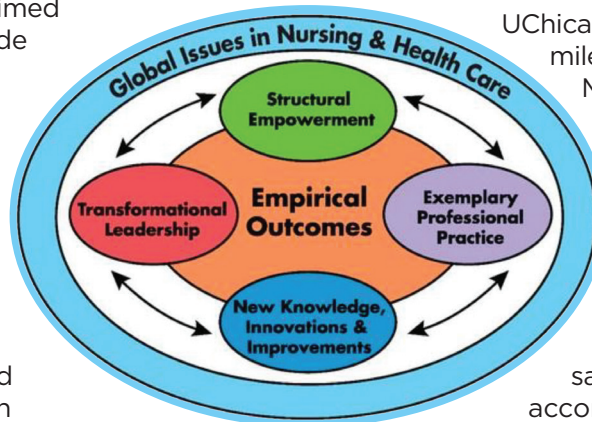


At the University of Chicago Medicine, we strive to create a culture of nursing excellence. Our nurses work at the forefront of medicine — providing the best and most advanced care available. Our quality and patient safety outcomes are rigorously monitored to ensure our ability to deliver exceptional patient care. Nurses are an integral part of our acclaimed care teams and work side-by-side with internationally recognized physicians, scientists and other health care professionals.

UChicago Medicine's long tradition of innovation means nurses are exposed to leading-edge technology and research every day. Our nurses regularly take part in the implementation of advanced patient care protocols that often become the standard for care nationwide. In addition, our nurses have the expertise to handle cases at every level of complexity. Such advantages go unmatched in the greater Chicago area.

UChicago Medicine attained Magnet recognition in 2018. Magnet Recognition is the highest possible organizational credential granted by the American

Nurses Credentialing Center (ANCC) and is a testament to an institution's continued dedication to high-quality nursing practice. The standards set forth by ANCC are rigorous with less than 10% of U.S. hospitals earning an initial Magnet designation and even less achieving re-designation.



UChicago Medicine completed a major milestone in its application for Magnet re-designation from the American Nurses Credentialing Center (ANCC) by submitting a re-designation document April 1, 2022. UChicago Medicine's Magnet application is the culmination of detailed reports of nurse-led and interdisciplinary patient care, data on quality and safety achievements, organizational accomplishments, contributions to the community as well as an overview of our professional nursing environment. While ANCC appraisers review our examples of nursing excellence, we welcome you to explore this summary of stories that were submitted to learn more about the exceptional work that is underway at UChicago Medicine.

Dear Colleagues,

When patients and families walk through the doors of UChicago Medicine, they can expect to receive the highest quality nursing care. As an organization, we are proud to be able to display those high-quality outcomes as we pursue Magnet re-designation. The nurses at UChicago Medicine follow evidenced based guidelines to provide care for those in need at their most vulnerable times. Because of our nursing staff and the high-quality outcomes that we have achieved, we were designated as a Magnet organization in 2018 by the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® and are in the process of applying for redesignation. I truly believe that every UChicago Medicine nurse that encounters a patient has played a role in making us "Magnet", and I am proud to say that I have the ability work amongst these outstanding nurses. Through our Magnet document, you will see many examples of excellence in action, how our nursing teams have continued to lead and improve care across the continuum. You will be able to read about the organizational commitment to nursing professional development so that we continue to invest in the nursing community of tomorrow. The evidence that we have submitted in this document is the reflection of the best of UChicago Medicine. And through that evidence, we continue to declare our commitment to excellence in patient care. It continues to be my honor to be part of this extraordinary journey alongside these phenomenal teams, and I am proud to be able to share these incredible accomplishments with all of you.



**Emily Chase,**  
PhD, RN, NE-BC, FACHE  
Senior Vice President  
Patient Care Services,  
Chief Nursing Officer

# TRANSFORMATIONAL LEADERSHIP (TL)

*Influencing change through advocacy, empowerment and professional development*

**TL1.** Provide one example of an initiative in nursing practice that is consistent with the organization's mission statement.

## COVID CLINIC

### Nurses Implement Covid-19 Vaccination Clinic

In November 2020, Sarah Kundrat, MSN, RN, NEA-BC, executive director, Ambulatory Nursing, collaborated with an interprofessional team to set up a Vaccine Task Force and Allocation Committee to manage logistics and help develop an administration strategy in anticipation of the upcoming delivery of vaccine in December 2020. This initiative was instrumental in changing nursing practice at UChicago Medicine to accommodate mass numbers of injections at both the staff and community levels.



**TL2EO.** Provide one example of an improved patient outcome associated with a goal in the nursing strategic plan.

## MITCHELL MEDICAL UNITS

### Reducing length of stay for Covid patients in Mitchell hospital

In March 2020, providers and nursing staff in Mitchell medical units frequently saw patients' oxygen requirements increase rapidly resulting in emergent

intubation, mechanical ventilation, and often a transfer to the ICU. In April 2020 a self-proning workgroup led by Director Stephenie Blossomgame, MSN, RN, NEA-BC and clinical nurse specialist Mary Ann Francisco, MSN, APN, AGCNS-BC, CCRN-K, was formed to investigate interventions that may prevent mechanical intubation in Covid positive patients and ultimately decrease lengths of stay (LOS). The team utilized evidence-based practices to develop a new self-proning protocol for patients outside of the ICU. Following implementation, the average LOS for Covid positive patients discharged from medical units in Mitchell Hospital decreased from a baseline of 32 to 6.34 days which represents an 80% reduction.

**TL3A.** Provide one example of a nurse director's advocacy for resources to support an organizational goal.

## CCD-NON ICU UNITS

### Nurse director advocates for tele sitter solution in non-ICU CCD units

Iliana Staneva, MSN, MBA, RN, CCRN-K, NEA-BC, nurse director, Cardiovascular Service Line, utilized feedback obtained from clinical nurses and NSAs to advocate for additional FTEs to support the expanded utilization of Avasure. The additional resources helped reduce the frequency that NSAs were pulled from staffing to serve as care companions and also provided nurses more time and flexibility to spend time providing direct patient care. The use of Avasure supported UChicago Medicines strategic goals and provided an alternative option to monitor patients at risk for injury.

**TL3B.** Provide one example of a nurse managers' advocacy for resources to support a unit goal.

## 9N-MICU

### Advocacy from 9N manager results in purchase of department EKG machine

In 2020, clinical teams in the MICU identified delays obtaining EKGs and subsequently assessing and treating cardiac abnormalities. Thomas Houchins, DNP, RN, CCRN, NE-BC, patient care manager, MICU, and his team firmly believed that the MICU required an independent EKG machine to improve overall outcomes and reduce delays in providing prompt,



patient-centered care. This became readily apparent in July 2020 when Emily Chase, PhD, RN, NE-BC, FACHE, chief nursing officer, performed a clinical immersion in the MICU. During her immersion, Emily witnessed a patient experience an unstable cardiac arrhythmia and although the technician arrived after several minutes, and the arrhythmia was properly diagnosed, the delay in obtaining the necessary EKG was tangible. Following the immersion, Thomas worked with Emily and nursing director, Stephenie Blossomgame, MSN, RN, NEA-BC to create a business plan for acquiring a MICU designated EKG machine. The purchase was approved and was instrumental in preventing future delays in care.



**TL4.** Provide one example of the CNO's leadership that led to a strategic organizational change.

#### **ORGANIZATIONAL (VAT)**

### **CNO leads efforts to establish new vascular access team**

In 2020, patient care support nurses (PCSNs) were receiving numerous requests to obtain IV access, primarily for patients on the inpatient units. Although not out of scope, the requests were impacting the team's ability to accomplish other primary accountabilities, which negatively impacted patient experience. CNO Emily Chase, PhD, RN, NE-BC, FACHE partnered with Sally Walton, DNP, MBA, RN, OCN, NEA-BC, Executive Director and Associate Chief Nursing Officer, to create an interprofessional vascular access and phlebotomy team to address the increased needs for IV access. Emily gained organizational executive support to obtain additional FTEs and resources to support the new team.



**TL5E.** Provide one example of an improved patient outcome, associated with a nurse director's or nurse manager's membership in an organization-level, decision-making group.

### **PILOT UNITS: 10E, 9N/S; 4 EAST AND PICU Reducing CLABSI rates through use of disinfecting IV caps**

In late 2019, UChicago Medicine's CLABSI rate was above the organizational target of 0.7 CLABSIs per 1,000 central line days. Members of the CLABSI Prevention Committee conducted an evidence-based literature search and identified that when used consistently, disinfecting caps were effective in reducing CLABSIs. Rachel Marrs, DNP, RN, CIC, director, Infection Prevention and Control Program, and Ursula Dolan, MHA, BSN, OCN, director, Cancer Medicine, Oncology Service Line advocated to senior nurse leaders to trial the use of disinfecting caps on four inpatient units—10 East (Stem Cell Transplant), 9 North / South (MICU), 4 East (CVICU), and PICU. Following the trial, CLABSI rates decreased by 85% which prompted full implementation of the caps for central line usage across all inpatient areas.

**TL6A,B,D.** Provide examples of mentor programs for 3 of the following roles (1 must be from ambulatory). clinical nurses, nurse managers, nurse directors, APRNs, CNO)

### **PILOT UNITS: 10E, 9N/S; 4 EAST AND PICU Mentoring examples for clinical nurse, APRN, nurse manager**

Mentoring examples, which reflects the transformational leadership embedded throughout UChicago Medicine's nursing culture, were provided for a clinical nurse, nurse manager and APRN were provided.

**TL7B,C,D.** Provide examples of succession planning activities for 3 of the following. 1 must be from ambulatory. (Nurse manager role, APRN role, nurse director Role, CNO)

## **PILOT UNITS: 10E, 9N/S; 4 EAST AND PICU**

### **Succession planning activities for CNO, Director and APRN**

Succession planning examples, which demonstrates UChicago Medicine's commitment to ongoing career development, provision of leadership development opportunities and the importance of promoting from within, were provided for an APRN, Director and CNO. TL6A,B,D. Provide examples of mentor programs for 3 of the following roles (1 must be from ambulatory). clinical nurses, nurse managers, nurse directors, APRNs, CNO)

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**TL8.** Provide one example where a clinical nurse(s) utilized data to advocate for the acquisition of a resource, in support of the care delivery system.

## **DIABETES EDUCATORS**

### **Utilizing data to advocate for diabetes youth and parent group**

Education specialists Bernadine Holland, MSN, MBA, RN, CDCES, Nancy Jerger, MSN, RN, CDCES and Regina Cox, BSN, RN, CDCES, CDTA utilized data to advocate for creating a Diabetes Youth and Parent Group to provide psychological and educational support resources for Type 1 diabetes mellitus pediatric patients and their families. The nurses' advocacy for resources to support the Diabetes Youth and Parent Group is in direct alignment with UChicago Medicine's Care Delivery Model (CDM), which is built on principles of patient-centeredness, interprofessional collaboration and standards and guidelines for specific patient populations. Their actions had a direct impact on reducing DKA admission rates within a very vulnerable population.



**TL9EOB.** Choose an improvement in patient care or the nursing practice environment resulting from communication between 1-clinical RN-CNO; 2-clinical nurse-director; 3-clinical nurse -RN manager

## **9 EAST**

### **Communication with nursing director results in decreased falls**

9E nurses expressed concerns that specialty low-air-loss mattress rentals were arriving on bed frames that did not have bed alarm functionality. Nurses were unable to activate bed alarms when patients were on a low air loss mattress which was felt to be an attributing factor to 9E's increased fall rate. Susan Solmos, MSN, RN, CWCN, manager, Nursing Clinical Services, was engaged to help identify root causes of low air loss mattresses not having bed alarms. In February 2020, Susan facilitated a change in the ordering process to ensure that low air mattresses would not be delivered on a specialty frame, but rather it must be placed on a UChicago Medicine bed frame, which would allow the bed alarm functionality to work. Following the change, 9E unassisted fall rate decreased from 3.75 to 0.33 per 1,000 patient days which represented a 91% reduction in falls.

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**TL9EOC.** Choose an improvement in patient care or the nursing practice environment resulting from communication between 1-clinical RN-CNO; 2-clinical nurse-director; 3-clinical nurse -RN manager

## **W&C; L&D**

### **Alternative positioning reduces L&D C-Section rate**

In 2018, UChicago Medicine's L&D nurses and Macaria Solache, RNC-OB, CBC, clinical nurse and team lead, viewed the CDC's high ranking of Illinois' C-sections rate as an opportunity to improving maternal and fetal outcomes, while decreasing the hospital's term C-section rate. Dianne Garcia, RNC-OB, clinical nurse, L&D, learned about the use of Spinning Babies® techniques to help reduce C-section rates. An interprofessional team was formed that focused on evaluating current evidence-based practices, for the use of the "spinning babies" approach. Following approval from key stakeholders, educational materials were created, policies were updated, and communication was sent. Prior to the use of spinning babies program, C-section rate for term infants was 30.5%. Following intervention the rate dropped to 22% which represented a 28% reduction.



## STRUCTURAL EMPOWERMENT (SE)

*Making a difference as leaders and partners in patient care*

**SEIEOA.** Provide two examples (1 from ambulatory) of an improved patient outcome associated with the participation of clinical nurses(s) serving as a member(s) of an organization-level interprofessional decision-making group

### CURBSIDE COVID ADMIN

#### Increasing ambulatory influenza vaccine rates in ambulatory setting

The COVID-19 pandemic added an additional challenge to vaccinating UChicago Medicine patients for flu. In summer 2020, the interprofessional Flu Vaccine Workgroup (FVW) discussed lessons learned from previous flu seasons and current barriers caused by the Covid-19 pandemic. The team created a new curbside flu vaccine program that enabled patients and community members to receive vaccines while remaining in their car. This eliminated the need to pay for parking as well as having to enter a public space resulting in possible exposures. The group also expanded hours to include both evening and weekend shifts to accommodate increased number of patients. The new process increased flu vaccine rate from 25.10% to 49.42% after implementation which represented a 96.89% increase in flu vaccine rates.



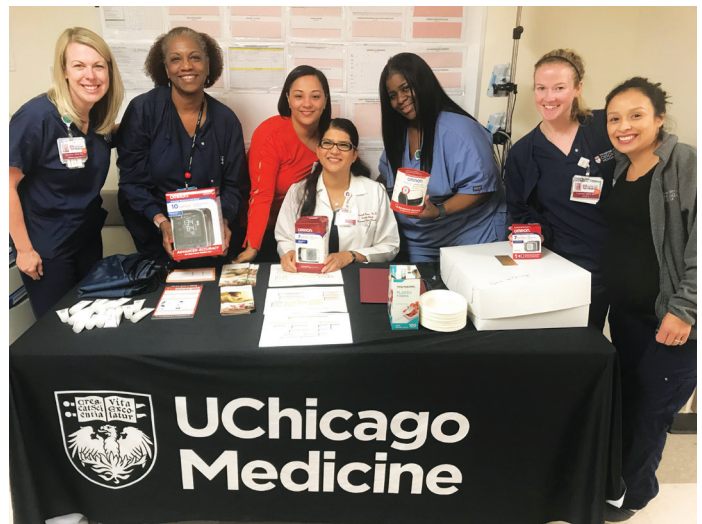
**SEIEOB.** Provide two examples (1 from ambulatory) of an improved patient outcome associated with the participation of clinical nurses(s) serving as a member(s) of an organization-level interprofessional decision-making group

### W&C SERVICE LINE & ED

#### Improving postpartum outcomes with STAMPP HTN Protocol

Hypertensive disorders of pregnancy (HDP) are a leading cause of maternal morbidity and mortality and can increase the risk of postpartum

(PP) complications. To ensure the most effective management of this complex patient population, UChicago Medicine created an interprofessional team led by Dr. Sarosh Rana, MD, MFM section chief, OB/GYN, and Colleen Duncan, BSN, M.Ed, RN, clinical research nurse to evaluate how to best approach the complex management of patients with PPHTN. The Systematic Treatment and Management of PostPartum HYPERTENSION (STAMPP HTN) team was created to serve as a decision-making team as well as to implement action plans to address identified gaps. Following evaluation of current state, the STAMPP HTN team completed multiple interventions including: creating patient education video, establishing a follow-up process for the PPHTN Clinic, creation of patients and nurses, obtaining funding for supplies (BP cuffs and bracelets), creating preeclampsia discharge checklist, ongoing communication to name a few. Pre-intervention, postpartum patient hypertension (BP of > 140/90) averaged 37% at initial pp visit. Following interventions, the rate decreased to 20% which represented a 46% reduction. Postpartum hypertension visit adherence improved from pre-intervention period compared with the full implementation period (33.5% vs 59.4%, P,.001).



**SE2EOA.** Provide one example of an improved patient outcome associated with an evidence-based change in nursing practice that occurred due to a clinical nurse's or clinical nurses' affiliation with a professional organization.

## ORGANIZATIONAL

### Nurses use evidence based practice change to reduce HA-IAD rate

UChicago Medicine has focused on reducing HA-IAD rates as part of an overall program to protect patients' skin. In July 2019, Laura Williamson, BSN, RN, CWON, Wound Ostomy Continence (WOC) nurse and clinical nurse educator (CNE), Dept. of WOC & Diabetes Specialty Services, and fellow WOC nurses noted that, while our existing protocols had substantially reduced occurrences of HA-IAD, further improvement remained elusive. In May 2019, Laura attended the NIA Chapter of the WOCN Society 26th Annual Community Education Program where she learned about a new product from 3M, polycyanoacrylate film that conceptually result in positive outcomes. A decision was made to move forth with a pilot in the MICU. Following positive results, a full conversion took place to the new product. Prior to the implementation, the HA-IAD rate was 1.47%. Following implementation, the rate dropped to 0.79% which represented a 46% reduction.

**SE2EOB.** Provide one example of an improved patient outcome associated with the application of nursing standards of practice implemented due to a clinical nurse's or clinical nurses' participation in a nursing professional org.

## AMBULATORY IVTH

### IV Therapy Nurses reduce chemo related PIV events through participation in nursing professional organization

In early- to mid-2019, Nicholas Kimble, BSN, RN, clinical nurse, Intravenous Therapy (IVTH), Victoria Frazier-Warmack, DNP, MSN, RN, OCN, clinical nurse, IVTH, and Kathrene Castelo, MSN, RN, OCN, clinical nurse, IVTH, were concerned about the increased number of infiltrations and extravasations for patients receiving chemotherapy. As members of Oncology Nursing Society, the three nurses with the support of Melissa Arango, MS, APRN, ACNS-BC, AOCNS, clinical nurse specialist, evaluated current state data along with professional practice standards and evidence in the literature to identify gaps. Following their review, and feedback from staff, the team identified two key elements to their action plan. The team decided to use integration of the A-DIVA tool as an assessment

on how to properly assess for difficult venous status and determine if a central line might need to be placed instead of PIV as a method to decrease the risk of extravasation. The second element was education based on national standards on proper placement and administration of vesicant chemotherapy via PIV. Prior to the change in practice, IVTH chemo related PIV venous events rate averaged 0.28 per 100 PIVs placed. Following interventions, the rate dropped to 0.06 per 100 PIVs placed. This represented a 79% reduction.

## Project Team & Authors



Melissa Arango, MS, APRN, ACNS-BC, AOCNS®

Oncology Clinical Nurse Specialist



Victoria Frazier-Warmack, DNP, MSN, RN, OCN®

Special Procedures Nurse, IV Therapy



Nicholas Kimble, RN, BSN

Special Procedures Nurse, IV Therapy



Kathrene Castelo, RN, MSN, OCN®

Special Procedures Nurse, IV Therapy



Shereea Seals, RN, MSN

Nurse Manager Home Infusion- Pharmacy



Bianca Solorio, BSN, RN, OCN®

Oncology Clinical Nurse Educator



**SE3.** Provide a description and supporting evidence of the organization's action plan for registered nurses' progress toward obtaining professional certification. (include how target was established, strategies to achieve or maintain target (>51%), support provided to achieve or maintain.

## ORGANIZATIONAL

### Action plan to increase nurse certification rates

In October 2019, nursing leadership, set a goal to increase nurse certification rates throughout out UChicago Medicine. The leaders established an action plan which included:

- Unit-level action planning and monitoring of certifications
- Organization-wide communication about certifications through newsletters and other channels



- Incorporation of certification goals into performance evaluations
- Public celebration of certified nurses
- Reimbursement for certification exams through various partnerships
- Certification bonuses
- Free review courses and other educational offerings

By fiscal year-end 2021, the organization met its goal of increasing the percentage of certified nurses by 5 percentage points.

**SE4EOA.** Provide one example demonstrating nursing has met a targeted goal at the organizational level, for improvement in professional nursing certification. Must show a data table with 3 years of data to demonstrate goal was met, maintained or exceeded.

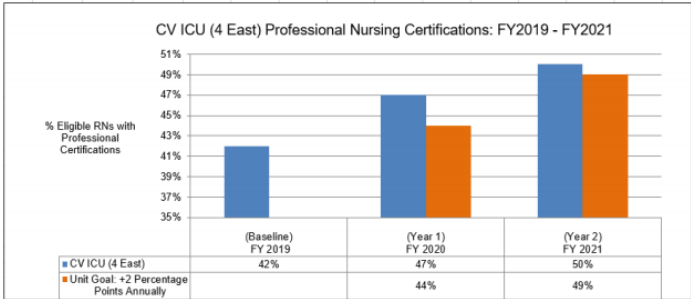
**ORGANIZATIONAL**  
**UChicago Medicine exceeds targeted nursing certification goal**

In 2019, UChicago Medicine’s Nursing leaders established and exceeded a goal to increase the percentage of eligible University of Chicago Medicine registered nurses with professional nursing certification by five percentage points by end of fiscal year (EOFY) 2021. The baseline certification rate in was 25% at EOFY 2019. At the EOFY 2021, the overall certification rate was 34.9% which exceeded the target of 30%.

**SE4EOB.** Provide one example demonstrating nursing has met a targeted goal at the unit/ division level, for improvement in professional nursing certification. Must show a data table with 3 years of data to demonstrate goal was met, maintained or exceeded.

**CV ICU (4 EAST)**  
**CV ICU (4 East) exceeds targeted nursing certification goal**

In 2019, CV ICU leadership established and exceeded a goal to increase the percentage (%) of eligible 4 East – Cardiovascular Intensive Care Unit (CV ICU) registered nurses with a specialty nursing certification by two percentage points annually in fiscal year (FY) 2020 and FY 2021. At EOFY 2019, the certification rate was 42%. At the EOFY 2021, CV ICU certification rate was 50%.



**SE5.** Provide a description with supporting evidence of the organization’s action plan for RNs obtaining a BSN or higher in nursing.

**ORGANIZATIONAL**  
**UChicago Medicine implements action plan to maintain BSN rates above 80%**

UChicago Medicine established a goal to maintain the percentage of UChicago Medicine registered nurses (RNs) with a bachelor’s-level degree in nursing (BSN) or higher degree at ≥80% in fiscal year (FY) 2020 and FY2021. An action plan was established which included:

- Targeting recruitment efforts to BSN nurses
- Ongoing tuition reimbursement of tuition: Full-time nurses are entitled to receive 100% tuition reimbursement when attending an accredited college of nursing for a BSN or master’s degree and 75% reimbursement for doctoral degrees. Part-time nurses are entitled to receive 50% tuition reimbursement.
- Opening up hiring to nurses with ADN degrees with a commitment to support ADN hires to start in a BSN program within 6-months of hire and not to exceed a completion date greater than 24-months of hire.

**SE6EO.** Provide evidence of the organization progressing toward (or maintaining) >80% of professional registered nurses who have earned a BSN or higher in nursing.

**ORGANIZATIONAL**  
**UChicago Medicine exceeds annual BSN goals in 2020 and 2021**

In 2019, UChicago Medicine Nursing leadership established a goal to maintain the percentage of RNs with a BSN or higher degree at > 80%. At EOFY 2019, the BSN rate was at 92%. At the EOFY 2021, the BSNrate was at 92%. This goal includes nurses at all levels, both clinical nurses and those in leadership roles, and in all settings across the organization.



**SE7EO.** Provide one example of an improved patient outcome associated with knowledge gained from a nurse's or nurses' participation in a professional development activity.

## CCPP/CCD

### Department professional development activity reduces CLABSI rates

In May 2020, while rounding on the clinical units in the CCD, Manager of Nursing Education, Margaret DeKoning, MSN, NE-BC, NPD-BC and Clinical Nurse Educators (CNEs) Bianca Solorio, BSN, RN, OCN and Stephanie Meletis DNP, RN, AGNP-C observed variations in the materials and processes used for central line maintenance care, including dressing changes and central line port access. After review, the CLABSI committee found limited professional development opportunities for clinical nurses to practice central line maintenance skills and receive expert feedback on technique and competency. With this feedback, Julie Stetzel, MSN, APN, A-GNP, CMSRN, CNE, Bianca, Stephenie, Margaret, and Rachel Marrs, DNP, RN, Director, Infection Prevention and Control, created a curriculum for an in-person, on-unit professional development activity for clinical nurses to increase knowledge and competency in the central line maintenance practices. Prior to the education, CCD CLABSI rate was 0.93 per 1,000 central line days. Following the intervention, the rate dropped to 0.29 which represented a 69% reduction in CLABSI rate.

**SE8EOA.** Provide one example of an improved patient outcome associated with a nursing continuing education assessment and related implementation plan.

## POPULATION HEALTH CLINIC

### Reducing HbA1c levels in population health clinic

In early 2021, the COVID-19 pandemic dramatically changed how outpatient care was delivered in health care practices. Many patients avoided visits because they did not want to leave their homes and risk exposure. Because of concerns about COVID-19, a temporary disruption occurred in routine care, including diabetes management. UChicago Medicine's Population Health department was not meeting fiscal year targets for patients having a HbA1c less than 9%. A department meeting was held to assess gaps and develop an action plan which included population outreach, education and changes to department workflow. Prior to interventions, 31.39% of Population Health's diabetic patients had an A1C > 9%. Post

intervention, the rate dropped to 24.40% which represents a 22% reduction.



**SE8EOB.** Provide one example of an improved patient outcome associated with a nursing continuing education assessment and a related implementation plan.

## 3 WEST

### Reducing 3W Parenteral nutrition CLABSI rate

From early to mid-2019, Annette Jean Herlitz, RN, CNSC, Adult Nutrition Support service, identified an increase in safety events surrounding parenteral nutrition management on the adult inpatient units. Jean's concern led to a partnership with the CLABSI Committee which conducted a data analysis of CLABSI events in adult patients receiving parenteral nutrition. One unit in particular, 3W, had a CLABSI rate that was much higher than expected. The use of CPN on 3W is quite high due to the complexity of surgical interventions these patients receive. These results prompted 3W leadership to take a deeper dive into assessing the teams' understanding of central line management and to devise a plan which included an educational assessment, action plan for addressing gaps and creation of new department processes. Prior to interventions, 3W CLABSI rate was 2.62 per 1,000 central line days. Following interventions, the CLABSI rate averaged 1.04 which represented a 60% reduction.

**SE9A.** Provide evidence of a nationally accredited transition to practice program.

## ORGANIZATIONAL

### UChicago Medicine receives Practice Transition Accreditation Program (PTAP) designation with distinction

In December 2019, UChicago Medicine's Practice Transition Program was awarded "Accreditation with Distinction" by the American Nurses Credentialing Center (ANCC), which is valid for three years. The PTAP accreditation is awarded to organizations that meet stringent requirements for supporting the transition of new graduate nurses throughout their first year of practice.

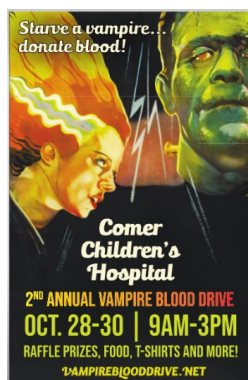


**SE10A.** Provide one example, with supporting evidence, of the organization's support of a nurse or nurses who volunteer(s) in a local or regional community healthcare initiative which aligns with Healthy People 2020, Healthy People 2030, or the United Nations' Sustainable Development Goals.

## COMER II

### Comer II Nurses spearhead Community Healthcare Initiative

Prior to the global pandemic, blood donor recruitment in the United States had been difficult, with less than 10 percent of the population donating annually and Covid-19 impacted that even more. In 2020, Stephanie (Tess) Cruz, BSN, RN, CPN, special procedures nurse, Pediatric Sedation, identified gaps between the supply and demand of blood products and spearheaded a community blood drive with support of unit leadership. Upon completion of the 2nd Annual Vampire Blood Drive, the Comer team was able to match the previous year's donation results (which was considered as a win due to the safety precautions and limitations that had been put in place due to the pandemic).



**SE10B.** Provide one example, with supporting evidence, of the organization's support of a clinical nurse or clinical nurses who volunteer(s) in a population health outreach initiative, either local or global.

## 9W

### UChicago Medicine Supports 9W nurses volunteer efforts

In 2020, the COVID-19 pandemic and accompanying economic recession caused a detrimental impact on the availability of key supply chain products, including medical supplies. During the pandemic, the nurses from 9W, recognized this and also identified unnecessary waste. The team felt compelled to re-allocate medical supplies that would otherwise be discarded to underserved communities. Graham Danemayer, BSN, RN, PCCN, assistant patient care manager, 9W partnered with Project C.U.R.E. and organizational leadership to establish a process for collecting and donating unused supplies.

**SE11.** Provide one example, with supporting evidence, of a nurse or group of nurses delivering culturally and/or socially sensitive care.

## SICU

### SICU Nurses Provide Culturally and Socially Sensitive Care

UChicago Medicine supports a variety of programs and services to strategically address complex health and social needs of patients residing on the South Side of Chicago—including a comprehensive Violence Recovery Program (VRP). The VRP provides crucial psychosocial services to patients and family members affected by violent trauma and helps these individuals to obtain and navigate other health care services. In June 2019, the SICU staff individualized care for a young Hispanic patient who had suffered a gang-related gunshot wound that resulted in quadriplegia and ventilator dependence. The nurses, with support of VRP, adapted their care by hosting parties to celebrate special occasions for the young lady such as birthdays and holidays (including Cinco De Mayo). The nurses also addressed the mother's language barrier by making adjustments to planning meetings and adjusting care assignments to nurses that shared the patient's cultural profile.



**SE12A.** Provide one example, with supporting evidence, of the organization's recognition of a clinical nurse for their contribution(s) in addressing the strategic priorities of the organization.

### 3CS

## UChicago Medicine Recognizes Clinical Nurses Strategic Efforts through DAISY Award Process

UChicago Medicine's FY 2021 Annual Operating Plan (AOP) includes Patient Experience as a strategic priority. In February 2021, a patient who had been admitted to the 3 Central South unit nominated Mary Michele Carlson, RN, 3 Central South, for a DAISY award. The patient, was admitted to the unit postoperatively after a routine procedure, but experienced complications which led to a second surgery and extensive nursing care. In her nomination, the patient shared, "Being a patient of Mary Michele was probably the best experience I had during my stay." Mary was selected for and presented with the DAISY award on March 8th, 2021.



**SE12B.** Provide one example, with supporting evidence, of recognition of a group of nurses for their contribution(s) in addressing the strategic priorities of the organization.

### ADULT AND COMER EDS

## UChicago Medicine Recognizes a group of Adult and Comer ED Nurses for their Contributions during a Traumatic Event

Five nurses in the Adult and Children's Emergency Departments (Molly Salvatori, MSN, RN; Shana Creighton MSN, RN; Jessica Durkin BSN, RN; Meghan Donahue BSN, RN and Kathleen Honkisz BSN, RN) were recognized through UChicago Medicine's Making a Difference Every Day (MADED) program for their contributions and dedicated support efforts during a November 2018 shooting at Mercy Hospital. The team collected monetary donations across both departments to be sent to a fund for the Mercy team and Chicago Police Department Second Precinct. They also secured discounted boxed lunches to be delivered the next day and purchased additional snacks and beverages to present to the affected teams. The group was recognized in November 2018 for their compassionate efforts.



**SE13.** Provide one example, with supporting evidence, of the organization's recognition of an interprofessional group (inclusive of nursing) for their contribution(s) in influencing the clinical care of patients.

### UCAN

## UChicago Medicine recognizes University of Chicago Medicine Aeromedical Network (UCAN)

In 2019, UCAN was nominated and recognized with the TORCH Award for their interprofessional efforts to plan, design and equip a new UCAN aircraft. As a result of UCAN's redesign efforts, they were able to reduce response time by almost half (from twelve to six minutes) which improved timeliness and overall access to care. The team previously transported an average of 170 patients per quarter. After the team's work in reconfiguring their equipment and standardizing operational processes, they increased their patient volume by 12 percent to an average of 190 patients per quarter.





## EXEMPLARY PROFESSIONAL PRACTICE (EP)

*Guided by a model of care, UChicago Medicine nurses practice in an interprofessional, autonomous environment designed to raise safety standards and increase satisfaction*

**EP1EOA.** Provide one example of an improvement in the organization's nurse turnover rate associated with clinical nurses' participation in nursing retention activities.

### MICU

#### Reducing MICU CLABSI rate

In January 2019, the MICU had a higher-than-expected CLABSI rate. MICU clinical nurses in collaboration with MICU nurse leaders identified inconsistencies in the level of understanding as well as practices associated with central line management. As a result, they established the following evidence-based practice changes: verification of line necessity, standardization of line care practices, streamlining the collection of culture draws, monitoring hand hygiene, ongoing audits and staff education. Pre-intervention, MICU's CLABSI rate was 7.46 per 1,000 central line days. Post-intervention, CLABSI rate decreased to an average of 0.47 which represented a 94% reduction.



**EP1OEOB.** Provide one example of an improvement in a clinical unit's nurse turnover rate associated with clinical nurses' participation in nursing retention activities

### COMER ED

#### Reducing severe peripheral IV infiltrations in Comer ED

In December 2019, a pediatric patient in Comer's Emergency Department experienced compartment syndrome requiring surgical intervention related to

a prolonged PIV infiltration with a vesicant agent. UChicago Medicine considered this to be a sentinel event which warranted an investigation and action plan. A team was formed to evaluate current practices, insertion, assessment and documentation. A gap was identified which resulted in process changes to practice surrounding assessment, documentation, dressings, administration of caustic agents and staff education. Post interventions, the Comer ED experienced zero severe PIV infiltration sentinel events which represents a 100% reduction.

**EP2EOA-D.** Present all eligible RN satisfaction data (inpatient care, ambulatory care and administrative settings) and include all nursing levels collected and benchmarked by the vendor at the unit or clinical level to demonstrate outperformance of national benchmark.

### ORGANIZATIONAL

#### Nursing Satisfaction

All UChicago Medicine's nurses participate in an RN Satisfaction Survey which is submitted to ANCC.

**EP3.** Provide one example of nurses(s) partnering with patients, families or both to influence change in the organization.

### PEDIATRICS-COMER II

#### Nurses use feedback from patients and family to acquire new adhesive removal product in Comer II

In January 2019, the mother of a pediatric oncology patient brought in a spray bottle of silicone-based adhesive remover from home. She requested that Stephanie ("Tess") Cruz, BSN, RN, CPN, clinical nurse, use it in place of the adhesive remover pads that the hospital provided. She said that the spray was recommended to her by another parent whose son had experienced pain and anxiety with port dressing removals and changes. This was the first time that Stephanie and her colleague, Kathryn Vaci, BSN, RN, CPN, clinical nurse, had heard of this particular product. Tess and Kathryn met with Susan Solmos, MSN, RN, CWCN, manager, Nursing Clinical Services, to review current products and to

gather additional feedback from staff and patients. The survey feedback obtained heavily favored the recommended spray which led to the Sensi-Care Sting-Free Adhesive releaser being added to unit stock for use with all children.



**EP4EO.** Provide one example of an improvement in a patient outcome associated with one (internal or external) expert or multiple (internal or external) experts' recommended change in nursing practice.

### COMER 5, 6, PICU

#### Using evidence based pediatric pain assessment tools to improve patient satisfaction in Comer 5, 6 and PICU

UChicago Medicine's Pediatric Clinical Nurse Specialist team identified confusion regarding which pain scales should be used with infants. At that time the group also noted that patient satisfaction scores for "How well your child's pain was addressed" averaged 64.29% for Comer 5, Comer 6, and the Pediatric Intensive Care Unit (PICU). The team identified an opportunity to evaluate and potentially improve practices. A review of the literature was completed and both internal and external experts were engaged to identify an alternative approach for assessing parent's perception on "how well their child's pain was addressed". New pain scales were introduced (rFLACC and FPS-R), policies were revised, clinical pathways were created and nurse and provider education was completed. Following implementation of the new practices, scores for "how well your child's pain was addressed" averaged 79.73% which represented a 24.01% increase.

**EP5.** Provide one example of nurses' participation in interprofessional collaborative practice to ensure coordination of care across the spectrum of health care services.

### SICU

#### SICU Nurses ensure interprofessional care coordination

SICU nurses coordinated care for a patient admitted with multiple gunshot wounds across multiple departments and disciplines to ensure the highest level of holistic care across all spectrums of services.

**EP6EO.** Provide one example of an improvement in a defined patient population outcome associated with nurse participation in an interprofessional collaborative plan of care.

### 8 EAST, 8 NORTH

#### Reducing aspiration pneumonia in stroke patients on 8 East and 8 North

In 2Q19, dysphagia screen compliance in stroke patients on 8 East and 8 North had dropped to 88%. During this same time period, 12.5% of 8 East and 8 North patients diagnosed with stroke experienced subsequent aspiration PNA. The decrease in dysphagia screening compliance, along with the increase in aspiration PNA rates in this population, triggered the Comprehensive Stroke Center Team to evaluate current practices. The interprofessional team met with Mary Ann Francisco, MSN, APN, AGCNS-BC, CCRN-K, Clinical Nurse Specialist, to evaluate current practices review literature to identify alternative approaches. A new collaborative plan of care for stroke patients was created, stakeholder approval was obtained and education was provided. Prior to the intervention, 12.50% of 8 East and 8 North patients diagnosed with stroke experienced subsequent aspiration PNA. Post intervention the rates dropped to 6.80% which represents a 45.60% reduction.

**EP7EOA.** Provide one example of an improved outcome associated with an interprofessional quality improvement activity, led or co-led by a nurse.

### AMBULATORY

#### Improving hypertension management rate in ambulatory setting

In April 2018, the hypertension management rate at UChicago Medicine was lower than expected. Upon further evaluation it was determined that there were insufficient systems and processes in place to support interprofessional management of patients with hypertension. An interprofessional Hypertension Management workgroup, co-led by Sarah Kundrat, MSN, RN, NEA-BC, executive director/associate chief ambulatory nursing officer, Ambulatory Nursing and Dr. Raj Krishnamurthy, MD, associate professor of medicine, chief clinical transformation officer, General Internal Medicine met monthly to discuss how to improve hypertension management rates. The team includes representatives from Nursing, Medicine, Cardiology, Pharmacy, Quality Performance Improvement and Data, Science and Analytics. After forming the team and identifying opportunities, new workflows and educational materials were created

for a pilot nurse-led hypertension clinic. Hypertension champions were identified to serve as resources and help guide the new standard work. Team members were educated and monthly HTN management scorecards along with “best practice tips” which were sent to unit leaders, committee members and HTN champions on a monthly basis. Pre-intervention, UChicago Medicine hypertension management (control) rate (patients’ BP <150/90) was 64.92%. Post-intervention, HTN management rate increased to 72.47% which represented a 12% improvement.

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**EP7EOB.** *Provide one example of an improved outcome associated with an interprofessional quality improvement activity, led or co-led by a clinical nurse.*

## **NICU**

### **Donor milk in NICU reduces Necrotizing Enterocolitis rate**

Infant consumption of human milk decreases the risk of Necrotizing enterocolitis (NEC) over the use of formula in VLBW infants. UChicago Medicine’s NICU promotes breastfeeding since a mother’s breastmilk is perfectly matched for her baby. The challenge arises when a mom’s milk is not available when her baby is ready to start feeding. In April 2018, the only option for NICU babies whose mothers could not provide breastmilk was for nurses to give the baby formula. The Interprofessional Breastfeeding Committee, led by Amy Meyer, BSN, RN, CLC, clinical nurse, implemented a quality improvement activity geared at decreasing NEC rates through the use of a donor milk program. The team evaluated current practices including workflows and common feeding plans. A review of literature identified the alternative option of using “donor” milk as an alternative to formula. A new process was created and additional resources were acquired (consisting of freezers to store large volumes of frozen milk). Staff were then educated on the new process. Prior to implementation, the NICU NEC rate in VLBW infants was 3.1%. Post implementation, the rate decreased to 0% which represents a 100% reduction.

**EP8EO.** *Provide one example of an improved patient out-come associated with an interprofessional education activity led or co-led by a nurse.*

## **PEDIATRICS-COMER 5 & 6**

### **Improving sleep on Comer 5 and 6 through interprofessional education activity**

All children admitted to Comer 5 and Comer 6 receive overnight VS monitoring every four hours, including BP checks despite limited value cited in literature. Patient caregivers on Comer 5 and Comer 6 reported their children’s sleep duration to be an average of two hours less in the hospital than at home, and no age group met the age-appropriate sleep recommendations set forth by the National Sleep Foundation. Nurses on Comer 5 and Comer 6 identified BP checks as a common driver disrupting sleep during the night. An interprofessional team was formed to evaluate current practice and identify an alternative approach for overnight VS monitoring. The team evaluated the Choosing Wisely campaign of the American Academy of Nursing recommendations that nurses not wake patients for routine care unless their condition requires it. Based on the findings, paths to minimize unnecessary VS monitoring were explored. A new protocol was completed and interprofessional education, co-led by nurses was conducted. Pre-intervention, the Comer 5 and Comer 6 mean hospital nighttime sleep duration for patients ≥2 years old was 8.08 hours. Post intervention, the Comer 5 and Comer 6 mean hospital nighttime sleep duration for patients ≥2 years old was 8.24 hours. This represents a 2% increase which was considered to be statistically significant.

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**EP9A.** *Provide an example of a time when clinical nurses collaborated with a nurse director to evaluate data in order to address an identified unit-level staffing need.*

## **3CS & 3CN**

### **3CS and 3CN Nurses collaborate with director to address unit-level staffing need**

In August 2020, nurses from 3CS and 3CN described challenges associated with making patient assignments given the mixed acuity on the unit. Maura Brown, MS, RN, NEA-BC, clinical nursing director, Surgical and Specialty Services met with Chelsea Kowatch, RN, charge nurse/clinical nurse, 3CN to review unit data, current staffing matrixes as well as to gather additional information to better understand the concerns. Following the meetings,



adjustments were made to the staffing matrix to respond to staffing concerns, address patient acuity needs as well to ensure alignment with department productivity targets.

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**EP9B.** *Provide an example of a time when nurses collaborated with a nurse director to evaluate data in order to meet an operational need.*

### MITCHELL

## Nurses collaborate on Mitchell hospital inpatient furniture redesign

A review of data showed that the physical environment and appearance of Mitchell Hospital was negatively impacting patient satisfaction scores. Ursula Dolan, MHA, RN, OCN, director, Cancer Medicine Services met with Brock Zell, MSN, RN, patient care manager, Mitchell 5SE and CCD 4 Infusion Center and Neuro Infusion to review data and discuss the need to update the physical environment. Patient engagement data was used to identify which factors would provide the highest-quality of patient centered care. A Mitchell Hospital Workgroup was formed to address the Mitchell Hospital environment from a patient and staff perspective. Following the team's assessment, changes were made to furniture, room layout and additional support items. Upon completion of the Mitchell enhancement project, Press Ganey Patient Satisfaction Survey results showed a significant increase in the overall Top Box score for 5SE from 65.81 at the end of 2019 to 69.88 by the end of 2020.



**EP10EOA.** *Provide one example of an improvement in the organization's nurse turnover rate associated with clinical nurses' participation in nursing retention activities.*

### ORGANIZATIONAL

## Nurses participation on patient acuity committee reduces RN turnover

In late 2019, nurse leaders engaged the Patient Acuity Committee (PAC) to obtain input on tactics to promote nurse retention. Two main reasons were noted as contributing factors for recent RN turnover: A decrease in unit resources (for both nurses and nursing assistants (NSAs) 2. Ineffective communication between nurses and providers resulting in strained interprofessional relationships. Although multidisciplinary rounds (MDR) were a common practice, the level of engagement and collaboration among providers and clinical nurses varied. The interprofessional IGNITE team was engaged to improve the MDR process and to create resources for both residents and nurses to use as references. In addition, mass hiring events were held for NSAs and clinical nurses. Prior to the interventions, RN turnover was at 1.64%. Post intervention rates dropped to 0.72% which represented a 56% reduction in turnover.

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**EP10EOB.** *Provide one example of an improvement in a clinical unit's nurse turnover rate associated with clinical nurses' participation in nursing retention activities*

### COMER 6

## Reducing RN turnover on Comer 6

Comer 6 patients were typically staffed at a nurse-to-patient ratio of 1:3, which included a combination of both general pediatric and transplant patients. Allogenic transplant patients are typically sicker and require longer lengths of stay (sometimes as long as 60 days). These patients are very acute, and often on the verge of requiring a higher level of care, yet they typically remain on Comer 6 where nurses continue to have a 1:3 patient assignment. If these same patients were to transfer to the pediatric intensive care unit (PICU) the nurses would be staffed at a 1:1 ratio. The increased acuity and challenges in staffing resulted in an increase in nursing turnover to address turnover concerns, a team was formed that included Comer 6 leadership and clinical nurses. The group gathered feedback from their peers and also benchmarked with similar organizations/units regarding their staffing practices. A Comer 6 Acuity Committee was formed to review staffing and the care environment and to review data to come up with a proposal. Emily Chase

approved an additional 5.8FTEs to help meet the increased staffing/acuity needs. Quarterly meetings were initiated to improve communication between leadership and the clinical nursing team. A tiered isolation was put in place on Comer 6 to better address the staffing needs of the immunocompromised and general pediatric patient population and a charge nurse committee was formed to ensure continuity between shifts as well as a consistent application of the new staffing guidelines. Pre-intervention, the Comer 6 RN turnover rate was 4.4%. Post intervention the rate dropped to 0.0% which represented a 100% reduction.

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*EP11B, C, E. Provide one example of the use of periodic formal performance review that includes a self-appraisal and peer feedback process, demonstrating a plan for professional development.*

## **ORGANIZATIONAL**

### **Use of periodic formal performance review process for nurses at all levels of the organization**

UChicago Medicine submitted examples of the annual review process for a clinical director, nurse manager and clinical nurse which included the self, leader and peer assessment process.

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*EP12. Provide one example of clinical nurses having the authority and freedom to make nursing care decisions within the full scope of their nursing practice.*

## **AMBULATORY IVTH**

### **Nurse driven Alteplase protocol in Ambulatory IVTH**

Previously, UChicago Medicine nurses were required to obtain a provider's order for Alteplase administration which often resulted in delays in care and patient dissatisfaction. After identifying the gap, Diana Diaz, BSN, RN, IVTH special procedures nurse and unit-based council (UBC) chair, DCAM, introduced the concept of developing a nurse-driven protocol to address the delays in care. Diana partnered with department resources to review evidence-based practices and literature articles. Specific patient inclusion and exclusion criteria for a nurse driven protocol was identified. Following leadership support, the protocol was approved, finalized, nurses were educated and the change was put into place on January 5, 2020.

*EP13. Provide one example of nurses applying available resources to address ethical issues related to clinical practice.*

## **5SE**

### **5SE nurses apply resources to address ethical issues**

5SE Nurses utilized organizational resources to address concerns of potential elder neglect for a newly admitted patient with advanced breast cancer. Social Work, Palliative Care and the Ethics Department were consulted to provide guidance and as the patient's condition deteriorated, Chaplain Services also collaborated on plans of care. With the support from multiple clinical teams, the nurses were able to utilize interprofessional support to advocate for their patient during a complicated transition to end-of-life care.

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*EP14. Provide one example of a security issue resolved with a clinical nurse's or clinical nurses' contributions to an interprofessional group.*

## **ORGANIZATIONAL**

### **Nurses contribute to developing new visitor management process to improve hospital security**

When the new Adult Trauma Services area was opened, the regulation of visitors was only at a building entryway check-in desk with Security. Once inside, visitors to specific patients had the ability to go anywhere, including other patient units and rooms. This caused an increased risk for violent and aggressive confrontations from visitors of other areas. It also posed a risk to patients, visitors and staff at our medical facility due to inadequate secured entryways to each inpatient unit. To address this safety concern, an interprofessional team, which included representation from clinical nurses, was formed to address the visitor management process. After evaluating data and current state information, new processes were put in place which included installation of secure locks, card readers for select areas, security cameras, signage for visitors and intercoms. As a result of the Interprofessional Group's work, the number of security events reduced over time and after the project.

**EP15EO.** Provide one example of an improved workplace safety outcome for nurses, specific to violence (e.g., physical or psychological violence, threats of incivility) toward nurses in the workplace.

## 8 EAST

### Reducing RN physical assault rate in the adult neuroscience unit (8 East)

As more trauma victims entered the medical center, staff began to see an increase in patients with traumatic brain injuries (TBI). TBI patients can present with erratic behavior and personality changes that often lead to displays of physical violence. In CCD 8E were experiencing an increase in threatening patient behaviors and physically violent events. To improve nurse safety, a team was formed that included nursing leadership and public safety to evaluate safety concerns and devise a plan to address gaps. 8E staff completed Crisis Prevention Intervention (CPI) training to equip them with the knowledge and resources of how to prevent escalating behaviors as well as how to avoid injury in the event that a situation occurred. Prior to the intervention, (4Q18) the CCD 8E RN physical assault rate was 0.06 per 1,000 RN care hours. Post-intervention, 2Q19-4Q19, the rate decreased to 0.00 which represents a 100% reduction in RN physical assault rate.

**EP16EO.** Provide one example of an improved patient safety outcome associated with clinical nurse involvement in the evaluation of patient safety data at the unit level.

## 10 EAST

### Nurses reduce syncopal falls rate on 10 East

In October 2018, during a monthly review of 10 East patient safety data, Mary Kate Bailey, BSN, RN, OCN, clinical nurse, 10 East, and Daniel Bansley, BA, BSN, RN, OCN, clinical nurse, 10 East, co-chairs of the 10 East Unit Based Council (UBC), noticed an increase in syncope-related falls with cellular therapy patients. The team completed a review of literature to identify best practices for the high risk population and created standard work for obtaining orthostatic vital signs. Staff were educated on the change and the new process was implemented in February 2019. Prior to intervention, the 10 East cellular therapy patient syncopal falls rate averaged 1.74 per 1,000 patient days. Post intervention the rate averaged 0.0 which represents a 100% reduction in falls.



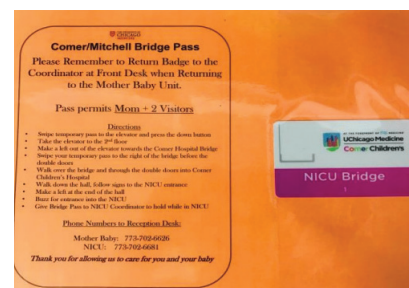
**EP17.** Provide one example of a nurse-driven initiative based on patient feedback that was received as a result of a service recovery effort.

## 3N/NICU

### Nurses from Obstetrics, newborn and NICU collaborate to provide service recovery effort

Patient feedback from Press Ganey survey captured dissatisfaction from new mothers with babies in the NICU having to be separated (mother located in 3N of Mitchell

and infant in NICU of Comer). Comments included dissatisfaction related to delays while waiting for transportation to escort mother over to the NICU to see their baby along with a “cumbersome” process to the NICU from the Obstetrics and Newborn Unit. A service recovery effort was necessary to address the concerns and improve patient satisfaction. A team was formed that included representatives from the mother baby unit and NICU. Following the groups’ collaborative efforts, a new process was created that utilized a “badge pass” which granted mothers (who were medically cleared) to access the NICU without delays in transportation or security barriers. Following implementation, Press Ganey comments showed a considerable improvement with no comments received about delays in visitation.





**EP18EO.** Provide 8 of the most recent consecutive quarters of inpatient unit level nurse sensitive clinical indicator data. Refer to manual for required indicators. Must use Falls with injury, HAPI stg II and Above and choose 2 additional from the manual list-(e.g.,CLABSI, CAUTI, CDIFF, MRSA, VTE, PIV) Total of 4 indicators.

## **ORGANIZATIONAL**

### **Inpatient Nurse Sensitive Quality Indicators**

Organizational Inpatient Nurse Sensitive Quality data was submitted.

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**EP19EO.** Provide 2 nurse sensitive clinical indicators from the most recent 8 consecutive quarters of unit or clinic level nurse sensitive clinical indicator data from the ambulatory setting. Refer to manual for required indicators.

## **ORGANIZATIONAL**

### **Ambulatory Nurse Sensitive Quality Indicators**

Organizational Ambulatory Nurse Sensitive Quality data was submitted.

**EP20EO.** Provide the most recent 8 consecutive quarters of inpatient satisfaction data at the unit level. Select 4 out of the 9 categories (refer to manual for details).

## **ORGANIZATIONAL**

### **Inpatient Satisfaction**

Organizational Inpatient Satisfaction data was submitted.

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**EP21EO.** Provide the most recent 8 consecutive quarters of ambulatory care setting patient satisfaction data at the unit level. Select 4 of the 9 categories (refer to manual for details).

## **ORGANIZATIONAL**

### **Ambulatory Patient Satisfaction**

Organizational Ambulatory Patient Satisfaction data was submitted.

# NEW KNOWLEDGE, INNOVATIONS, AND IMPROVEMENTS (NK)

*Demonstrating, leading and contributing to research and evidence-based practice*

**NK1.** *Provide a synopsis of one completed IRB-approved nursing research study.*

## ORGANIZATIONAL

### Endovascular revascularization failure in African American Patients

In 2019, Manager of Research, Nicole Pierce collaborated with Dr. Christopher Skelly to determine predictors of endovascular revascularization failure (ERF) in African American (AA) patients with peripheral artery disease (PAD). Following initial vetting procedures, manual chart reviews conducted to collect all other variables for the study (measures of ERF PAD disease characteristics, comorbidities, medications to treat diabetes, dyslipidemia, and hypertension, and lesion complexity). Findings of the study suggest that black patients undergoing endovascular revascularization for PAD are at high risk of ERF, especially in the setting of rest pain and tissue loss. The predictive models developed in this study may be clinically useful to identify Black patients at higher risk of ERF, allowing for earlier intervention and more aggressive follow-up to reduce disparities and improve outcomes among our patients.

**NK2A.** *Provide one example of how clinical nurses disseminated the organizations completed nursing research study to internal audiences.*

## COMER 5

### Comer 5 clinical nurses disseminate nursing research to internal audiences

“The Experience of Children Undergoing 131I-Metaiodobenzylguanidine (131I-MIBG) Therapy and the Parents and Nurses Who Care for Them: A Qualitative Descriptive Study” was led by Cynthia LaFond, PhD, RN, CCRN-K, former director of Nursing Research, and conducted in collaboration with first author Alyssa Yost, BSN, RN, clinical nurse, Comer 5 (Pediatric Oncology), Caitlin Rocha, MSN, RN, clinical nurse, Comer 6 (Pediatric Neurology), Kelly Lankin, PhD, RN, pediatric nurse educator, and data analysis colleagues, including Megha Kilaru, MPH, MScA(c), Data Quality Engineer. The results of the study showed the need for nurses to work with Child Life to tailor

education to the needs of individual patients and their families, including creation of a video, simulation of treatment or dolls to help younger children, in particular, grasp complex ideas like isolation. This study also aided the development of a screening questionnaire to help identify children who display high anxiety with hospital visits, in general, as these children reported more difficulty with separation in the early days of 131I-MIBG therapy. On October 9, 2018, Alyssa presented the study as a podium presentation at UChicago Medicine’s annual Nursing Research and Evidence-Based Practice Symposium.

**NK2B.** *Provide one example of how clinical nurses disseminated the organizations completed nursing research study to external audiences.*

## ED

### Clinical nurses disseminate nursing research to external audiences

“Compassion Fatigue in the Emergency Department: Prevalence and the Impact of Institutional Initiatives sought to determine the prevalence of compassion fatigue (via the ProQoL-5) in the adult Emergency Department (ED) at UChicago Medicine across various roles, including physicians (resident and attending), nurses, emergency technicians, supportive clinical staff (respiratory therapists, social work, etc.) and supportive ancillary staff (Environmental Services, Security, etc.). First author Melissa Ibarra, BSN, RN, clinical staff nurse, adult ED, conducted the study in her capacity as a NURSE (Nurses Utilizing Research to Support Excellence) intern in collaboration with Nicole L. Pierce, PhD, RN (manager, Nursing Research), Courtney Oei, BA (emergency technician, adult ED), Emma E. Dahlberg, BS (emergency technician, adult ED), Yahia Z. Rashed, BS (emergency technician, adult ED), and David Hampton, MD, MEng (associate professor, Department of Surgery). Melissa presented results from her study at the Sigma Global Nursing Excellence (Sigma) virtual event, Creating Healthy Work Environments 2021 on February 19, 2021, and also at the Sigma’s Creating Healthy Work Environments 2021 conference, as a poster titled, “Workplace Violence in the Adult Emergency Department: Impact on Compassion Fatigue,” on February 20, 2021.

**NK3A.** Provide one example of clinical nurses' implementation of an evidence-based practice that is new to the organization.

### 3SE/3SW

## Nurses from 3SE and 3SW implement new evidence based practice to reduce CAUTI rates

After learning about a catheter-associated urinary tract infection (CAUTI) occurred in a female patient on Mitchell 3SW, the Mitchell 3SW nurses were becoming frustrated. Francis Soucek, BSN, RN, patient care manager, Mitchell 3SE, and Mary Ann Francisco, MSN, APN, AGCNS-BC, CCRN-K, clinical nurse specialist, Department of Evidence-Based Practice and Research, investigated the case with the clinical nurses from Mitchell 3SW. The clinical nurses reviewed their clinical practice and the documentation in the medical record. They identified that the patient could have been managed with an external female catheter (EFC); however, the EFC was not available for use at UChicago Medicine, and there was no protocol for using one. In April 2021, the Mitchell 3SW and 3SE clinical nurses, along with the CAUTI Committee at UChicago Medicine, implemented a new practice of using EFCs to reduce indwelling catheter utilization rates and reduce CAUTI rates. They utilized evidence-based practice and literature findings to draft a new protocol as well as educate nurses on the new practice. Results: from April 21-June 20, 2021, the EFC was utilized for 28 female patients on Mitchell 3SE/3SW. Urinary catheter utilization rates decreased, and no CAUTIs occurred in April, May, or June 2021.

**NK3B.** Provide one example of clinical nurses' implementation of an evidence-based practice that is a change to an existing practice.

### NICU

## NICU nurses revise existing practice for bathing infants

In November 2018 Kristina Stephens, BSN, RN, clinical nurse, Neonatal Intensive Care Unit (NICU), and Sondra Christman, BSN, RN, clinical nurse, NICU, were looking for ways to improve infection rates within the Neonatal Intensive Care Unit (NICU). In their search, they identified a gap in neonatal bathing practices. Through 2018, NICU nurses bathed babies at their own discretion: they did not follow a formal schedule



and used a variety of products and bathing methods. Additionally, they had no standardized approach to guide the frequency of when babies would be bathed. After evaluating evidence-based practices related to baths and processes appropriate for newborns NICU staff now follow a formalized bathing process map that identifies the types of baths that are developmentally appropriate for gestational age, products to use and the frequency of bathing to help reduce the risk of infection rates. After initial implementation and documentation updates, the NICU began tracking data in multiple ways. Once a week at huddle, NICU staff would report out the percentage of babies who had received at least one bath per week, with a goal of 80%. It took time, but bathing rates improved steadily over time, averaging between 70%-85%.

**NK4.** Provide one example of how clinical nurses incorporate professional specialty standards or guidelines to implement a new practice.

### L&D, 3N, NEWBORN

## Nurses from L&D, 3 North and newborn incorporate PSANZ clinical practice guidelines

Before 2020 UChicago Medicine families were only allowed to stay with their deceased newborn for a short period of time before the baby needed to be transferred to the morgue. There was no option for the baby to return to the bedside for family members who may not have been present at the time of delivery. In February 2020, the Family Birth Center clinical nurses, implemented the CuddleCot™ that enabled families to have two hours with their child prior to being separated. The CuddleCot cools the baby to an ideal temperature for preservation without being too cold for parents to hold. For the nursing colleagues on the Labor and Delivery unit, feedback was positive. They shared how this resource provided valuable time for families dealing with the loss of a child. It has also shown to be very beneficial for families when the partner cannot make it to the hospital in time to hold the deceased baby.



**NK5.** Provide one example of innovation within nursing.

## ORGANIZATIONAL

### CNO develops nurse leader immersion program

In June 2020, at the height of the pandemic, Emily Chase, PhD, RN, NE-BC, FACHE, Senior Vice-President Patient Care Services, Chief Nursing Officer (CNO), for the University of Chicago Medicine (UChicago Medicine), held a virtual town hall. During this virtual meeting, one of the nurses offered feedback that, despite all of the current modes of communication (e.g., emails, team huddles, leader rounding), “it would help if leaders saw firsthand what we are doing every day.” Emily initiated a Clinical Immersion for Nurse Leaders (Leader Immersion) program which was fully implemented in August 2020. This program, requires nursing leaders (managers and above) to spend two days per month working side-by-side with frontline clinical nurses or other UChicago Medicine team members who support day-to-day operations. Between August and December 2020, nurse leaders at the director level and above spent over 150 days immersing with frontline nurses in ambulatory, emergency, and inpatient settings. Between August 3 and December 7, 2020, 58 unique challenges were observed and escalated to the senior leadership’s twice-monthly debrief meetings. Twenty challenges were identified as “just-do-its” which were items that were quickly resolved as a direct result of the leader immersion program. 40 opportunities, requiring additional work to resolve, have active action plans in place.



**NK6EOA.** Provide examples of an improved outcome in an ambulatory care setting associated with clinical nurses adoption of technology.

## AMBULATORY

### Reducing 30-day readmissions for primary care clinics through improved care transitions

In late 2020, the 30-day readmission rate for patients seen at UChicago Medicine’s Primary Care Clinics (Primary Care Clinics) was 15.4%, significantly higher than the organizational target of 11%. This prompted the creation of a Post-Discharge Workgroup in January 2021. During this same time period, approval was granted to develop a Population Health nurse navigator role. This team of eight full-time nurses would be dedicated to improving the overall health of the community by targeting vulnerable populations, maximizing preventive health and reducing Emergency Department (ED) and inpatient hospital admissions. Prior to the creation of the post-discharge group and new nurse navigator role, the Primary Care Clinic patient 30-day readmission rate was 15.4%. Following intervention, the Primary Care Clinic patient 30-day readmission rate averaged 12.4%. This represents a 19% reduction.

**NK6EOB.** Provide one example of an improved outcome in a care setting associated with clinical nurses adoption of technology.

## 9 WEST

### Adoption of remote video monitoring system on 9 West reduces falls

In January 2019, members of the Acuity Committee, including the representative for inpatient clinical nurses, Nora Tuzik, BSN, RN, clinical nurse, falls champion, 8 East (8E), met and raised concerns to the Chief Nursing Officer about the number of nursing assistants being utilized as sitters. Having fewer nursing assistants available to assist with toileting and activities of daily living was identified as a contributing factor to an increased fall rate. The falls issue became increasingly apparent when an increased incidence of falls was noted on 9West which prompted William Marsack, DNP, RN, patient care manager, 9West and other members of the care team to do a deeper dive into each fall event. The team analyzed current practices, including use of standard fall prevention strategies. A high percentage of falls were unassisted and occurred during patient toileting. 9West direct care nurses and nursing assistants expressed challenges in being readily available to respond to patient calls for toileting

assistance and difficulty in responding immediately to the patient bedside when bed exit alarms were activated, especially when they were in a one-to-one sitter situation. William and staff were already aware of the concerns that had been raised and recommended exploring additional resources to visually monitoring patients at risk for falls. A team was formed to look into a technological solution and after further review a remote monitoring systems, Avasure, was selected. Following a review of literature, development of new protocols for use and education, the new monitoring system was implemented in July 2020. Prior to implementation, the 9West patient fall rate was 1.94 per 1,000 patient days. Following implementation, the rate decreased to 0.50 falls which represents a 74% reduction.

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**NK7EOA.** *Provide one example of an improved outcome associated with nurse involvement with the design or redesign of work environment.*

## **8 EAST (EMU)**

### **Nurses redesign Epilepsy Monitoring Unit ( 8 East) to reduce fall rate and promote patient safety**

Falls and falls with injury were an ongoing issue in UChicago Medicine's Epilepsy Monitoring Unit (EMU) due to the high-risk patient population. In 2Q18, a patient admitted for long-term seizure monitoring to the EMU had an unassisted fall while ambulating in the room without a staff member present. This fall was caught on camera and used as a learning opportunity for the team to identify opportunities for improvement. After forming an interprofessional team, the group identified action items for modifying safety precautions in EMU, revising EMU order sets and redesigning the patient care environment all to reduce patient fall rates. Prior to interventions (2Q18) the EMU patient fall rate was 1.40 per 1,000 patient days. Post intervention (2Q19-4Q19) the EMU fall rate decreased to 0.14 which represents a 90% reduction.

**NK7EOB.** *Provide one example of an improved outcome associated with nurse involvement with the design or redesign of workflow.*

## **AMBULATORY**

### **Reducing readmission rates for sickle cell patients in the ambulatory setting**

The episodic severe pain associated with sickle cell disease (SCD) crises requires a robust program of care to appropriately treat and manage this complex patient population. For many years, SCD patients seeking care and treatment at UChicago Medicine have had some of the highest 30-day readmission rates of any other diagnoses. To reduce higher than desired SCD readmission rates, a team of clinicians, including advanced practice clinical nurses (APN), met to evaluate the feasibility of forming a day program to serve SCD patients. The group evaluated current practice to identify opportunities for improvement. They designed a new workflow which included the creation of new protocols and processes. Nurses and patients received education on the new structure which went live in February 2021. Prior to the interventions, UChicago Medicine's ambulatory SCD patient 30-day readmission rate was 54.8%. Post intervention the rate decreased to 24.73% which represents a 55% reduction.

## ORGANIZATIONAL OVERVIEW (OO)

*The Profile of UChicago Medicine illustrated through data, policies, structures and processes*

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OO1-Description of the organization in terms of history, primary patient population and demographics of nursing staff, client population and community served.

OO2-Copies of the most recent organizational reports, quality, patient safety and strategic plans (organizational and nursing).

OO3-The administrative and nursing organizational charts along with the structural and operational relationships to all areas where nursing is practiced.

OO4-The policies and procedures that govern/guide continuing professional development programs such as tuition reimbursement, access to web-based education, professional nursing certification and participation in continuing education activities.

OO5-Learner assessment of the continuing education needs for nurses at all levels and settings where nursing care is provided.

OO6-A description of the process by which the CNO (or designee) participates in the credentialing, privileging and evaluation process of all advanced practice registered nurses (APRNs).

OO7-The policies and procedures that address the organization's workplace advocacy initiatives for staff including the following issues: Caregiver stress, diversity, rights, confidentiality and care for the impaired practitioner.

OO8-Policies and procedures that permit and encourage nurses to confidentially express concerns regarding professional practice environment, unsafe or unprofessional conduct and interprofessional conflict without retribution.

OO9-The organization's attestation of the protection of human research participants.

OO10-A table of ongoing or completed nursing research studies completed within the past 48-months.





AT THE FOREFRONT

**UChicago**  
**Medicine**