



Carle Health 2021 Nursing Annual Report

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A Message from Our Chief Nursing Officer

Dear colleagues,

This past year was marked by extraordinary stress and challenges, and there's no doubt each of us experienced both personal and professional impacts due to the pandemic. Once again, Carle nurses led the way through uncertain times – demonstrating agility, teamwork, courage and unwavering focus on patients.

I believe it's especially important this year for us to take time to reflect on the positive impacts of our work. There are some remarkable stories and outcomes shared in these pages. As I reflect on what you've accomplished this year, I'm humbled and grateful to be a member of this team.

In 2021, we celebrated Christine Wetzel, DNP, being selected as a Magnet Nurse of the Year® and were reminded of the power of professional practice to innovate and improve patient outcomes. We continued integration efforts to more fully welcome our Carle BroMenn Medical Center and Carle Eureka Hospital colleagues, and learn from their experiences. We added nursing colleagues from several business units new to Carle Health and cheered for our Carle BroMenn colleagues as they achieved their second Magnet® designation.

Our critical access hospitals stepped up to serve patients in innovative ways, and nurses at all sites acquired new and different skills as we cared for changing patient populations and navigated new types of care delivery and communication. Carle nurses administered thousands of vaccines, provided testing at public sites and shared their knowledge to help keep our communities safe. Our professional governance councils continued to mature and add diverse voices, expertly advising and updating patient care processes and workflows.

Congratulations on the outstanding achievements highlighted in this report. I'm privileged to serve alongside such a professional and compassionate team.



Elizabeth Angelo

Elizabeth Angelo, DNP, RN, NEA-BC, CPHQ
Senior Vice President | Chief Nurse Executive
Carle Health

Clinical Service Area

LOCATIONS

1. Champaign-Urbana Area

- Carle Foundation Hospital

- Champaign on Curtis

- Champaign on Kirby

- Champaign on Mattis

- Orthopedics and Sports Medicine

- Outpatient Services at The Fields

- Surgery Center at The Fields

- Urbana on Windsor
2. Hoopeston Area

- Carle Hoopeston Regional Health Center

- Hoopeston at Charlotte Ann Russell

- Carle Rossville
3. Danville Area

- Danville on Fairchild

- Danville on Vermilion
4. Olney Area

- Carle Richland Memorial Hospital

- Carle Olney

- Carle Surgical Services
5. Bloomington-Normal Area

- Carle BroMenn Medical Center

- Carle BroMenn Outpatient Center

- Bloomington on Eastland

- Bloomington on Hershey

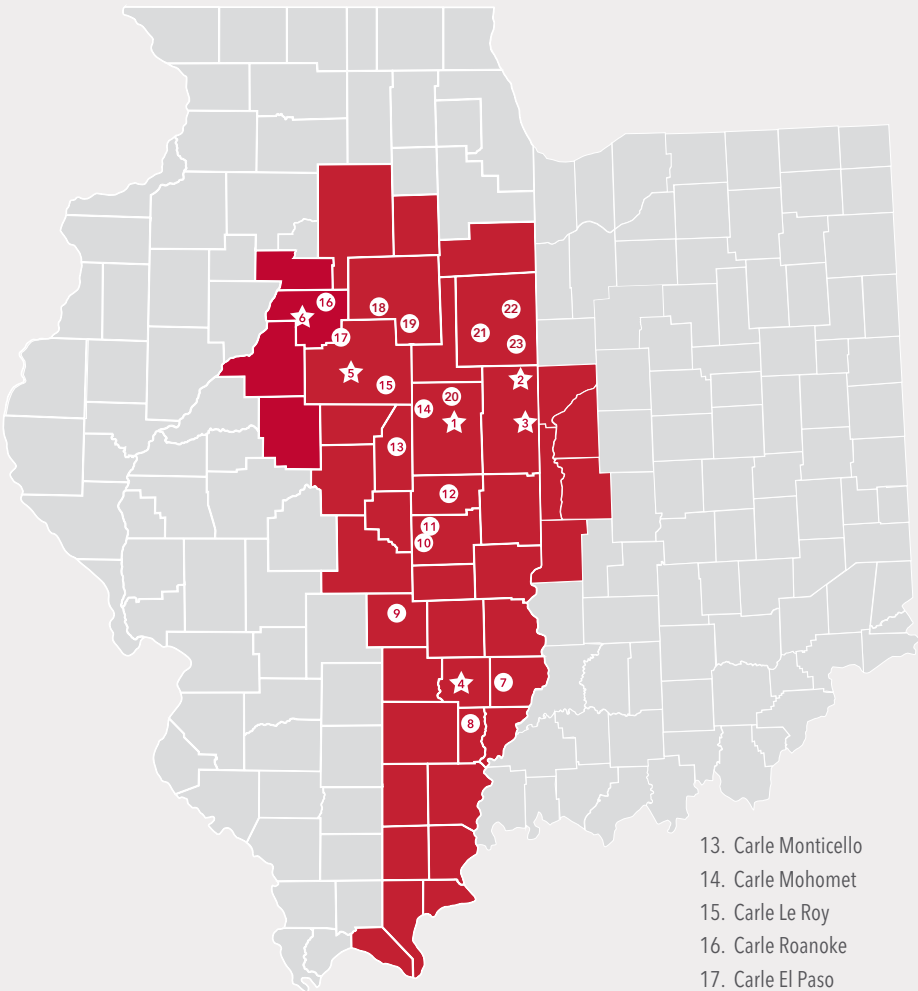
- Normal on College

- Carle Cancer Institute Normal

- Carle McLean County Orthopedic

- Normal on Landmark

- Bloomington on Jumer



6. Eureka Area

- Carle Eureka Hospital

- Carle Eureka
7. Carle Bridgeport
8. Carle West Salem

9. Carle Effingham

10. Carle Mattoon on Lerna

11. Carle Mattoon on Hurst

12. Carle Tuscola
13. Carle Monticello

14. Carle Mohomet

15. Carle Le Roy

16. Carle Roanoke

17. Carle El Paso

18. Carle Pontiac

19. Carle Fairbury

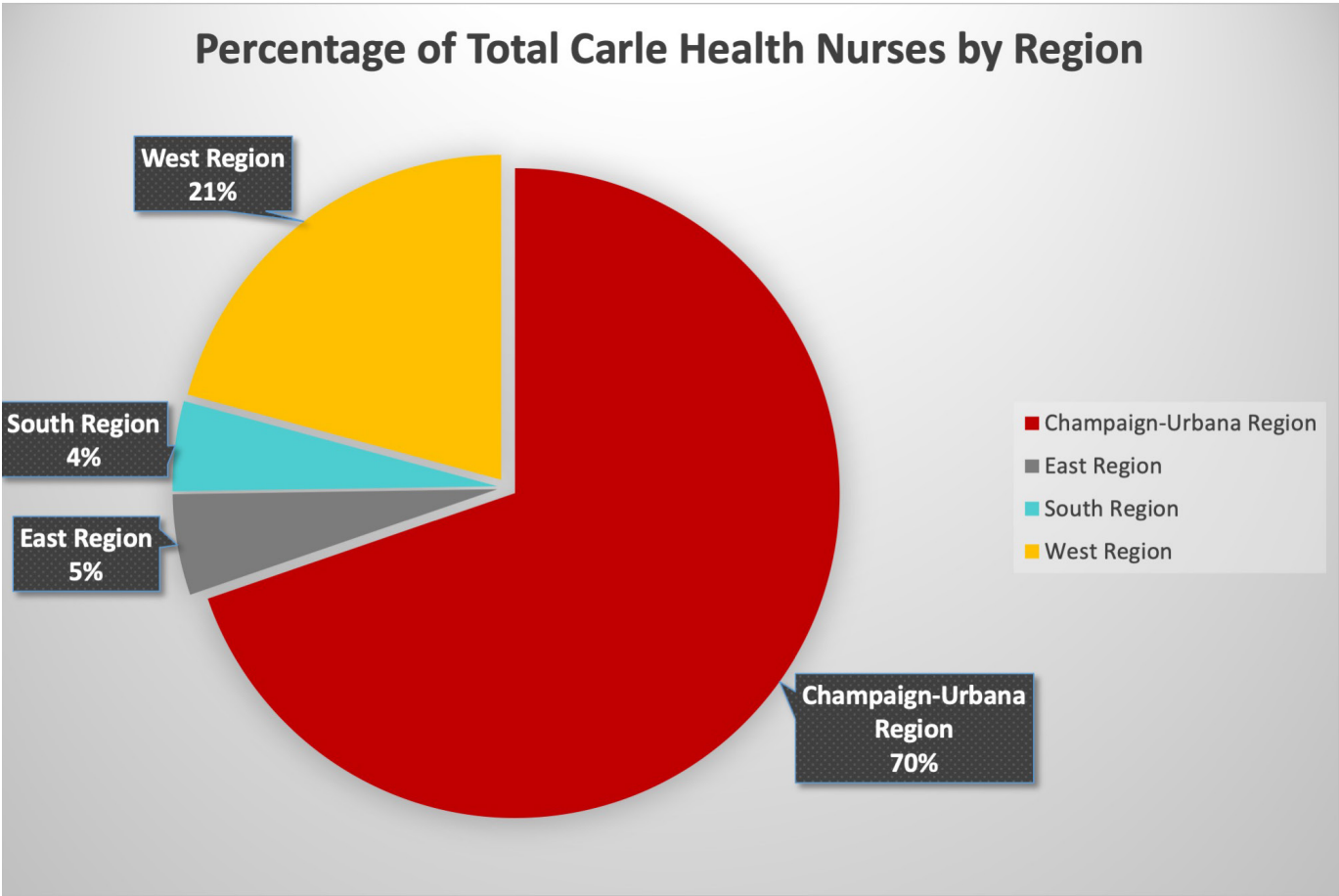
20. Carle Rantoul

21. Carle Cissna Park

22. Carle Watseka

23. Carle Milford

Carle Health Nurses by Location



Carle BroMenn Medical Center receives its second Magnet® designation

Carle BroMenn Medical Center attained Magnet recognition for a second time, a testament to its continued dedication to high-quality nursing practice and improving patient outcomes. The American Nurses Credentialing Center's Magnet Recognition Program® distinguishes healthcare organizations that meet rigorous standards for nursing excellence. This credential is the highest national honor for professional nursing practice.

Less than 10% of all U.S. hospitals achieve Magnet status. Magnet organizations must reapply for the coveted honor every four years. The application process is rigorous, lengthy and demands widespread support and participation from leadership and staff from across the organization.

"The Magnet redesignation is a reflection of our exceptional nursing care and the strong collaboration between nursing and all other areas within the hospital," said Colleen Kannaday, president, Carle BroMenn Medical Center and Carle Eureka Hospital. "The strength of our nursing culture has never been more evident than over these past two years, as demonstrated by the unwavering dedication and perseverance of our amazing nurses and clinical teams throughout this pandemic.

"I am grateful for everyone who helped us achieve this designation and for the 2,000 team members, physicians and volunteers who contribute every day to our ability to deliver safe and compassionate care in a welcoming and caring environment. As a Magnet organization, our culture embraces a nursing environment and organizational structure that positively impacts exceptional patient outcomes."

"It is time for celebration and well-deserved recognition for our fantastic team and the outstanding nurses, interdisciplinary partners and physicians who practice at BroMenn," said Laurie Round, MS, BSN, RN, NEA-BC, vice president of patient services and chief nursing officer, Carle BroMenn Medical Center and Carle Eureka Hospital. "The exceptional nursing staff, together with



everyone who puts on a Carle BroMenn badge each day, helped make this achievement possible. I could not be prouder."

Carle BroMenn Medical Center is joined in Magnet designation by Carle Foundation Hospital, making world-class nursing practices the rule, not the exception within the healthcare system.

"We value strong nurses and strong nursing leadership and are committed to investing in their continued growth and development," Kannaday said. "A commitment to innovation, excellence in nursing and high-quality patient care are the qualities that turn a good hospital into a Magnet hospital, and Carle BroMenn Medical Center has proven it has what it takes to maintain Magnet status for another four years."

About ANCC's Magnet Recognition Program:

The Magnet Recognition Program – administered by the American Nurses Credentialing Center, the largest and most prominent nurses credentialing organization in the world – identifies healthcare organizations that provide the very best in nursing care and professionalism in nursing practice.

The Magnet Recognition Program serves as the gold standard for nursing excellence and provides consumers with the ultimate benchmark for measuring the quality of care. For more information about the Magnet Recognition Program and current statistics, visit [NursingWorld.org/Magnet](https://www.nursingworld.org/Magnet).

Transformational Leadership





Transformational Leadership

Nurses lead the way: nurses in senior leadership positions

By Robyn Drozd

As the Carle Health system continues to grow, so does the need to add new team members, especially nurses. But a perk for Carle is having several leaders who have dual roles in a sense – one part leader and the other part nurse.

“I have an understanding of the needs of patients and families, but also the needs of the staff and everyone on the team,” said Gina Thomas, DNP, RN, president, Carle Richland Memorial Hospital.

Thomas joined Carle Richland in 1999 as a medical-surgical nurse.

“Being a nurse is a rewarding, in-demand career path that offers professional development opportunities, a variety of work environments and flexible work schedules with competitive pay,” she said. “I had access to a quality nursing program in my home community that supported my desire to have a career while allowing me to make a positive difference.”

She filled a few other roles through the years, but in 2014, she stepped outside of nursing and into an

administrative leadership position, eventually becoming president of Carle Richland in 2021.

Experiencing the front lines as a nurse helped position Thomas for a leadership role.

“Utilizing the skills I’ve learned has helped me support both patient care and our team members, ensuring we maintain a positive, professional and high-quality work environment,” she said. “Even more so during the pandemic, I utilized not only my nursing process skills, but I also understood the importance of effective communication, a clear mission and vision, and the importance of caring relationships.”

Lakita Scott, MSN, RN, Quality vice president, Carle Foundation Hospital, became a nurse because she was interested in helping people and learning how the body works and heals.

“Being a nurse requires being a critical thinker,” Scott said. “That specific skill was a big help in staying on top of tasks while caring for multiple patients. Leadership roles are similar in that there are always multiple balls in the air, and you have to focus on the most critical needs at that moment.”

During the peak of COVID-19, Scott understood it was a demanding time, and like other hospitals, Carle was short-staffed.

“With the census high, everyone was under a lot of stress to help care for our COVID-19 patients, and at

the same time, keep our team members safe,” she said. “Everything that was once considered a normal day at the hospital had shifted dramatically, and there was so much that was still unknown. It was important to empathize with what our team members were facing, and effective and timely communication was the key.”

As the vice president for Quality, Scott’s team partners with others to help improve outcomes for patients and more.

“There are so many opportunities to improve, whether that be patient care or system processes to make our workdays more efficient,” she said. “Seeing the work done by the team and how it positively impacts our patients and staff keeps me fulfilled here.”

Allen Rinehart, MSN, RN, inpatient hospital operations vice president, Carle Foundation Hospital, started his career as a paramedic.

“At the time, my wife was working as an ER nurse, and I saw the differences between the two,” Allen said. “As a nurse, you can do more to help patients. It’s a great growth opportunity.”

Once Rinehart made the transition to nursing, he continued to grow, eventually reaching the role he has today.

“Overseeing an area you’re familiar with, you know the rules and regulations and understand the vocabulary. Things work more smoothly with physicians and support staff,” Rinehart said. “With COVID-19, being a leader and nurse helps you understand the impact causing more patients and staff illness – grasping what needs to be done and managing that so the community and region is cared for.”

For Carle nurses looking to grow professionally, Thomas, Scott and Rinehart collectively agree that education is at the center of anyone wanting to advance their career.

“Lifelong learning,” Rinehart said. “Ask questions, be curious, further your education, read journals and Google – just seek out more information.”

Scott even mentioned figuring out what leadership niche you might want to do.

“Shadow in that area,” she said. “Reach out to other team members. They’re always willing to talk about the different roles in nursing. Not being at the bedside in some areas, you can still have a meaningful impact on the care the patient is receiving.”

As for a tip from Thomas, she said to set goals, learn new skills and invest in yourself to reach your professional milestones.

Nurse has new appreciation for healthcare on the go

Toni Chase, RN, has been a nurse for 42 years and has gained a wide variety of nursing experience during that time. Recently, Chase had the opportunity to work with the Carle Mobile Health Clinic, a novel and unique experience for her. She was excited to try this new environment because, regardless of where care is provided, taking care of people has always been her passion.

The Mobile Health Clinic is a 40-foot, wheelchair-friendly mobile medical clinic that offers full-service medical care to infants, children and adults to help make sure families stay healthy. Services offered include chronic condition management and education, treatment of acute illness, physicals, wellness care and assessments, school and sports physicals and immunizations, lab testing, and referrals and applications for social services.

When Chase heard the mobile clinic went out into the community to offer medical care, she immediately responded with interest. She wasn’t sure what to expect on her first day, but when she stepped onto the bus, she was amazed by what she saw.

It’s equipped with two exam rooms and supplied with anything a patient may need during a routine clinic visit. It’s a full care clinic on wheels.

The mobile unit has a doctor, an advanced practice registered nurse, nurses, a social worker, a patient service representative to register patients and certified medical assistants to help with care. Each team member is trained to do all roles within their scope of practice, which has been helpful in not having to cancel visits due to an ill crew member.

“The unit was so organized, and I couldn’t believe all the thought that went into making sure they had everything a patient might need,” Chase said. “The whole team was very compassionate, and everyone had the desire to serve the community. Traveling to different cities within the Carle service area really appealed to me.”

During Chase’s time in this role, the mobile clinic was parked at a local church in Danville, IL. The church was also providing community outreach along with a free rummage sale, free food, and a giveaway of home items, toys and more. The mobile clinic team had the opportunity to be involved in the community service as well.

On another occasion, in the Danville area, the mobile clinic team also had a booth set up with information on advance directives. Being an advanced directive facilitator for Carle, Chase was able to explain living wills and power of attorney options and assist clients in completing the required documentation. These discussions also allowed her to talk about COVID-19 testing and vaccine options, including the chance for community members to be vaccinated right there on the spot.

Chase found spending time in her community to be fun and very rewarding.

“I met so many interesting people and was able to hear their personal stories and talk about their health,” she said. “People traveled from as far as Chicago to be vaccinated, and I was able to help provide these much-anticipated vaccines.”

Since her time with the Mobile Health Clinic, Chase has become an advocate for the unit. She has put up posters in the waiting rooms at Carle Danville on Fairchild with all the details about the Mobile Health Clinic and its upcoming stops in Danville.

She wanted to be sure all Carle Health employees and patients within the region were aware of the clinic’s offerings.

“I am determined to get the word out about how wonderful the mobile clinic is, and the compassion and desire to serve the community it represents,” Chase said.

Compassion, dedication drive nurses to serve where needed



By Carolyn Gordon

It’s nice to take the time to reflect upon the caring shown by others, and we can be especially grateful to those who’ve stepped up during the pandemic, using their talents to comfort and aid patients with COVID-19 and their families.

We often recognize nurses as compassionate problem solvers. More than two dozen advanced practice registered nurses (APRNs) and registered nurses (RNs) answered the call for help, stepping away from their usual work to assist bedside nurses at Carle Foundation Hospital when COVID-19 patient numbers were at their highest. The request was rather simple for those who stepped away from their usual work responsibilities.

“Offer our hands to help our RN peers. Patients needed care, and with our help, we could make that happen,” said Kendra Anderson, APRN, Convenient Care.

Some reflect that they left work in tears at the end of their shift, exhausted emotionally and physically after helping patients with COVID-19 make their final call to a loved one or sitting with patients who took their last breath. As difficult as it was at times, their compassion and dedication brought them back to persevere each day in support and care for patients.

“Teamwork grew by leaps and bounds, and we remembered why we are in the healthcare profession,” said Linda Irle, APRN, advanced practice provider director.

Now that she’s back in her usual area, Leslie Hill, APRN, Convenient Care, said she misses helping in Critical Care and reconnecting at lunch with hospital friends.

“I’ll also miss that look of relief when staff realized they had an extra set of hands for the day,” Hill said. “Being at the bedside is hard work. Hard emotionally to see sad things happen, but also uplifting to see success stories and positive outcomes I witnessed.”

Michelle Dellorso, APRN, Urology, said she was nervous at the start because it had been 14 years since she was a bedside nurse and never in an intensive care setting.

“The regular hospital staff was welcoming and thankful for the help as we started with cleaning, answering call lights, assisting in toileting, changing beds and bathing patients,” Dellorso said. “I saw how dedicated the nurses and staff were to the patients. I saw how COVID-19 can be mild for one person and not need hospitalization and also how someone who is stable can crash quickly.”

The time in the hospital provided exposure to new procedures and reflection on her own family for Dellorso.

“I witnessed miracles, heartache, grateful families, unconditional love, grief, overwhelming fatigue, strength and hope. This time has made me reevaluate my own thoughts and wishes should a time like this come to me or my family. It makes me more appreciative of the hard work the front-line healthcare workers face every single

day – day in and day out. These people are true heroes in my opinion, and no one can change my mind.”

Shelli Singleton, APRN, Digestive Health, said though she contributed to the effort for a short time, the work with critical cardiac patients allowed her to see the technological advances in treatment as well as remind her that even though nurses wear different hats, they all share a common goal of providing great care to patients, and they work to do it collaboratively.

With her current job focused in an outpatient care environment, Julie Vann, APRN, Sleep Clinic, said the work meant using skills she hadn’t used for some time, but when her six weeks of redeployment was over, it was bittersweet.

“I was thankful for my time there. It really taught me not to take life for granted and to cherish my family and hold them closer. It taught me that floor nursing is the hardest work out there, and it takes a special person to be a nurse. It reminded me of why I went into healthcare in the first place – to help people when they are at their most vulnerable and to take pride in the work I do.”

Lisa Moment, APRN, Convenient Care, said she loved working in the Intensive Care Unit.

“They were so welcoming. I learned so much and got to do things I haven’t done in years. To me, it reminded me of why I went into nursing – when caring for the entire patient at the bedside, the variety of issues you work with on a daily basis, the problem-solving skills and the collaboration with providers.”



Structural Empowerment





Structural Empowerment

Carle Community Health Initiatives forms new Community Practice Council

The Carle Health service area spans 31 counties, serving quite a large area in Illinois. To provide highly accessible, world-class care and service as outlined in the Carle Health vision, Carle Community Health Initiatives (CHI) extends the geographical footprint and impact by providing care outside the hospital walls and clinic locations. CHI meets patients where they are to help break down and reduce barriers many patients may be experiencing, which can cause disparities and lack of healthcare access for many people.

CHI is home to a variety of community resources that have been established to provide care across the age continuum, from pregnant mothers awaiting the delivery of their newborn baby to medical care provided by our medical services unit in the community and those at the end of their life journey in hospice care.

The care is impactful beyond measure. To positively influence the community it serves, a group of highly skilled members from several healthcare disciplines in CHI were tasked to form a professional governance panel called the Community Practice Council.

“Community Health is an independent nursing practice, with a focus of making changes not only to daily nursing

practices but by also working to identify barriers within the community,” said Alexis Curtis, BSN, RN, BA, CLC, Community Practice Council co-chair. “The vision of this council is to improve the health of the communities we serve by providing patient-centered care utilizing evidence-based best practices.”

There are various departments in CHI, including Home Visiting Services, Home Care, Hospice, Mobile Health Clinic and Faith Community Nursing. Each department has representation sitting on the council, and its individuals bring different perspectives and experiences to the table. This diversity has helped council members to identify barriers clinicians may have in the field and potential barriers patients may be experiencing.

“Since starting this council in early 2021, we have accomplished many things,” Curtis said. “Some of the barriers that we have been working towards are food insecurity, transportation, lack of behavioral health services, clinician and patient safety, infestation and addressing a gap in medical services related to the underserved populations in our community.”

Several council members discussed barriers clinicians faced in the field during home visits. One topic that arose was infestations in homes with roaches, mice or bed bugs. After several months of hard work and a thorough review of evidence-based practice, a policy was developed for CHI regarding how to handle an infestation in a home. It was a critical component for homebound team members as it’s the expectation that

clinicians have the proper safety measures in place and tools available to provide excellent, safe, community-centered care to all during every encounter.

“This policy allows us to have the resources and tools we need on hand should we encounter this situation, so we can continue to provide healthcare services to all patients in need utilizing evidence-based practice,” Curtis said.

Throughout the communities served, a need for food in homes was recognized. A subcommittee was formed to focus on the prominent issue of food insecurity. Some patients utilizing Home Care and Hospice services may be homebound and unable to leave to obtain food at local pantries. Others may lack transportation or funds to purchase food for themselves and their families.

The Community Practice Council developed a set of food insecurity questions that are now asked by all clinicians in the field during home visits to assess the risk for food insecurity. If a patient checks all the boxes for food insecurity, action is taken by the clinician to assist. This could include a follow-up call from a social worker, supplying a food resource list or having a food box provided to them by a team member at Carle. Home Care and Hospice have been trialing the utilization of food boxes from a local partner to help reduce the number of emergent food needs identified.

“We hope to continue to address food insecurity and break down this barrier to those we serve,” Curtis said.

The Community Practice Council has continued utilization of evidence-based practice resources, such as journal articles, to help implement additional policies and division changes. Clinicians need to have access to providers when concerns arise while serving patients or clients out in the community.

Long wait times when phoning providers and delayed follow-up times were noted by several clinicians. Council members were seeking a way to improve this practice and streamline communication between clinicians in the field and providers in both the hospital and ambulatory settings. Based on research findings and a collaborative effort with several patient care departments, a clear written agreement was created, outlining acceptable

usage of backline access by CHI clinicians to these specified departments.

Currently, Healthy Beginnings and Family Foundations continue to maintain direct backline access to obstetrics and gynecology, midwives and pediatric departments throughout Carle Foundation Hospital and Carle Physician Group in Champaign-Urbana. Home Care and Hospice continue to develop clear written agreements with various departments they frequently communicate with to assist in streamlining communication.

Care delivered by CHI has proven positive outcomes. One is that home visits directly correlate with decreased Emergency Department (ED) admissions. Currently, some CHI departments are alerted when their client checks in for an ED visit or hospital admission. By doing this, CHI clinicians can use evidence-based practice to follow up with clients to ensure they understood their discharge instructions, medications and any barriers they have encountered regarding their recent visit.

Additional 2021 accomplishments of the Community Practice Council include access to interpreter service video calls on smartphones and laptops for Home Care and Hospice, and educational training for all CHI departments regarding professional boundaries. Since community health is such a unique facet of healthcare, we must continue to address professional boundaries with staff members to ensure safety for both the clinician and patient.

The goal of the Community Practice Council is to continue to use evidence-based practices and resources to guide nursing practice, break down disparities in healthcare and update or develop policies and procedures to benefit those served by Community Health Initiatives.

Delivering education to Congolese patients and expanding Healthy Beginnings

Community Health Initiatives (CHI), a division within the ambulatory practice area of Carle, has taken a unique approach to addressing chronic poverty in the community. CHI was created to partner with area schools, healthcare organizations, supportive agencies, government entities and more to achieve true systematic change to the local poverty rates. This initiative requires community organizations to sit at the same table, align their work and build capacity to ultimately break the multigenerational cycles of poverty and improve the community's health.

Evidence-based approaches and aligning resources create a critical pipeline of support for families with low incomes, prenatally through college and workforce entry. The CHI program concentrates services in the areas of greatest need by conducting an extensive review of the healthcare, education outcomes and poverty rates in the community.

From a healthcare standpoint, the CHI review showed that throughout Champaign County, 17.3% of pregnant mothers were not receiving adequate prenatal care. Healthy Beginnings, an ambulatory department that works as one arm of CHI, directly serves this group of patients. It utilizes the Nurse-Family Partnership model to serve low-income families in the community.

Traditionally, this model primarily focused on first-time moms who meet certain criteria. For first-time moms to be eligible for the program, they must be less than 29 weeks gestation, live in the identified service area and meet income guidelines.

In addition to new moms, an innovative collaboration has been added to allow mothers who have previously had a child to enroll in Healthy Beginnings. For these mothers to participate, they must still be pregnant, live in the service area and meet income guidelines.

A final innovative initiative extended the criteria for mothers with opioid use disorder to participate. For these specific mothers, enrollment can be extended up to four weeks postpartum.

The nurses in Healthy Beginnings provide intensive home visits every one to two weeks to establish a relationship and begin family planning before delivery. Families participate in the program and receive nurse visits and services until the child's second birthday. Support continues for these mothers for years after they graduate from the program. These home visits can include interpreter services when needed. They also promote child and family education, work to provide families with employment opportunities and ensure they have healthy food access.

Carle Foundation Hospital and Physician Group provide care for the newborn and breastfeeding classes at the Urbana hospital, but the Healthy Beginnings team recognized a need to bring these classes closer to the homes of their patients. Transportation to the hospital campus is often a challenge for clients of Healthy Beginnings due to the possible lack of a vehicle or driver's license, and difficulty navigating the local bus system, which can be particularly difficult for those who don't speak English.

The nurses taught these classes right in the community of the people they serve at a local grade school for better access. During classes, they provided dinner and free child care for the families who attended. They developed a private Facebook page to communicate resources and class schedules with their patients.

Champaign-Urbana has a large population of people who emigrated from the Congo. Many of the people in the Congolese community speak French, and many don't speak English. Healthy Beginnings began to care for a large number of Congolese patients and recognized the challenges that these individuals faced. In 2021, there were over two dozen French-speaking patients in the program. The nurses recognized that language was a barrier for their Congolese patients.

In May 2021, Healthy Beginnings created newborn classes specifically for Congolese patients and arranged for a French interpreter to work with the nurses to

deliver the class in French. Class announcement fliers were translated into French to communicate class dates and times. With the added challenges brought on by COVID-19, the nurses changed the class format to a virtual session using Zoom. In addition to the classes, the nurses also began to provide patients with educational handouts during their home visits that were in French.

Through Healthy Beginnings, nurses saw a need and provided culturally sensitive care to some of the most vulnerable patients in the community.

New Hospital Medicine APPs gain experience and confidence through Acute Care Fellowship



By Jen Moore

For anyone starting a job at a new organization, it's a given that it'll take a while to get up to speed and

become comfortable navigating the environment. Getting acclimated doesn't happen overnight – it comes with time and guidance from colleagues and leadership. For an advanced practice provider (APP) just out of graduate school starting out in inpatient medicine, this is especially true.

The transition from school to being an APP in inpatient medicine is not an easy one; the learning curve can be steep, as research shows many education programs have limited clinical rotations and varying levels of mentorship. An APP from a medical subspecialty can take 12 months to learn the basic skill set to function in the hospitalist service line.

To help with this adjustment, Carle launched the Acute Care APP Fellowship, which gives two new acute care nurse practitioners (APRNs) or physician assistants (PA-Cs) an opportunity to expand upon their education with a year of advanced training to prepare them for long-term success.

The program provides instruction and clinical practice via hospitalist and specialty rotations to increase consistency of base knowledge and experience in the new graduates.

Lauren Johnson, PA-C, found the fellowship to be an excellent bridge into inpatient medicine.

"This allowed me to build on what I learned from graduate school and continue to develop my skills in acute care. I continued to be mentored and taught, while creating a safe and productive space to learn the details of inpatient medicine," Johnson said. "Without the fellowship, the road to the destination I'm at now would likely still have been possible, but it would've been more uncomfortable, anxiety inducing and arduous."

The fellows' rotations with various medical specialties give the APPs a broader perspective of the system and the patient experience in the hospital. From the patient's initial experience in the Emergency Department to hearing how providers discuss end of life decisions in Palliative Care to seeing a test flow from Cardiology – these rotations give APPs a macro view of the system.

“They’re gaining knowledge from that consulting service to be able to set their patient and the consulting service up for success,” said Emergency Medicine/Hospitalist APP Lead Amanda Steffen, APRN. “This gives them the skill set to know what an appropriate consult is, what in our culture can be done successfully in the outpatient world for patients and what that connection looks like.”

That broad exposure helps the fellows to better understand the interconnected systems that affect patient care.

“I loved that we got to work with the medical specialties as well as others, like physical therapy, utilization review, case management, social work and extended care facilities,” Johnson said. “We truly got a rounded experience that helped us appreciate the entire system that plays into the patient experience.”

Hong Yang, APRN, ACNPC-AG, also found the experience rewarding.

“It’s the best professional decision I have made. I’ve been given an opportunity to be exposed to different sides of healthcare I might not have seen otherwise,” Yang said. “Through my rotations in so many different specialties, I’ve been inspired seeing how the whole Carle healthcare team comes together to provide the best possible care for our patients, even during challenging times.”

The fellows appreciated being in a learning setting, especially considering that from the start, they were given a large amount of information to absorb.

“The first few months were difficult because there was so much to take in and it all felt so overwhelming initially,” Johnson said. “With some time, and seeing situations repeatedly, it became more comfortable, and I was able to solidify the knowledge better.”

Yang expressed a similar sentiment.

“I felt unprepared, overwhelmed and intimidated,” Yang said. “I found myself wishing I had two brains so I could learn twice as fast. But this is because I care about this fellowship and want to be a good provider. This motivates me to keep learning. I remind myself of what I have conquered and continue to learn every day. And

I’ve learned that I have a huge APP network supporting me. They’re welcoming, supportive and knowledgeable. As a new APP at Carle, I know the people here are always willing to help.”

As one-up for Johnson and Yang, Steffen sees feedback as a key part of the program.

“They’re going into this learning opportunity that is an extension from their school baseline. They chose to take this next step. So that weighs heavily on my role with them. I’m reiterating that I care about their long-term success.”

Offering feedback on note-writing, confidence in talking with patients, how to validate that you’re making best-practice decisions and creating a personalized plan for a patient – such input is a cornerstone of the program to facilitate the fellows’ success at Carle.

Though both fellows have already shown they’re well prepared.

“By the four-month mark, I could already see their success clearly,” Steffen said. “Their confidence, demonstration of flexibility and their understanding of an appropriate consult is evident. Watching them talk to patients and seeing how comfortable they are, they’ll be very highly functioning providers.”

While the program is an investment in the fellows, and requires engagement and involvement across multiple teams in the organization, it doesn’t just benefit the fellows themselves. This effort helps ensure patients are getting high-quality care, and it strengthens relationships across specialties.

“This is helping us build so many bridges for more collaborative working relationships with so many different groups that I think that we’re not even able to tangibly see all of the ripple effect of the good that this is going to do,” Steffen said.

Further, the program is intended to facilitate a pipeline for new grads who are successful in their roles throughout Carle Health, as it also supports retention and recruitment efforts.

“When I’m interviewing for permanent positions with experienced APPs, it speaks volumes about our organization that we’re willing to financially invest in a new grad,” Steffen said. “It makes them realize how successful they’d be as an APP in this organization. This tells them we’re a company they want to work for, thinking, ‘If they’re putting that investment into new grads, this is a place that would invest in me a lot.’”

Carle Health provides support for national certification



By Jaymie Green

Carle Health nurses have access to free certification and continuing education courses. These courses are for certification preparation and maintenance as well as continuing education required for relicensure.

As healthcare professionals, we must continue to advance our knowledge and skills to ensure we are providing the most up-to-date and specialized care to the patients and communities we serve. Continuing education and professional certification in a nursing specialty is a step that nurses can take to invest in our patients’ health. Research is clear that nurses who continue to seek further knowledge and skills through certification have a direct impact on the outcomes of

patients. At Carle, we acknowledge that investing in continuing education and certification of our nursing staff has a direct impact on our patient outcomes.

Carle believes professional certification is the next step in a nurse’s professional development journey.

Extending expertise keeps certified nurses operating at the top of their game



By Brittany Simon

When Norman Luna, MSN, RN, SCRNP, PCCN, came to the United States and began working at Carle Foundation Hospital, his nursing experience from the Philippines and United Arab Emirates was in Emergency Department (ED) care, but at the time, Medical-Surgical areas needed support. He joined the Carle Foundation Hospital CT9B unit. Out of his element, he immediately knew more training and education would be a benefit to him as he learned to provide care in a new and different way.

“I was honestly intimidated at first with the patient population because I lacked experience on how to manage on the inpatient side,” Luna said. “It awakened my eagerness to study and learn about this specialty. Since the majority of our patients are dealing with stroke,

I decided to work toward a certification as a stroke certified registered nurse.”

That passion to do whatever it takes to best serve patients is at the heart of the decision of most nurses who take steps toward a selected specialty education and become certified. With more than 1,076 nationally certified nurses across the Carle healthcare system, they play a major role in the organization’s ability to provide the world-class care that community members come to expect at a Carle facility. On March 19, Certified Nurses Day™, we celebrate and recognize the immeasurable impact of these team members.

For ED nurse Jaime Elzy, BSN, CMSRN, CPN, SANE, TNS, RN IV, advancing her career and ability to connect with patients through extended education was always the plan.

“Being certified allows nurses personal growth, career advancement, professional recognition and a sense of empowerment,” Elzy said. “Noncertified nurses are just as passionate about their patients. Certifications just allow nurses to bring their careers to the next level.”

Some areas of care require more specialty education and training than others. Carle Foundation Hospital ED nurses like Elzy are required to gain added training because they work in a Level I Trauma Center. After some time on the unit, nurses must complete an intense, five-to-six-week lecture course, led by longtime Trauma Clinical Specialist Mary Beth Voights, NP, and a written test in order to achieve the Trauma Nurse Specialist (TNS) certification.

While necessary to ensure Carle team members can provide the type of support that a Level I Trauma Center encounters, it underscores Nursing leadership’s approach to supporting team members’ educational pursuits.

“Our healthcare system serves a wide variety of issues, and it’s important for Carle nurses to be able to meet the need, whether it’s something routine or extremely rare,” said Jaymie Green, director of Clinical Excellence. “There’s a place for all nurses to make an impact on our patients. For those who have a passion for a certain type of medicine, we know completing continuing education and achieving national certifications provides

that additional learning that can really elevate nursing practice on a day-to-day level.”

It’s the ability to elevate his nursing practice that excites Luna as he takes on a new role – in the Cardiovascular Intensive Care Unit (CVICU). The tools and insights he’s obtained through his certifications give him the confidence to know he’s ready for this next step.

“At the end of the day, it is not about the few letters that we may add after our names but it is about the knowledge that we can learn through the process, and how we can execute that knowledge into practice to promote greater patient outcomes that really matter the most,” Luna said.

And while it’s not a requirement in most areas to obtain a national certification, team members have access to many resources to support them through the process if they should choose to complete one. There are also nursing scholarship opportunities for those interested in advanced degrees.

The support of her leadership and never-ending interest in learning continues to drive Elzy to work toward even more certifications that will enhance her nursing care in the ED. She’s also in the middle of pursuing her master’s degree in nursing. She knows many colleagues from across the system share her passion for nursing and learning.

“Start with small goals and work your way up. You will never stop learning in life. I’ve been a nurse for over eleven years now and always continue to learn new things every day,” Elzy said.

Congratulations to those nurses who received certification in 2021:

(continued on next page)

2021 Professional Board Certifications

Name	Location	Professional Board Certification
Arloff, Kyle	CFH	Family Nurse Practitioner - ANCC
Barber, Frank	CPG	Nurse Executive
Beissmann, Amy	CFH	Certified Medical-Surgical Registered Nurse
Bennett, Laura	CFH	Certified Medical-Surgical Registered Nurse
Benoit, Ronna	CFH	Acute/Critical Care Nursing (Adult)
Blank, Melissa	CRMH	Ambulatory Care Nursing
Bloomer, Kaitlyn	CFH	Certified Pediatric Nurse
Bolser, Morgan	CFH	Family Nurse Practitioner - ANCC
Brown, Kirstie	CFH	Certified Nurse Midwife
Burns, Dana	CFH	Nurse Executive
Buza, Keith	CFH	Adult-Gerontology Acute Care Nurse Practitioner
Caiga, Michelle	CFH	Oncology Certified Nurse
Carlson, Kelcy	CRMH	Adult Psychiatric & Mental Health Nurse Practitioner
Carras, Alyssa	CFH	Certified Emergency Nurse
Chapman, Hailey	CWP	Certified Medical-Surgical Registered Nurse
Corbett, Joseph	CPG	Adult Psychiatric & Mental Health Nurse Practitioner
Corlas, Mitch	CBMC	Acute/Critical Care Nursing (Adult)
Cox, Courtney	CFH	Nurse Executive
Cunningham, Katherine	CFH	Neonatal Nurse Practitioner
Dasch, Randi	CRMH	Ambulatory Care Nursing
Denault, Hannah	CBMC	Acute/Critical Care Nursing (Adult)
Dominguez, Diana	CFH	Certified Medical-Surgical Registered Nurse
Dougherty, Lauren	CPG	Women's Health Care Nurse Practitioner
Duncan, Kaitlyn	CBMC	Family Nurse Practitioner - ANCC
Ellazar, Blessi	CFH	Oncology Certified Nurse
Enderle, Kristen	CBMC	Family Nurse Practitioner - ANCC
Fitzsimmons, Karli	CFH	Certified Pediatric Nurse
Flessner, Rebecca	CPG	Ambulatory Care Nursing
Franklin, Janelle	CBMC	Certified Medical-Surgical Registered Nurse
Fields, Abi	CPG	Adult Psychiatric & Mental Health Nurse Practitioner
Granger, Casey	CFH	Acute/Critical Care Nursing (Adult)
Gula, Tricia	CPG	Ambulatory Care Nursing
Hawkins, Jordyn	CFH	Certified Medical-Surgical Registered Nurse
Henry, Mary Beth	CFH	Nurse Executive
Hine, April	CFH	Inpatient Obstetric Nursing
Holderbaugh, Cheryl	CPG	Ambulatory Care Nursing

Huber, Sarah	CBMC	Certified Medical-Surgical Registered Nurse
Irwin, Kevin	CBMC	Certified Gastrointestinal Registered Nurse
Jacobs, Jenna	CFH	Certified Medical-Surgical Registered Nurse
Kane, Michaela	CBMC	Inpatient Obstetric Nursing
Kursell, Nicole	CPG	Orthopedic Nurse Certified
Kuyrkendall, Jazmin	CFH	Certified Medical-Surgical Registered Nurse
Mandamuna, Mado	CFH	Family Nurse Practitioner - ANCC
Mccorvey, Jessica	CRMH	Adult Psychiatric & Mental Health Nurse Practitioner
Messman, Shelbie	CFH	Certified Pediatric Nurse
Milburn, Emily	CFH	Neonatal Nurse Practitioner
Morgan, Kate	CPG	Nurse Executive
Nelson, Kaitlyn	CFH	Sexual Assault Nurse Examiner - Adult
Ngeno, Benedicte	CBMC	Certified Medical-Surgical Registered Nurse
Nguyen, Khoa	CFH	Family Nurse Practitioner - ANCC
Novy, Teresa	CBMC	Certified Nurse Educator (CNE)
Phelps, Alix	CFH	Acute/Critical Care Nursing (Adult)
Porter, Marc	CFH	Certified Registered Nurse Anesthetist
Radi, Elizabeth	CFH	Certified Registered Nurse Anesthetist
Robillos, Lynette	HAMP	Certified Case Manager
Robinson, Carly	CBMC	Progressive Care Nursing (Adult)
Sagovac, Betty	CFH	Certified Registered Nurse Anesthetist
Salinas, Karina	CFH	Certified Medical-Surgical Registered Nurse
Sarther, Molly	HRHC	Certified Pediatric Nurse
Seaway, Lisa	CBMC	Medical-Surgical Registered Nurse
Simpson, April	HRHC	Certified Medical-Surgical Registered Nurse
Stanciu, Taylor	CRMH	Medical-Surgical Registered Nurse
Stroud, Lori	CFH	Family Nurse Practitioner - ANCC
Timlin, Rachel	CFH	Ambulatory Care Nursing
Unger, Rebecca	CFH	Certified Medical-Surgical Registered Nurse
Walder, Evan	CBMC	Certified Medical-Surgical Registered Nurse
Warmbier, Alyson	CFH	Inpatient Obstetric Nursing
Whitton, Elizabeth	CFH	Family Nurse Practitioner - ANCC
Wickman, Brooke	CFH	Certified Pediatric Nurse Practitioner - Acute Care
Wirth, Kimberly	CRMH	Nurse Executive
Young, Kayla	CFH	Acute/Critical Care Nursing (Adult)

2021 Professional Nurse Advancement Program Promotions

LEVEL III PROMOTIONS

Name and Credentials	Location
Ami Meyer BSN, RN, TNS	CRMH – AirLife
Ashley Powell BSN, RN	CPG – Pediatric Specialties
Audelle Abrinica BSN, CMSRN	CFH – PV7
Denise Hammer DNP, RNC-NIC	CBMC – Mother Baby Unit
Hannah Denault RN, CCRN	CBMC – Intensive Care Unit
Holly Massey RN, RNC-OB	CBMC – Mother/Baby Unit
Jacqueline Gerard BSN, RN	CPG – HVI Procedures
Jamie Miller BSN, RN	CFH – Carle Internal Agency
Jennifer Hadler RN	CPG – Neurology
Jennifer Singley RN, CNRO	CBMC – Wound Care Center
Karstyn Hamilton BSN, RN	CFH – NICU
Kendra Martin BSN, RN, CLC	CFH – OB
Marissa Smith RN, CCRN	CBMC – Intensive Care Unit
Miranda Overton RN	CFH – Emergency Department
Pam Wilkinson BSN, RN, CPN	CPG – Pediatrics
Rachel Scott RN	CFH – Emergency Department
Sara Hlinka BSN, RN	CFH – CT9A
Sarah Huber RN, CMSRN	CBMC – Surgical Nursing Unit
Shelby Mallow BSN, RN	Carle Hospice
Stephanie Garriott BSN, RN, CDCES	CPG – Pediatric Specialties
Teresa Novy DNP, RN-BC, CWON	CBMC – Wound Care
Toni Winks RN, PMH-BC	CBMC – Wound Care Center

LEVEL IV PROMOTIONS

Name and Credentials	Location
Brittany Hauver BSN, RN	CFH – CT6A CVICU/Stepdown
Teresa Hoyer BSN, RN	CFH – NT11 OB Services
Taylor Kueker BSN, RN	CFH – CVICU

2021 Nursing Extended Degree Graduates

Name	Location	Degree Type	School Attended
BACHELORS			
Ackerman, Briley	CFH	Bachelors	Illinois State University
Alcantara, Ira	CFH	Bachelors	Illinois State University
Alexander, Kylee	Eureka	Bachelors	Chamberlain College
Anderson, Tamara	CBMC	Bachelors	Methodist College
Antisdel, Allison	CFH	Bachelors	Bradley Univ.
Baker, Abigail	CFH	Bachelors	Olivet Nazarene University
Barrett, Desiree	CPG	Bachelors	Liberty University
Bennett, Regina	CBMC	Bachelors	Methodist College
Benoit, Ronna	CFH	Bachelors	Capella University
Bernardi, Kelli	CBMC	Bachelors	Chamberlain College
Berrios, Delaney	CBMC	Bachelors	Illinois State University
Blackwood, Isabel	CFH	Bachelors	Broward College
Bline, Allison	CFH	Bachelors	Univ of Illinois-Chicago
Bonnell, Nicole	CBMC	Bachelors	Methodist College
Boston, Shea	CBMC	Bachelors	Illinois State University
Brandon, Kailey	CFH	Bachelors	Illinois State University
Brantley, Lisa	CPG	Bachelors	Indiana Wesleyan University
Braun, Selena	CFH	Bachelors	Chamberlain College
Burr, Bailee	CFH	Bachelors	Illinois State University
Callahan, Sarah	CFH	Bachelors	Lakeview School of Nursing
Campbell, Shelby	CFH	Bachelors	University of Phoenix
Campen, Amber	CBMC	Bachelors	Illinois State University
Carstens, Ashlee	CBMC	Bachelors	Chamberlain College
Chiu, Dennis	CFH	Bachelors	Western Governors University
Clark, Madison	CFH	Bachelors	Purdue University Northwest
Close, Whitney	CPG	Bachelors	Southern IL Univ Edwardsville
Cook, Charity	CPG	Bachelors	Western Governors University
Cooper, Christina	CFH	Bachelors	Western Governors University
Coultas, Andrea	CFH	Bachelors	Illinois State University
David, Amy	CPG	Bachelors	Chamberlain College
Douglas, Twila	CFH	Bachelors	Lakeview School of Nursing
Doyle, Erin	CFH	Bachelors	Illinois Wesleyan University
Drennan, Morgan	CFH	Bachelors	Lakeview School of Nursing
Duehr, Alexis	CBMC	Bachelors	Illinois State University
East, Patricia	CFH	Bachelors	Lakeview School of Nursing

Eganhouse, Jamie	CBMC	Bachelors	Illinois State University
Eichelberger, Caroline	CFH	Bachelors	Aurora University
Ellazar, Blessi Joy	CFH	Bachelors	Aspen University
Farrar, Mindy	CRMH	Bachelors	University of Southern Ind
Flessner, Rebecca	CPG	Bachelors	Aspen University
Foster, Brandi	CRMH	Bachelors	Southern IL Univ Edwardsville
Friedmansky, Ashton	CBMC	Bachelors	Belmont University
Furgeson, Amber	HAMP	Bachelors	Western Governors University
Garcia, Amarissa	CFH	Bachelors	University of Illinois-Chicago
Ginder, Stephanie	CRMH	Bachelors	Western Governors University
Glanzer, Hannah	CFH	Bachelors	Lakeview School of Nursing
Graves, Marissa	CRMH	Bachelors	Western Governors University
Green, Pamela	CFH	Bachelors	Western Governors University
Griffis, Kassi	CPG	Bachelors	Aspen University
Guinto, Nicholas	CPG	Bachelors	Purdue Northwest University
Gula, Raine	CFH	Bachelors	Western Governors University
Hagerstrom, Stacey	CPG	Bachelors	Olivet Nazarene University
Hamilton, Taylor	CFH	Bachelors	Lakeview School of Nursing
Happ, Anna	CFH	Bachelors	Western Governors University
Harper, Jessica	CRMH	Bachelors	Illinois College
Harrell, Ally	CPG	Bachelors	Southern IL Univ Edwardsville
Harrison, Stephanie	CPG	Bachelors	Western Governors University
Hartley, Josie	CBMC	Bachelors	Chamberlain College
Herman, Tacoma	CBMC	Bachelors	Illinois State University
Higgerson, Becky	HAMP	Bachelors	Purdue University Northwest
Hill, Teah	CFH	Bachelors	Lakeview School of Nursing
Hobbs, Alyssa	CPG	Bachelors	Western Governors University
Honeycutt, Karin	CFH	Bachelors	Western Governors University
Horatschki, Abigail	CFH	Bachelors	Lakeview School of Nursing
Hoving, Jack	CBMC	Bachelors	Illinois State University
Ingram, Clark	CPG	Bachelors	Bethel University
Jackson, Knox	CBMC	Bachelors	Illinois State University
Jacobsen, Dusty	CRMH	Bachelors	Western Governors University
King, Emily	CFH	Bachelors	Northern Illinois University
Kinney, Riley	CFH	Bachelors	Saint Mary of the Woods Clge
Kuhn, Kiersten	CFH	Bachelors	Western Governors University
Kumwenda, Elisa	CPG	Bachelors	Southern New Hampshire Univ
Lamb, Keri	CFH	Bachelors	Purdue University Northwest
Lawson, Lisa	CFH	Bachelors	Southern IL Univ Edwardsville
Lee, Madyson	CFH	Bachelors	Indiana State University
Lewis, Jasmine	CFH	Bachelors	Lakeview School of Nursing
Li, Meiping	CFH	Bachelors	University of Indianapolis

Mapson, Elisha	CFH	Bachelors	Illinois State University
Marlett, Kathryn	CBMC	Bachelors	Methodist College
Mathy, Allison	CFH	Bachelors	Millikin University
McDonald, Makenzie	CBMC	Bachelors	Illinois State University
Miller, Ashley	CBMC	Bachelors	Western Governors University
Mullvain, Maddi E.	CFH	Bachelors	Lakeview School of Nursing
Murbarger, Brandy	CRMH	Bachelors	Vincennes University
Musulkin, Sara	CFH	Bachelors	Eastern Illinois University
Nipper, Destini	CPG	Bachelors	Western Governors University
Oates, Brenna	CBMC	Bachelors	Western Governors University
Paynter, Ashley	CBMC	Bachelors	Illinois State University
Pierce, Michaela	CFH	Bachelors	Lakeview School of Nursing
Poke, Breana	CFH	Bachelors	Eastern Illinois University
Pranada, Justin	CFH	Bachelors	Lakeview School of Nursing
Pryor, Leah	CBMC	Bachelors	Illinois State University
Lopez, Paulina	CBMC	Bachelors	Illinois State University
Rabelo, Elizabeth	CFH	Bachelors	Western Governors University
Reed, Kelsey	CFH	Bachelors	Lakeview School of Nursing
Retana, Julyssa	CFH	Bachelors	University of Illinois
Reynolds, Courtney	CFH	Bachelors	Indiana Wesleyan University
Rich, Madison	CFH	Bachelors	Lakeview School of Nursing
Riemenschneider, Breanna	CFH	Bachelors	Illinois State University
Salinas, Karina	CFH	Bachelors	Southern IL Univ Edwardsville
Sanchez, Elena	CFH	Bachelors	Southern IL Univ Edwardsville
Satsangi, Shilpa	CBMC	Bachelors	University of Illinois-Chicago
Scaggs, Matthew	CFH	Bachelors	Illinois State University
Schlabach, Duane	CFH	Bachelors	Eastern Illinois University
Scott, Emily	CFH	Bachelors	Univ of Illinois-Chicago
Scott, Karl	CBMC	Bachelors	Illinois State University
Sieling, Jordan	CFH	Bachelors	Olivet Nazarene University
Sigala, Gianna	CFH	Bachelors	Carthage College
Smith, Amanda	Eureka	Bachelors	Illinois State University
Smith, Angela	CFH	Bachelors	Purdue University Northwest
Smith, Melissa	CBMC	Bachelors	Illinois State University
Sobeski, Ellen	CFH	Bachelors	Purdue University
Somers, Megan	CFH	Bachelors	Olivet Nazarene University
Song, Joyce	CFH	Bachelors	Eastern Illinois University
Squier, Adrienne	CFH	Bachelors	St. Louis University
Stalcup, Chloe	CFH	Bachelors	Lakeview School of Nursing
Stanfield, Kaleigh	CFH	Bachelors	Goldfarb School of Nursing
Stoddard-Foley, Alicia	CBMC	Bachelors	Chamberlain College
Stolz, Madison	CBMC	Bachelors	Illinois State University

Suits, Michael	CFH	Bachelors	University of Illinois
Taylor, Marissa	CPG	Bachelors	Southern IL Univ Edwardsville
Terry, Andrew	CBMC	Bachelors	Illinois State University
Thompson, Madison	CFH	Bachelors	Illinois State University
Thuftedal, Kirstin	CRMH	Bachelors	Purdue University
Tryon, Kristi	CBMC	Bachelors	Loyola University
Uebinger, Julie	CPG	Bachelors	Walden University
Vallier, Jennifer	CATF	Bachelors	Liberty University
Walton, Brett	Eureka	Bachelors	Methodist College
Walton, Frances	CFH	Bachelors	Chamberlain College
Warren,Carolynn	CBMC	Bachelors	Methodist College
Weaver, Danielle	CBMC	Bachelors	Methodist College
Wenberg, Jessica	CBMC	Bachelors	Illinois State University
Wilkinson, Pamela	CPG	Bachelors	University of Wisconsin - Green Bay
Williamson, Haley	CFH	Bachelors	Millikin University
Winterland, Rylie	CBMC	Bachelors	Illinois Wesleyan University
Wyatt, Vicki	CRMH	Bachelors	University of Southern Indiana
Yu, Veronica M.	CFH	Bachelors	University of Illinois-Chicago
MASTERS			
Arloff, Kyle	CFH	Masters	Mennonite College of Nursing
Balanay, Alyanna	CFH	Masters	Chamberlain College
Buza, Keith	CFH	Masters	Loyola University
Carlson, Kelcy	CRMH	Masters	Northern Kentucky University
Cox, Courtney	CFH	Masters	University of St. Francis
Cunningham, Katherine	CFH	Masters	Univ of Illinois-Chicago
Day, Serena	CFH	Masters	Western Governors University
Duncan, Kaitlyn	CBMC	Masters	Bradley University
Enderle, Kristen	CBMC	Masters	Bradley University
Garcia Limon, Daniela	CFH	Masters	University of Illinois-Chicago
Gillispie, Juandah	CBMC	Masters	Methodist College
Glazier, Cassandra	CFH	Masters	Western Governors University
Hayes, Shaylee	CFH	Masters	Indiana Wesleyan University
Johnson, Joy	CFH	Masters	Walden University
Krafczyk, Courtney	CFH	Masters	University of Illinois-Chicago
Lawler, Danielle	CFH	Masters	Aspen University
Mccorvey, Jessica	CRMH	Masters	Northern Kentucky University
Miller, Amanda	CFH	Masters	Western Governors University
Nguyen, Khoa	CFH	Masters	Bradley University
Reed, Taylor M.	CFH	Masters	Chamberlain College
Rees, Yvonne W.	CBMC	Masters	Chamberlain College
Sagovac, Betty	CFH	Masters	Webster University

Whitton, Elizabeth	CFH	Masters	Chamberlain College
Williams, Kara	CFH	Masters	Illinois State University
DOCTORATE			
Afolabi, Ibukunoluwa	CFH	Doctorate	Southern IL Univ Edwardsville
Catron, Connie	CPG	Doctorate	Illinois State University
Wickman, Brooke	CFH	Doctorate	University of Illinois
Zimmerman, Cindy	CPG	Doctorate	Chamberlain College

2021 DAISY Honorees

Name and Credentials	Location and Dept/Unit
Andrew Meyer RN	CFH – Cardio-Pulmonary
Colleen Bross LPN	CPG – Family Medicine, Carle Mahomet
Duane Linton RN	CFH – Emergency Department
Jen Kjeldgaard RN	CBMC – ICU
Joy Johnson RN	CFH – Pre-Op
Karen Blackstock RN	CFH – Observation/Expanded Care
Karen Smith RN	CBMC – Medical Oncology Specialty Unit
Kasey Arbogast RN	Carle Hospice
Kendal Maier LPN	CPG – Pediatrics Carle Urbana on Windsor
Laura Christman RN	CFH – Breastfeeding Clinic
Laurie Marcott RN	CHRC – Danville Fairchild
Megan Crase RN	CHRC – Emergency Department
Stephanie Garriott BSN, RN	CPG – Pediatric Subspecialties
T.J. Ohley RN	CBMC – 6 West Surgical Nursing Unit
Tara Bowdre BSN, RN	CFH – Pre-Op
Victoria Steinkoenig APRN	CBMC – Neurology

2021 Nurse Exemplars represent dedication and strength

In 2021, Carle nurses and team members who support them have shown tremendous courage, resilience, dedication and love for their profession. In an unprecedented time of need for our patients and community, Carle nurses throughout the organization have answered the call and have been extraordinary.

Nurse Exemplars and Friends of Nursing awards are provided to a select group of Carle staff annually. Each winner is nominated by a peer or provider for their outstanding level of excellence, quality, collaboration, safety, best practice and contribution to the nursing profession and/or their community.

For the second year in a row, the recognition ceremony for Nurse Exemplars and Friends of Nursing will not take place due to safety protocol related to the COVID-19 pandemic. Though, that is not stopping Mary Beth Voights, APRN, who has led the committee that organizes Nurse Exemplar recognition for more than 15 years, from singing the praises of this talented group.

“This is the year of the nurse, a year when nurses were challenged more than ever before,” she said. “Our nurses persevered through uncharted territory and have shown how deserving they are of this recognition. Celebrations will take place within the departments/units of each honoree this year. We look forward to the day we can host an in-person ceremony again.”

Carle celebrates these outstanding colleagues and friends for their accomplishments and contributions to the health of our community. Below are excerpts and summaries from the 2021 Nurse Exemplar and Friends of Nursing honoree nominations.

EXEMPLAR LEGACY NURSE

Joan Sager, BSN, RN
Manager, Carle Richland Memorial Hospital



“Joan represents the continuum of nursing.”
– Laura Woods, RN;
Ann Rudolphi, RN; and
Clarissa Gutierrez, RN

Joan Sager has been at Carle Richland Memorial Hospital for 37 years. Joan currently serves the organization as a project manager and manages Medical-Surgical, ICU, Respiratory Therapy and Cardiac Rehabilitation. As project manager, Joan is an integral part of any new process within the facility, helping implement and train staff. Joan is a natural leader, encouraging other nurses to be their best and grow in their careers. She also plays an active role in recruiting, hiring and training new nurses at Carle Richland Memorial Hospital. And you’ll still find Joan at the bedside caring for patients where help is needed. Joan models an exemplary nurse in all she does and contributes to patients, co-workers and her community.

EXEMPLAR NURSE LEADER

Dana Ziegler, MSN, RN
**Critical Care Unit and Advanced Care Manager,
Carle Foundation Hospital**



“Dana has led her Critical Care Unit and Advanced Care Unit through one of the deadliest global pandemics.” – Amy Hammerschmidt, RN

Dana Zeigler started at Carle Foundation Hospital as a healthcare technician in the Intensive Care Unit. She

then worked her way to become a Critical Care RN, unit nurse leader and a house administrator before accepting the CT7 nurse manager position.

Dana has led her Critical Care Unit and Advanced Care Unit through one of the deadliest global pandemics. With only a year of experience as a nurse leader when the pandemic began, she attended every shift huddle when the pandemic started. She would answer the tough questions, such as, “Do we have enough PPE?” and “Will I take COVID-19 home to my family?” She would also address the ever-changing policies, procedures and PPE usage to ensure her team was confident they were caring for their patients with the most recent updates. Acknowledging her team was struggling with PPE, the visitor policy and the unfortunate increase in the number of their patients passing away, Dana brought the Employee Assistance Program to the unit for real-time discussion and debriefing. She was fearless in the face of the pandemic, remaining focused on caring for patients and team members alike, accomplishing improvements in patient care in the most challenging environment. Dana is an Exemplary Nurse Leader at Carle.

EXEMPLAR NURSES

Julie E. Bianchetta, BSN, RN
Wound Clinic, Carle Foundation Hospital



“Julie is always present for all who need her. Her performance demonstrates that nursing is work of the heart.” – Cora Musial, MD

Julie has been a nurse at Carle for 32 years, and her joy, heart and passion for nursing stem from her desire to help others. She cares deeply for each patient’s well-being to provide individualized, sensitive nursing to all in her care. Julie’s passion for nursing drives everything she does, from patient care and education to mentoring nursing students, new nurses and other

interdisciplinary colleagues. She has a kind, authentic and gentle manner with patients and their family and friends, which is extremely helpful when providing patient education on the diagnosis and plan of care.

Colleen Bross, LPN
Mahomet Ambulatory Clinic



“Her manner, along with her accurate assessments, brought new perspectives on daily workflow management to the whole team.” – Sara Hissong, RN

Colleen Bross is a champion and cheerleader for new nurses, leading and training them most efficiently for what we call the “walk-in role.” Each day, Colleen is assigned to the walk-in nurse role, the nurse who is an expert in many responsibilities. When a patient walks in with a need, Colleen is the primary responder. If a patient is scheduled for an injection, Colleen administers the medication.

She sends refill requests to the pharmacy and expedites patients getting their lab results. As Colleen works to be the best nurse she can be, she works to uplift and motivate the team to be the best they can be as well. Colleen is a one-nurse “systems specialist.” She observes, learns, researches, consults, supports and encourages improvements. Colleen respectfully engages and fosters the patients and the caregivers she works with. She models excellent nursing care, or as we say at Carle, Colleen is an Exemplar.

Rachel Campbell, RNC-OB
Perinatal Grief and Bereavement Liaison,
Carle Foundation Hospital



“She tells parents what they may expect, and answers questions they don't know they have.” – Sara Smith, RN

After years of experience in Labor and Delivery, Rachel Campbell has become a perinatal grief and bereavement liaison. Each day, Rachel rounds

the unit, checking on every baby and asking the nurse how the baby is doing, paying special attention to our most critical infants. She will cuddle infants that need cuddles and hug babies that need hugging. Rachel will also provide a second set of hands to the nursing staff as necessary. Rachel's role places her in the middle of the saddest days of a parent's life. Her light shines the brightest in our darkest moments.

She models the art of caring and compassion for the families, our whole unit, seasoned team members and novices alike. She guides nurses who are new to this experience and comforts nurses who have experienced this before. When things are rough for us, we are thankful to have Rachel working alongside us. She is a blessing to our unit.

Jessica McDaniel, BSN, RN
STAT Nurse, Carle Foundation Hospital



“Nursing is a part of her person.” – Michaela Pirie, RN

Jessica is a STAT Nurse at Carle Foundation Hospital. As an ICU-trained RN, she rounds on all the floors of the hospital and responds to every code that's

called on her watch. She helps both new nurses and experienced nurses throughout each code, assisting them with the patients in their care. Jessica offers instruction on medications, CPR, Basic Life Support, Advanced Cardiovascular Life Support, along with policies and protocols. She is a walking, talking Carle policy book. And a model of best practice.

Jessica has been at Carle since 2012 and acts as a resource for all the caregivers. Her experience provides her with knowledge in many different areas. And her experience helps her to stay calm during high-stress situations. Empathetic with every patient and staff member she comes in contact with, she goes that extra mile for each and every patient. First, to her, they are people, patients second. Jessica finds ways to become a better nurse, freshening up her skills and learning new ones. Jessica encourages staff to follow in her path to be the best we can all be.

FRIENDS OF NURSING

Andrea Beaver, CST
Digestive Health Institute, Carle Foundation Hospital



“The most important elements of her patient care: the support she gives the nurses and the care she provides to the patients.” – DHI Partnership Council

Andrea Beaver started in Digestive Health in 2015, and she has been a force to be reckoned

with ever since. She's an amazing asset to the advanced procedure team and has been instrumental in our ability to perform endoscopic submucosal dissections (ESD) in the Digestive Health GI lab. These procedures benefit the patient by diagnosis and early cancer removal in the outpatient setting.

Many nurses in our department attribute their success to Andrea. Andrea has patience and takes the time to make sure we not only know how to do something, but why as

well. Patients, nurses and physicians are appreciative of our great Friend of Nursing, Andrea Beaver.

Casey Benson, MS COVID Response Specialist



“Her mission is to keep staff and patients safe while they care for infectious patients.” – Cora Musial, MD

As the COVID Response Specialist, Casey has collaborated with the nurses and other caregivers throughout the Carle organization

– both hospital and clinics – to ensure team members feel safe and act safely during the pandemic. She has spent hours rounding, talking with team members and evaluating workflows and work environments so that the team provides care that aligns with Centers for Disease Control and Prevention and state guidelines.

Casey teaches, collaborates, listens and learns. She travels when she needs to, to where she needs to, so everyone is competent and safe in their caregiving. Casey is a Friend of Nursing. She provides the staff with the knowledge and resources they need to care for patients. As a result, team members are competent and knowledgeable. Team members and patients alike are safe. What a good friend she is.

Nursing Excellence Awards given at Carle BroMenn and Eureka

By Lynn Hutley

Expert, supportive, influential, visionary, role model. These are some of the ways to describe the 80 nurses

recognized over the past 20 years as Nursing Excellence Award winners at Carle BroMenn Medical Center and Carle Eureka Hospital.

The awards, sponsored by the Brokaw Nurses Alumni Association, recognize outstanding nurses annually during National Nurses Week in the categories of Clinical Care, Leadership, Mentoring and Patient Advocacy. This year marks the end of the program with new plans on the horizon.

“Looking back at the nurses we have honored the last two decades, I am reminded of the depth of talent and the amount of dedication we have in our nurses here,” said Laurie Round, MS, BSN, RN, NEA-BC, vice president, Patient Services, chief nursing officer, Carle BroMenn Medical Center and Carle Eureka Hospital. “I am so proud of all of them and I look forward to integrating our nurses into the Carle recognition program.”

2021 NURSING EXCELLENCE AWARD WINNERS

Excerpts from the Nominations

CLINICAL CARE

Justyna Koscielniak, RN Emergency Department



Justyna is the go-to person for questions in the ED and collaborates well with physicians. She has certifications in critical care, emergency nursing and trauma.

She understands the importance of professional development in

providing high-quality care to patients and families. Not only does she show a personal commitment to her own professional development, she gives her own time to help teammates grow professionally. She understands that when the team improves, the care of patients improves.

MENTORING

Angela Turner,
Nursing Professional Development Specialist
Clinical Administration



As a clinical educator, Angela does whatever it takes to get the job done. She meets the training needs of our new hires/new graduates, continues to meet with them on a regular basis and provides a mentor and safe sounding board to them.

She supports multiple units' shared governance committees, functions as part of the policy and procedure committee, is routinely pulled into projects or initiatives, and is a resource for many. She works as adjunct faculty for Illinois State University (ISU), and in that role, provides mentorship to a very important group of individuals – nursing students.

LEADERSHIP

Stephanie Wollenberg, RN Manager
Mother-Baby



Stephanie is viewed not only as an expert in maternity care, but also an expert in leadership. She is sought out for advice and counsel from her peers and other leaders. A large part of managing is project management, and Stephanie is an expert at it. She leads department

projects that improve patient care and outcomes and also guides house-wide projects like implementation of the CipherHealth rounding tool. She also gives staff nurses the opportunity to grow and develop their own leadership skills.

PATIENT ADVOCACY

Kelly Johnson, RN Supervisor
Occupational Health/Employee Health



Kelly works tirelessly to ensure the safety of all Carle BroMenn employees. She gave up Christmas vacation to ensure Carle team members had every opportunity to receive the COVID-19 vaccine. She spent hundreds of hours on the phone, in meetings, writing and

rewriting policies to ensure the vaccine was distributed properly. She spearheaded the entire operation and administered hundreds of vaccines personally. Go to any department, and you will find an employee who received a vaccine from Kelly. Her love for Carle BroMenn employees and patients is unmatched.

**These awards, sponsored by the Brokaw Nurses Alumni Association, recognize outstanding nurses annually during National Nurses Week in the categories of Clinical Care, Leadership, Mentoring and Patient Advocacy.*

Exemplary Professional Practice





Exemplary Professional Practice

The role of the care coordination nurses case scenario

By Melissa Crozier, BSN, RN, AMB-BC, Level III

Care coordination has been identified as a fundamental tool for improving patient health and satisfaction while limiting healthcare costs in an ever-changing healthcare environment. Carle Health is proud to have a prominent care coordination team available to patients in all care settings. To be eligible for care coordination services, you must first be under the care of a primary care provider (PCP). From there, patients qualify for enrollment into the program based on their unique service needs.

Care coordinator nurses are embedded in the many departments in Carle. Their role is to work with a subspecialty of patients to reinforce the education of disease processes and encourage patients to become active participants in their own healthcare. This nurse also addresses any gaps in patient care related to chronic conditions. They work with patients to identify barriers to care and collaborate with social services to make referrals as needed.

Care coordinator nurses follow up with patients after provider visits to assess their understanding of instructions and their response to prescribed interventions. They also check in with patients after being discharged

from the hospital, Emergency Department and 24 hours following a Convenient Care visit. This ensures the patient has what they need at home and schedules a follow-up appointment. Hospitalized patients are followed by a care coordinator nurse for 30 days, with calls at least weekly to prevent readmission.

Care coordination nurses mainly contact patients through phone visits. They also attempt to meet new patients at a primary care appointment, if only for a minute, for a personal introduction so the patient can put a face with a name.

Case Scenario: Care Coordination Nurse in Action

A care coordinator nurse at Carle Champaign on Curtis received a face-to-face referral from a physical therapist and another member of the Population Health team for a patient requiring assistance in collaboration with their care. The 75-year-old female patient was referred to physical therapy after experiencing a traumatic fall at home. This patient lives alone and is fortunate to have a devoted daughter as her healthcare power of attorney (HCPOA). However, with the daughter having family and work obligations, worry over her mother's frequent falls, weakness and intermittent dizziness had set in, and the daughter didn't know who to turn to for help.

After the Population Health physical therapist placed a referral, the care coordinator nurse called the daughter and introduced her to the care coordination program. They quickly began working to collaborate on the care the patient needed. Once the program was introduced,

the daughter said, “This sounds like a great program for my mother. Your call came at just the right time.”

First, the nurse met with the new primary care provider, who the patient would be establishing care with, to discuss the needs expressed by the daughter. After a lengthy discussion between the new physician and the nurse, orders were placed for social work involvement regarding community resources for transportation assistance, exploration of assisted living facilities, financial resources and the possibility of having a homemaker or home health aide to assist with activities of daily living. A referral was also placed, at the nurse’s request, for an occupational therapy consult for a home safety evaluation due to frequent falls.

When the nurse completed the enrollment assessment by phone with the patient and daughter, another referral was made to the Population Health pharmacist to review current medications, including side effects and risks. The nurse also provided education to the patient and her daughter regarding fall prevention measures. The nurse covered the use of nonskid footwear, removal of all throw rugs and other fall hazards, instructions to sit on the edge of the bed before rising to make sure she’s not dizzy or confused, use of a walker at all times, having the walker next to the patient when seated, and to use the arms of chairs to assist when sitting down or rising.

The consult with the pharmacist proved to be very helpful for the patient. The patient, pharmacist and physician discussed a medication she was taking for blood pressure. The result of this conversation was that the dose was to be reduced. The patient had lost weight since being prescribed the medication some years back. After adjusting the dosage and eliminating dizzy spells, the patient was less at risk for falling and injury.

During a follow-up visit with the care coordinator nurse, the patient said, “I’m so pleased with this program. Working with the pharmacist and my primary care physician has helped me be safer in my own home.”

The patient continued performing the previously learned exercises and stretches taught by the physical therapist for muscle toning and strength building. As the follow-up calls with the nurse progressed, the patient was excited to share her progress and increased enthusiasm once

she had successfully abstained from additional falls for 14 consecutive weeks. The patient also began having a homemaker come weekly to the house and saw results from the physical therapy sessions.

Collaborative care efforts continued with the nurse notifying the PCP of the patient wearing knee braces to assist in fall prevention and following up with the orthopedic specialist. Presently, the patient believes she is safe to stay in her home. But discussions have been initiated concerning the patient’s future should the need for an assisted living facility arise.

The patient and daughter have shared their appreciation for the nurse and Population Health team for their involvement in the patient’s care. Having the chance to learn about these valuable patient resources has allowed the patient the opportunity to safely remain in her home and lessened her daughter’s concerns about doing so.

CVICU nurses grow practice, improve patient outcomes – train for the 1%

By Taylor Kueker, BSN, RN, CCRN

What is ECMO? ECMO stands for Extracorporeal Membrane Oxygenation. In the simplest of terms, ECMO is a device that can provide complete pulmonary or cardiopulmonary support. Blood is removed from the body through one cannula, passes through a pump, is oxygenated and then returns to the body via another cannula. ECMO can be used to allow the lungs to rest and provide support for patients with acute respiratory distress (ARDs) or COVID-19. It is also used to provide cardiopulmonary support for patients who may not be able to come off cardiopulmonary bypass during cardiac surgery. This gives the heart time to rest before coming off support.

Working in healthcare the last year has proven to be challenging. In 2020, Carle tripled the amount of ECMO cases compared to the previous year, offering



Cart contains CardioHelp (ECMO Pump), Heater/Cooler, Blender and Spare O2 tank.

cardiac and pulmonary support to patients who would have otherwise died. Even during a pandemic, the cardiovascular ICU at Carle Foundation Hospital has managed to overcome this challenge and successfully rebuilt its ECMO Team.

In the last year, we have been developing education plans, protocols and training for cardiovascular ICU nurses to become part of the core ECMO team (CET) as pump RNs. Previously, perfusionists have been in-house 24/7 to monitor these pumps and respond to emergencies. Our trained CET nurses are now managing and monitoring the ECMO pump with the support of our cardiac surgery, perfusion, critical care and management teams. While the bedside ECMO RN cares directly for the patient, the pump RN titrates gas flow for carbon dioxide removal and FiO₂ (fraction of inspired oxygen) for oxygen supply.

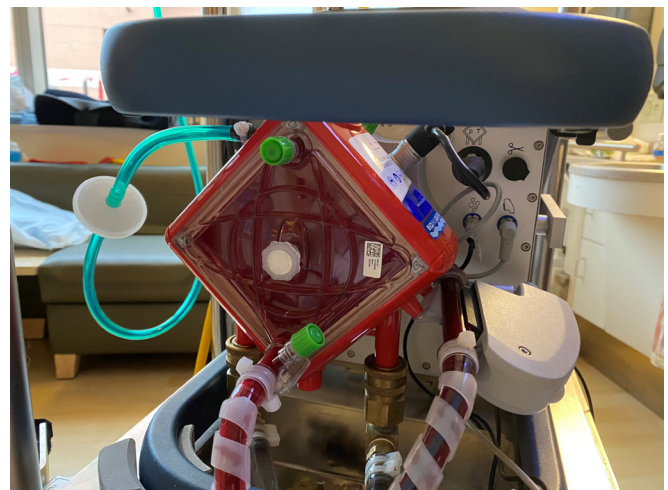
During training, team members said that 99% of the time,

this will never happen. However, we want to ensure our team is always prepared for the worst-case scenario.

Recently, we experienced a worst-case scenario. A patient on ECMO coughed forcefully enough to cause their cannula to spontaneously come out. It could have caused the patient to exsanguinate to the point where a mass transfusion would not have fixed the issue – but it didn't. Staff responded by holding pressure at the cannula site while a perfusionist clamped the circuit. Other staff members jumped in by titrating drips and hanging blood while contacting Critical Care and Cardiothoracic Surgery.

While a perfusionist was in the room to help clamp the circuit, other team members who were also present wouldn't have had the education to respond in one of these situations. It was the "perfect storm," so to speak. Anything our team could have done, they did. The following morning, the patient woke up and followed commands, smiled and laughed with their family.

This is why we train for the 1%. While not every outcome will have the best result, our goal as the CET is to improve the quality of care our ECMO patients are receiving. This scenario is just one of the many reasons nurses are proud to be part of the CVICU team. Growing a new team is hard, especially during a pandemic, but we're doing it.



Cardio Help Console (ECMO Pump)

Expanded Care continues to grow

By Hailey Schluter, RN, CMSRN, Expanded Care

The Expanded Care unit at Carle Foundation Hospital is a hidden gem that's been operating for many years. It's an outpatient unit that provides care for pediatric and adult patients who require treatment for both acute and chronic conditions. The ultimate goal of Expanded Care is to keep as many patients out of the hospital and Emergency Department as possible. Over the years, Expanded Care has continued to grow to meet the needs of more patients.

While the unit has had many different homes, it's located in Parkview 1. Since 2012, the Expanded Care census has increased from about 225 patients a month to roughly 900 a month, and it's now open 365 days/year.

Two areas of growth in 2021 included added support for the pediatric population and patients positive for COVID-19. Carle added Pediatric Hematologist Connie Piccone, MD, to the team to administer medications for pediatric patients, including iron, blood and medications for hemophilia.

The unit's Pediatric Endocrinology providers offer to test for certain endocrine disorders in the pediatric population. They also support bilirubin testing for newborns on weekends, shifting this care away from the critical care provided in the Emergency Department.

Once monoclonal antibodies (MAB) received Emergency Use Authorization from the U.S. Food and Drug Administration (FDA) for treatment of COVID-19, Expanded Care once again stepped up to the plate. To date, 2,000 doses of monoclonal antibodies have been administered to patients with COVID-19. This required Expanded Care to come up with creative solutions to ensure that the rest of the patient population was still able to have access to care while keeping up with the need for MAB infusions.

Other areas of focus included oncology, sickle cell and congestive heart failure (CHF).

The Expanded Care team is committed to continued growth to serve as many patients as possible.

Carle Health honors Excellence

By Mimi Quinn

Every day, throughout Carle Health, team members are demonstrating Excellence in their interactions with colleagues, patients, members and other community members.

There are numerous stories of collaboration, problem-solving, learning and improving that demonstrate the many ways we strive to be our best. One recent example is a partnership between nursing and respiratory therapy teams at Carle BroMenn Medical Center focused on reducing medical device-related skin injuries (MDRSI).

Teresa Novy, DNP, RN, GERO-BC, CNEcl, CWON, is part of the Wound Care Therapy team at Carle BroMenn Medical Center.

"We do a root-cause analysis on each patient that acquires a pressure injury while in the hospital," Novy said. "Through this, and quality data analysis, we identified a negative trend and partnered with team members to help solve the problem, helping protect our vulnerable populations."

The teams formed an interdisciplinary subgroup that met to investigate new respiratory products and dressing techniques, research literature to identify best practices and pilot the feasibility of proposed changes.

"Together we found a solution where we considered multiple viewpoints and rationales," Novy said.

According to Novy, some keys to the success of the collaboration were:

- Transparent reporting and open communication between teams.
- Valuing the perspectives, skills, experience and ideas of each team member.
- Openness to learning and embracing process improvements.
- Persistence with finding a solution and implementing it consistently.

The initiative resulted in a sizeable decrease in MDRSIs at Carle BroMenn Medical Center, outperforming national benchmarks and significantly increasing the health and safety of respiratory patients. The work was also recognized by the American Nurses Credentialing Center (ANCC) Magnet Recognition Program® as Exemplar, supporting Magnet® recognition for Carle BroMenn Medical Center in December 2021.

“This experience reassures me that we can do a lot if we work together brainstorming and investigating the evidence,” Novy said. “Sometimes taking a chance to try something new to improve patient outcomes is beneficial.”

Novy and the team’s keys to success can be translated in other projects across the system as we continue to strive for Excellence in our daily work.

Richland celebrates one year CAUTI-free

Nearly a year ago, Carle Richland Memorial Hospital announced to the system that it was celebrating over a year of being CAUTI (catheter-associated urinary tract infection) free. Since that time, Carle Richland has continued to meet this patient safety indicator goal, and as of March 4, 2022, has gone 704 days with no CAUTIs.

Even a small number of occurrences can have adverse effects, ranging from payment penalizations for the

organization to increased treatment and longer length of stay for the patient. This is why it has been such an important goal of the Carle Richland Quality team.

To meet the goal of being CAUTI-free, Infection Prevention put several initiatives in place to ensure success for an extended period.

“We began assessing catheter patients regularly to see if there is a justified reason they still need a catheter so that we can lower the number of catheter days for the patient,” said Brandy Murbarger BSN, RN, CPHQ, Quality Manager. “Also, one of the biggest initiatives over the past couple of years is to switch to external catheters and use those when possible.”

Maria Rudolphi BSN, RN, Infection Prevention Nurse, also helped educate nursing staff regularly and put information in the nursing newsletter to keep it top of mind.

“I am really proud of our nursing staff and the care teams for all they have done to support this important safety initiative,” Rudolphi said.

Additionally, Rudolphi noted that it’s a great showing of patient safety dedication by Carle Richland staff to have such a high number of days CAUTI-free at a facility.

Initial visit for Hip and Knee Replacement Program Certification

On May 19, 2021, the Carle Foundation Hospital Orthopedics division underwent an initial certification visit through DNV with the goal of achieving Hip and Knee Replacement Program Certification. The visit was a success because of the dedication of the Hip and Knee Interdisciplinary Team who met for nearly two years in preparation for the site visit.

“This certification is a collaborative effort with nurses from a variety of practice settings as well as different

disciplines who are also pulled in to provide care for this patient population,” said Kristen Streeter, MS, ATC, PES, service line accreditation coordinator for Orthopedics.

The surveyor was very impressed with the pre-visit materials submitted and noted that in her 20-plus years in this role, she had yet to see an initial survey program so well prepared without missing key components in the submission. This is a testament to the continued hard work of the entire team.

During the one-day virtual survey, the DNV surveyor visited with the Hip and Knee Interdisciplinary Team, conducted chart reviews, reviewed medical staff records and completed a preliminary review of hip and knee quality metrics.

The interdisciplinary team began meeting in November 2019 to start preparations for the initial certification process. Preoperative education is a required component of the certification. This education was already an established element prior to certification planning; however, it opened the opportunity to revisit the process and update the pieces in need of improvement.

The Orthopedics and Sports Medicine clinic nurses were assigned the responsibility to collect feedback about the current preoperative patient education and update as needed. The pre-op education was broken into two events. The ambulatory nurses do a surgical teach in clinic on the day surgery is scheduled, including the review of educational material, signing consents and completing the patient-reported outcomes measure form, a requirement for certification.

Then, about 30 days prior to surgery, the pre-op total joint seminar is completed. Due to COVID-19 precautions, the seminar, which was designed as an in-person educational session, was altered to a virtual format. Patients and their caregivers were able to review handouts during this class as well as videos with instructional voice-over presentations. During the survey, this team of ambulatory nurses also provided background to the surveyor about this newly designed patient education process that has proven to better prepare patients for orthopedic surgeries.

Post-surgery, these patients are cared for on the Orthopedic unit at Carle Foundation Hospital.

“The Orthopedic nurses on North Tower 4 are always striving for excellence when caring for the orthopedic patient population,” said Jordan Propst, BSN, RN. “They incorporate various order sets, custom-made ice packs, therapies and education to tailor a unique and holistic experience for these patients. Over the last year, the North Tower 4 team has pushed themselves to ensure the continued monitoring of key aspects of care and education of patients on safe mobility needs as well as medication management to help patients leave our care feeling confident and motivated in their success.”

There are many people to thank for making this survey a success, but we would especially like to recognize and congratulate the following individuals and groups:

Kristen Streeter; *Andrea Burris*; Leslie Manohar, MD; Mark Palermo, DO; and all of the members of the Hip and Knee Interdisciplinary Team.

Jordan Propst, Frankie Moore, Jacklyn Gerber, Stacey Spour and the NT4 team for the excellent care provided to the patients and fully supporting this process.

Robert Bane, MD; James Liu, MD; Erick Kawakita, MD; Robert Cusick, MD; Michael Moran, MD; and their APPs and RNs at Carle and Christie for understanding the importance of this certification, and for their willingness to adapt and adjust processes for the betterment of patient care.

Carmen Mars, Ali Moss, Troy Rhodes, Chad Goodell and all members of the Pre-Op/OR/PACU/Phase II teams for the excellent patient care and their flexibility.

Christine Plotner, Sarah Ruff, Andy Eheart, Case Management, Acute Therapy and Outpatient Therapy for the excellent care they provide to the patients in the program and attention to best practices and growth.

Marilyn Clodfelder, Pam Manselle, Mary Ingram, Kelsi Boyd and Jona Franklin for providing their expertise during the chart review.

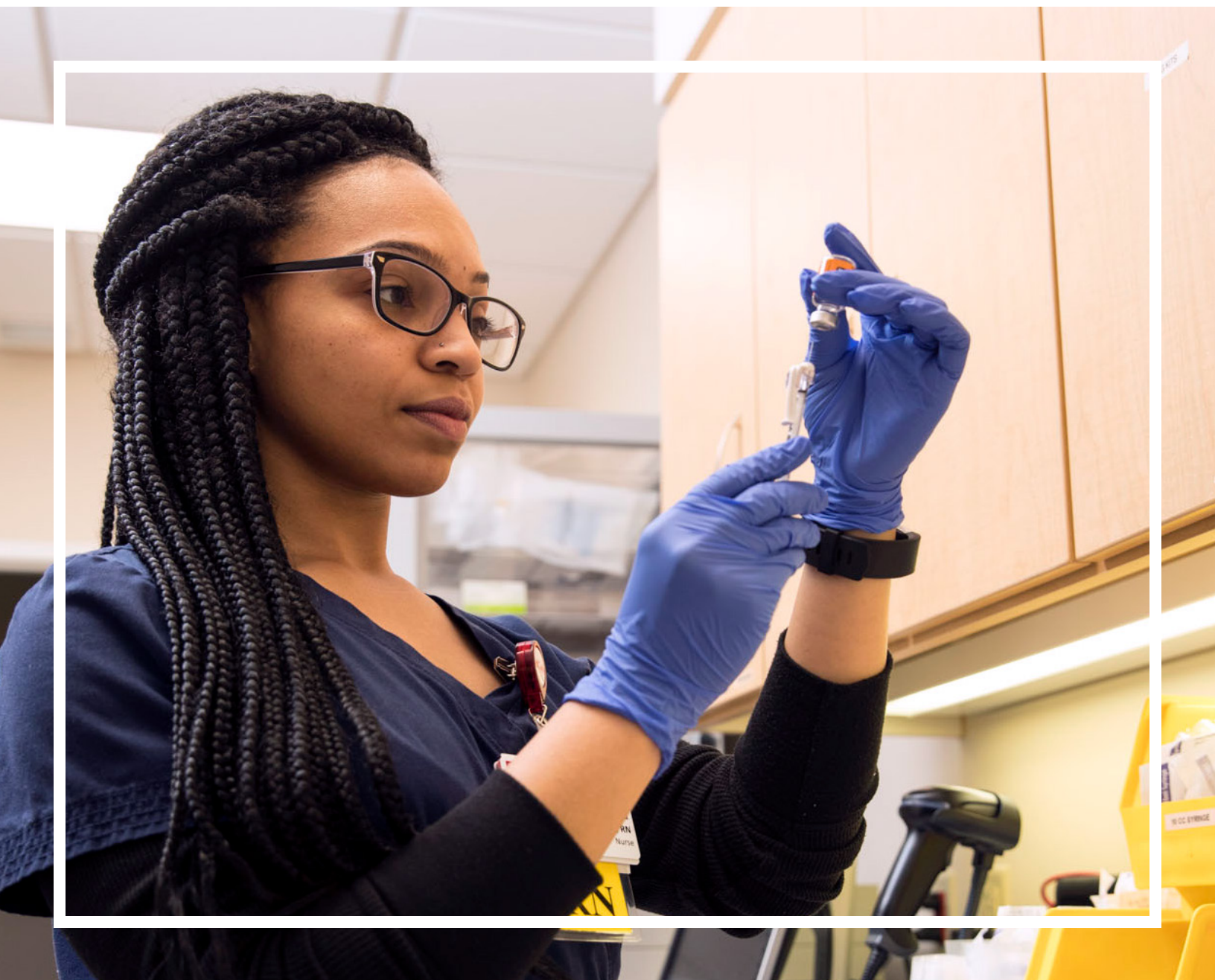
Lakita Scott, Kristin Pritts, Julie Freymuth, Jamie Holley, Amy Remus, Rhoda Garmon, Tracey Pryor and all of the members of Patient Care Services and Quality, medical staff, and Human Resource teams that support the Hip

and Knee Replacement Program and participated in this review.

The Hip and Knee Replacement Program continues to grow and improve because of the dedication and great work of this entire team. There will be more milestones to come and great news to share in the future from this group.

Names in italics above indicate nursing team members.

New Knowledge, Innovations and Improvements





New Knowledge, Innovations and Improvements

Carle nurse honored for innovation with national award

By Carolyn Gordon

Christine Wetzel, DNP, RNC-NIC, IBCLC, Carle Foundation Hospital, is carrying on the legacy of her grandmother, who graduated from nursing school in 1926. Her grandmother Marie was also a staff nurse and nursing instructor.

“I remember how she looked – immaculate in her white dress and stockings. I would watch her get ready for her shift and secure her hat with so many bobby pins. Grandma left an impression in my heart and soul that lives on through my work today,” Wetzel wrote for her acceptance speech. She delivered those words of honor on stage in Atlanta as she received the prestigious 2021 National Magnet Nurse of the Year® Award on November 12.

The American Nurses Credentialing Center (ANCC) annually recognizes the outstanding contributions of clinical nurses in each of five Magnet® Model components. A practicing nurse for 28 years who



also teaches two clinical courses in obstetrics at the University of Illinois, Wetzel received the honor in the category of New Knowledge, Innovations and Improvements. As an advanced expert in the Neonatal Intensive Care Unit (NICU), she developed a tool called eNEC, a risk-awareness instrument for necrotizing enterocolitis (NEC), a potentially deadly abdominal infection that can affect preterm babies.

Her research, which focused on preterm babies, human milk lactation, feeding intolerance and NEC, began when she was a new NICU nurse who started figuring out how to help mothers with their breast milk. She discovered how that milk could help improve the baby's microbiome (naturally occurring microorganisms inside the body). Her evidence-based approach created a feeding tolerance

tool nurses now use across the country to determine a premature baby's risk for NEC. It's the first used by any NICU clinician.

The tool was "a long evolution" and was developed by applying scientific literature to discover individual risk factors for babies admitted to the NICU. The tool increases the nurses knowledge of which babies may be at risk to develop NEC and feeding intolerance. This provides each baby with individual care. The Carle Foundation Hospital NICU has one of the lowest NEC rates in the Vermont Oxford Quality Database, a collaborative of more than 1,000 hospitals focused on improving neonatal care.

Wetzel is also a lactation specialist and recently introduced the eMOM (Evaluation of Mother's Own Milk) guide to help mothers and nurses assess breast milk production during the first month of a preterm infant's life.

"The rocket fuel of the NICU is the mother's breast milk," she said. "Mothers of NICU babies cannot nurse because the baby is so small, but they can produce breast milk to nourish the baby, and that is empowering."

Her hope is to put the evaluation tool into the hands of parents, perhaps one day in the form of an app for easy monitoring.

The Clinical Recognition Council at Carle nominated Wetzel for the honor.

"We are incredibly proud of Chris' work," said Jaymie Green, Clinical Excellence Program director at Carle Health. Chris represents the inquisitive mind of nurses, and when an organization supports that deeper dive into literature and research, it can significantly impact the health and wellness of patients.

"Many times the impact on patients is very direct and face to face for nurses. Chris does that, but she also facilitated care of infants she has and will never meet. She has undoubtedly been responsible for saving the lives of babies in central Illinois and across the world. This is what the Magnet Nurse of the Year Award is all about – the greater impact nurses have on the patients we love."

Wetzel, a Gilman native and Champaign resident, has spent her entire career at Carle. She credits the hospital's NICU for creating the eNEC tool, which she shares regularly when attending and presenting at various conferences.

At the award ceremony, she gave an acceptance speech as an image of her grandmother in her nursing uniform came up on a huge stage screen. Her grandmother was thrilled when she became a nurse, Wetzel said. Now her daughter, Abby, is a healthcare tech, also at Carle, on the postpartum floor.

"I believe nursing is an art passed from one nurse to another," she said. "I especially love to tell people I have my doctoral degree, yet have chosen to stay at the bedside. I have thrived in Carle's Magnet environment. Innovation is my motto, research is my strength, and evidence-based practice is the backbone to all of my work."



How texting technology assisted in decreasing length of stay for patients of the Digestive Health Institute

Patients of the Colon and Rectal (C&R) Surgery Clinic, part of the Carle Digestive Health Institute (DHI), have been introduced to a new communication tool. The digital platform called Twistle helps to automate communication between the healthcare team and patients through personalized text messaging. DHI adopted this technology, which has also been utilized by other departments within the Carle organization, in an effort to maintain high-quality patient outcomes and to fully implement best practices.

DHI partnered with the Illinois Surgical Quality Improvement Collaborative (ISQIC), in which outcomes data is submitted to compare oneself with other similar organizations and share best practices to allow for continued improvement. One of the current ISQIC projects is the Strong for Surgery (S4S) initiative. Carle C&R Surgery Clinic, along with several other organizations, decided to participate in and collect data for this project. This initiative includes a preoperative bundle that allows patients to approach surgery in the best condition possible, which in turn, will improve postoperative outcomes. One specific outcome that was benchmarked for the S4S project included average length of stay (LOS) for the surgical admission.

The S4S preoperative bundle is intensive with four domains and a lot of detail. The DHI multidisciplinary group decided to implement all of the domains, which included smoking cessation, nutrition, physical functioning and cognitive preparedness. The clinical nurses on the team did much of the work and had to figure out how each of the pieces would come together to be successful. The work of the bundle would start at the first preoperative appointment and continue all the way up to surgery.

As the interventions were put into place, it was identified by the clinical nurses that so many interventions at different times were challenging for the patient to keep track of. Aware that Twistle had been used successfully in another area of the organization, the clinical nurses wondered if it could help with the rollout of the S4S bundle as well. A new, smaller team, primarily led by clinical nurses, was formed in October 2020 to work toward implementation of this additional intervention.

In this workgroup, the clinical nurses came up with the messaging templates that were to be sent to patients each time an action was required.

For example, when the patient was due to drink a nutrition shake, a text message was sent clearly explaining what the patient was to do and why. When the patient needed to complete a cognitive preparedness activity, a reminder was sent with an explanation of its importance. Messages were sent to see how the patient was doing with smoking cessation, and alternate smoking cessation resources were included in these messages. Links were also incorporated into the text messages so the patient could go directly to a necessary resource, educational document or webpage.

On the clinical side, the nurses had a dashboard that showed if the patients received the messages, if they clicked on them and if they followed any of the links completing an action.

After implementation was complete, the C&R Surgery Clinic found that the average length of stay for colon and rectal surgery patients had a steady decline once the S4S bundle and Twistle platforms were fully operational. As of April 2021, the average length of stay was down to just two days, a 4.7-day decrease from the prior year, when the average length of stay was 6.7 days in April 2020.

A joint effort: bringing orthopedic surgeries back to Carle Eureka Hospital



Small but mighty is how some describe the surgical team at Carle Eureka Hospital. The team of six nurses, two surgical techs and two support team members took on a big task in 2021 to help bring joint replacement surgeries back into the community.

Prior to this year, most of the team had only limited experience with orthopedic procedures, such as knee arthroscopy and carpal tunnel surgery. However, they knew their patients wanted to stay close to home for their care. With this in mind, the staff was fully engaged in elevating the level of care in the community and re-initiating joint replacement procedures at Carle Eureka.

The staff, led by Nurse Coordinator Joy Jirousek, visited the surgical team at Carle BroMenn Medical Center in Normal to complete orientation and learn more about the cases Joseph Novotny, MD, orthopedic surgeon, would perform at Carle Eureka. The surgical techs scrubbed in on some of Dr. Novotny's cases, and the nurses circulated with the Carle BroMenn staff and provided care in Recovery.

After months of preparation, the first joint replacement surgery in 16 years was performed at Carle Eureka by Dr. Novotny on December 3, 2021.

"Every member went above and beyond to bring this service to the community; the teamwork and dedication witnessed exceeded expectations," said Jennifer Hepner, nurse manager, Nursing Services, Carle Eureka Hospital. "I could not be more proud of the team and this major accomplishment."

"I was impressed by the teamwork and passion shown by the staff at both hospitals, the physician's office and our hospital leaders, who, with the Carle Center for Philanthropy, secured funding for the equipment purchases while working towards this launch," said Trayce Bartley, director of Perioperative Services at Carle Eureka Hospital and Carle BroMenn Medical Center. "One of Carle's goals is to bring services to the communities we serve. Now patients can receive diagnosis, treatment including surgical intervention, and their follow-up care all in one place."

One of the unique aspects of Carle Eureka is that following the acute recovery stage of the surgery, patients can begin intensive therapy through the swing bed program while staying in their same room on the inpatient floor.

"To think back on all the work, and fast forward to performing two total joints and another minor surgery in half a day without hesitation, it truly is amazing and speaks to what a great team we have," Hepner said.

Nursing experts: translating the evidence

Looking back on 2021, rapid collection, appraisal and application of evidence have been vital. There has been an amazing opportunity to see a rapid, evidence-based response to the pandemic. Clinical inquiry has always been important in nursing because the effort to find best evidence leads to the best environments and patient outcomes. It's more important than ever to understand the process for evidence-based clinical inquiry and engage in it – whether it takes the form of quality or performance improvement, new standards of care or actual research.

The NExT website – Nursing Experts: Translating the Evidence was initially developed by a multi-organizational team of nurses and librarians as an open access resource for public health nurses. The website provides a series of modules and tools for the evidence-based practice (EBP) process of asking clinical questions, and finding and applying the evidence. The University of Illinois College of Nursing and Library of the Health Sciences received a National Libraries of Medicine (NLM) grant to fund the ongoing project.

Krista Jones, DNP, MSN, director of the Urbana regional campus of the University of Illinois College of Nursing and project leader, invited Lori VanWingerden, BSN, RN, NPD-BC, research nurse specialist, and Frances Drone-Silvers, biomedical information specialist, to join the University of Illinois-led team in development of modules for inpatient and ambulatory nurses. Module content, case studies and process tools were designed based on clinical experience and modeled after nursing EBP strategies within Carle Health. Primary objectives of the project included keeping these resources free of charge and openly accessible to nurses in any location or organization using a smartphone, tablet or computer. This resource provides an opportunity to contribute to Population Health by equipping nurses in any location or practice area, including the under-resourced.

The NExT website and modules for inpatient and ambulatory nurses were introduced during the early months of 2021. Content is appropriate for all nurses, from those who are beginners in EBP, to those with experience who are seeking a comprehensive review. Nurses choose between a set of modules tailored to the inpatient, ambulatory or public health practice settings. These modules can be completed progressively over time. A total of seven educational contact hours are awarded when the entire set is completed. Contact hours apply to requirements for RN license renewal and professional certification. The website provides ongoing access to tools and opportunity for review at any time. Carle nurses were the largest group of participants in the initial rollout of the new inpatient and ambulatory modules. Evaluation of the NExT resources was very positive.

The NExT modules provide an opportunity for nurses to advance their professional development and grow

competence in EBP individually, as a team and as a Magnet® organization. The collaboration with academic and regional partners has also grown through the ongoing project. A podium presentation has been accepted to the 2022 ANCC Magnet Conference with Krista Jones and Lori VanWingerden presenting on the collaboration.

Evidence-Based Nursing Practice

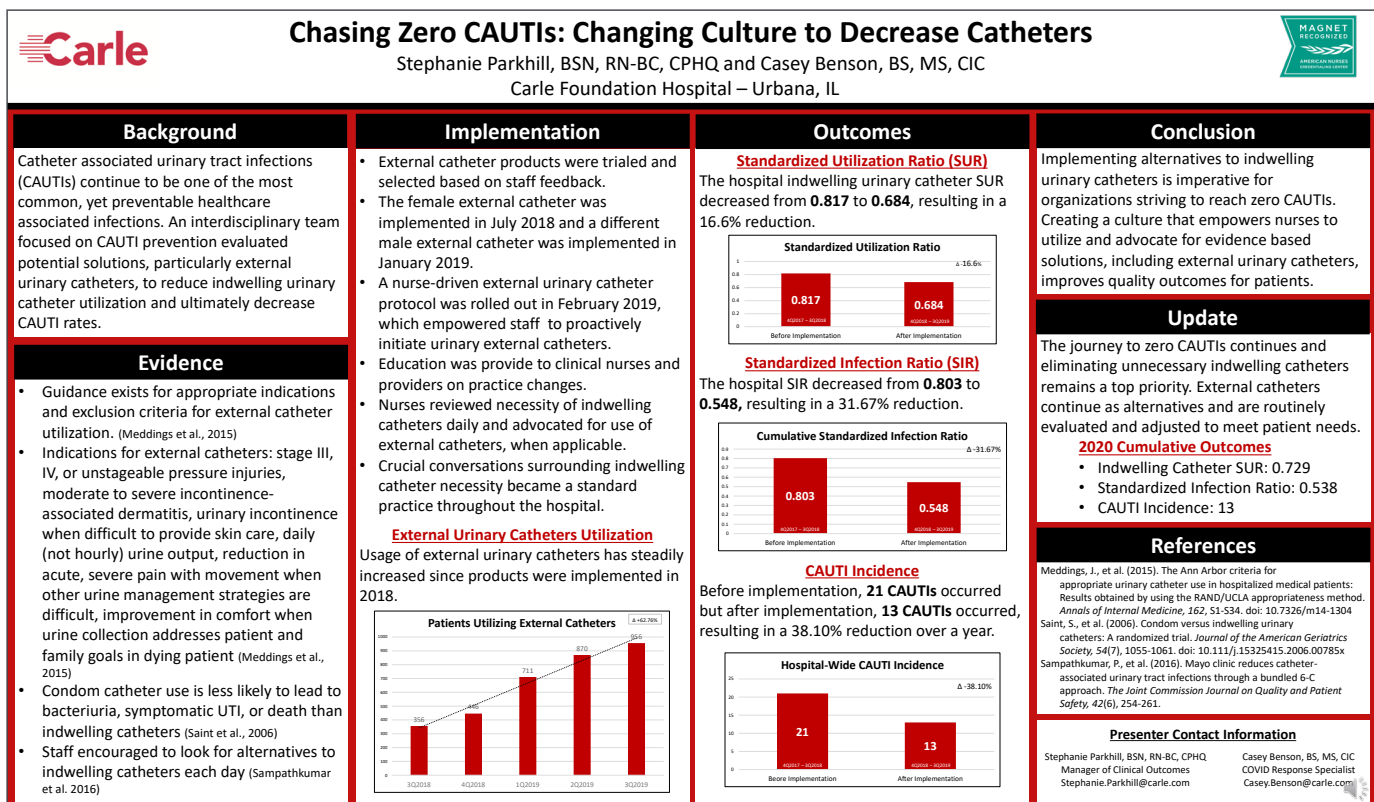
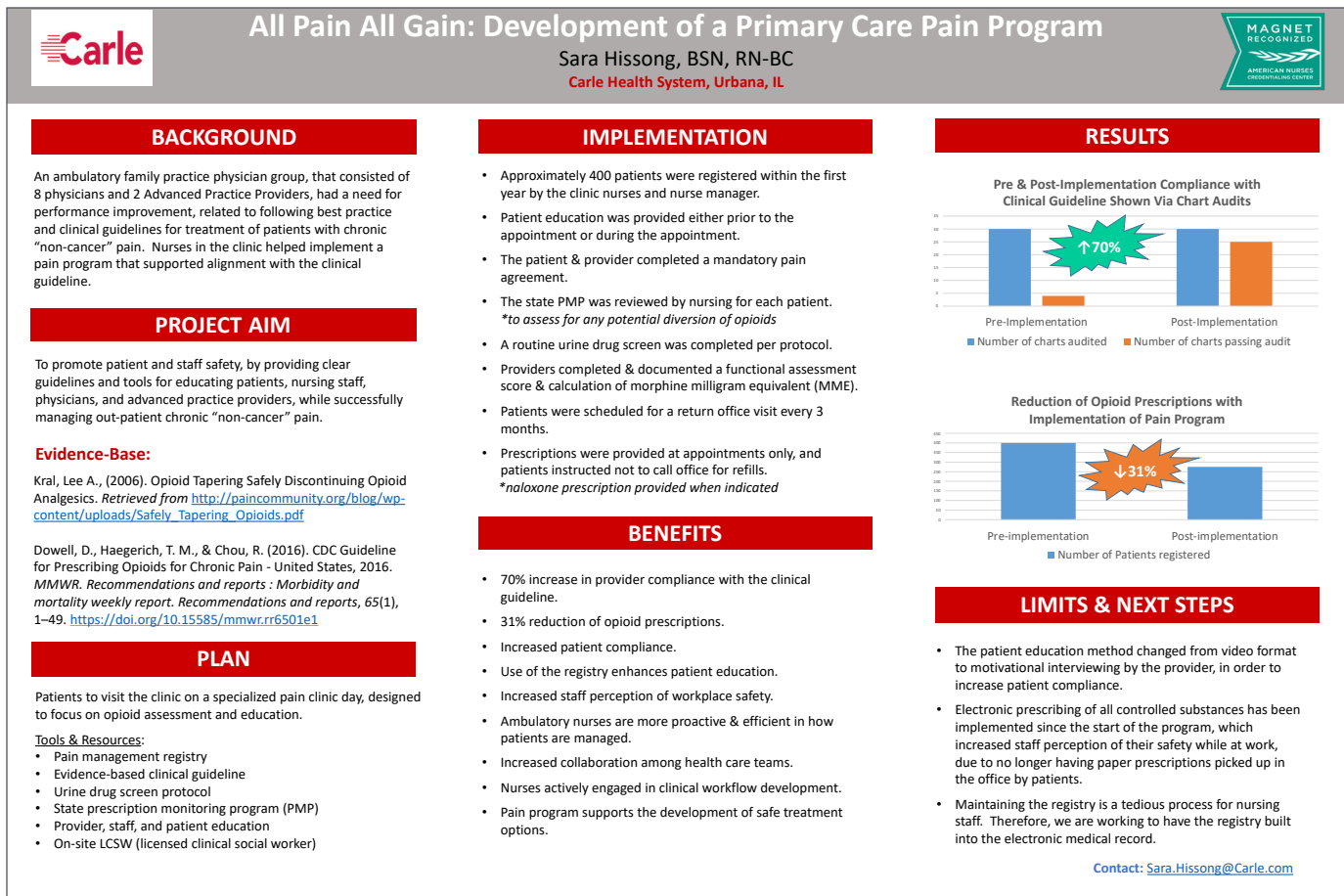
2021 RESEARCH STUDIES

Nursing Research Study Title	Study Status	Name(s) of Organization's Nurse Principal Investigator (PI), Co-PI, &/or Site PI for Each Study
Nursing Confidence in Evidence-Based Practice Survey	Ongoing	Lori VanWingerden BSN, RN, NPD-BC (CFH)
Evaluation of an Advanced Practice Provider (APP) Preceptor Program and Onboarding Process: Phase II	Ongoing	Mary Beth Voights, APRN, MS, TNS, TCRN (CFH)
Testing the Road to Birth Application in Clinical Practice	Ongoing	Ellen Solis DNP, CNM (CFH)
COVID-19 Impact on Outcome Measures of Patients Participating in Cardiac Rehabilitation Phase II	Ongoing	Kim Crutcher BSN, RN (CBMC) & Marilyn Prasun, PhD, CCNS, CNL, CHFNP (ISU/CBMC Endowed Faculty)
Testing of the Implementation of the Perceived-Assessed-Intervened-Notation (P.A.I.N.) Icon	Ongoing	Dominique Ely APRN, MSN; Kathy Derrick APRN, MSN; & Miranda Lam APRN, MSN (all Co-PI's) with PI Mike Aref MD (CFH)

EXTERNAL POSTERS AND PRESENTATIONS 2021

Title	Author	Dissemination Site	Date
All Pain, All Gain: Development of a Primary Care Pain Program (Poster)	Sara Hissong BSN, RN-BC (CPG)	46th Annual American Academy of Ambulatory Care Nursing (AAACN) Conference Virtual	May 2021
Stroke Education in Middle School Students (Poster)	Connie Catron DNP, APRN, CME, FNP-C (CPG)	Association of Community Health Nurse Education – 2021 Annual Institute Virtual	June 2021
Blood Transfusions and the Impact on the Neonatal Microbiome & Raising Nurse Awareness with the eNEC Tool (Poster)	Chris Wetzel DNP, RNC-NBIC, IBCLC (CFH); Alisa MacDonald, BSN, RN (CFH)	Academy of Neonatal Nursing Conference Chicago, IL	September 2021
The 30-Day Bedside Guide for Milk Volume Targets with eMOM (evaluation of Mother's Own Milk) (Podium)	Chris Wetzel DNP, RNC-NBIC, IBCLC (CFH)	Academy of Neonatal Nursing Conference Chicago, IL	September 2021
2021 National Magnet Nurse of the Year: New Knowledge, Innovations, & Improvements (Podium: award acceptance)	Chris Wetzel DNP, RNC-NBIC, IBCLC (CFH)	Magnet/Pathway Conference Atlanta, GA	November 2021
Chasing Zero CAUTIs: Changing Culture to Decrease Catheters (Poster)	Stephanie Parkhill BSN, RN-BC (CFH); Casey Benson (not an RN)	Magnet/Pathway Conference Atlanta, GA	November 2021
Coaching Your Team to Explore the Evidence: EBP Huddles (Poster)	Lori VanWingerden BSN, RN, NPD-BC (CFH)	Magnet/Pathway Conference Atlanta, GA	November 2021
Assessing for Growth in Evidence-based Practice: RNcEBP Survey (Poster)	Lori VanWingerden BSN, RN, NPD-BC (CFH)	Magnet/Pathway Conference Atlanta, GA	November 2021

EXTERNAL POSTERS AND PRESENTATIONS 2021



2021 INTERNAL POSTER AND PODIUM PRESENTATIONS

Title	Author	Dissemination Site	Date
Recognition and Treatment of Neonatal Hypoglycemia in the Emergency Department (Poster)	Marilyn Nelson RN, CEN, CCRN, TNS; Justyna Koscielniak BSN, RN, TCRN, CCRN, CEN, TNS; Sherri Pearson BSN, RN, TNS; Keli Sidebottom MSN, RNC-OB; Alicia Allen MSN, RN, BC; Marilyn Prasun PhD, CCNS, CNL, CHFNP (CBMC)	Virtual Nursing EBP Poster Showcase	May 2021
Thermomechanical Device Usage During IV Insertions (Poster)	Tracy Sondag BSN, RN, CMSRN; Angela Turner MSN, RN, CMSRN, ONC (CBMC)	Virtual Nursing EBP Poster Showcase	May 2021
Reduction of Surgical Site Infections in Post-Operative Gynecologic Patients (Poster)	Crystal Bricker MSN, RN, CNOR; Toni Tortorella IWU SN (CBMC)	Virtual Nursing EBP Poster Showcase	May 2021
Pasteurized Donor Human Milk (Poster)	Angela Philpott BSN, RNC-LRN; Denise Hammer DNP, RNC-NIC; Norrene Love BSN, RNC-CBC; Lisa Gilmore-Riess BSN, RNC-LRN; Alison McCarty BSN, RN (CBMC)	Virtual Nursing EBP Poster Showcase	May 2021
Home Sleep Apnea Testing (HSAT) for Hospitalized Patients with Atrial Fibrillation (Poster)	Maneesha Joseph FNP, DNP; Marilyn Prasun PhD, CCNS, FAHA; Teresa Novy DNP, RN (CBMC)	Virtual Nursing EBP Poster Showcase	May 2021

Inter-Professional Security Issue Resolution (Poster)	Jennifer Singley BSN, RN, CRNO; Toni Winks BSN, RN-BC; Melanie Evelsizer RN, CHRN (CBMC)	Virtual Nursing EBP Poster Showcase	May 2021
Improving Emergency Department Teamwork During Trauma Resuscitation: A Quality Improvement Project (Poster)	Justyna Koscielniak BSN, RN, TCRN, CCRN, CEN, TNS; Marilyn Prasun PhD, CCNS, CNL, CHFN, FAHA; Karen Lamb DNP; Alisha Betka DNP, MSN/Ed, RN, CHSE (CBMC)	Virtual Nursing EBP Poster Showcase	May 2021
Delirium Prevention (Poster)	Alica Allen MSN, RN, BC; Hannah Denault BSN, RN; Donna Schweitzer APN, CCNS, CCRN, CNS; Shelly Hillary MSN, RN, NE-BC (CBMC)	Virtual Nursing EBP Poster Showcase	May 2021
Chasing Zero CAUTIs (Poster)	Stephanie Parkhill BSN, RN-BC; Casey Benson (not an RN) (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
APP Mentor Program (Poster)	Linda Irle DNP, APRN-FPA (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Blood Transfusions & Neonatal Microbiome (Poster)	Chris Wetzel DNP, RNC-NBIC, IBCLC (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Clinical Inquiry Resources (Podium)	Lori VanWingerden BSN, RN, NP-BC (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Impact of COVID on Cardiac Rehab (Podium)	Kimberly Crutcher BSN, RN; Marilyn Prasun PhD, CCNS, CNL, CHFN (CBMC)	Nursing Clinical Inquiry Virtual Conference	December 2021
Road to Birth App (Podium)	Ellen Solis DNP, CNM; Elizabeth Munoz MSN, CNM (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021

Neonatal Research (Podium)	Chris Wetzel DNP, RNC-NBIC, IBCLC (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Literature Appraisal Huddles (Podium)	Multiple breakout session facilitators – EBP nurse leaders (Carle Health)	Nursing Clinical Inquiry Virtual Conference	December 2021
Facilitating a Journal Club (Podium)	Debbie Stearns BSN, RN, AMB-BC (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
NExT EBP Modules (Podium)	Krista Jones DNP, RN, PHNA-BC; Lori VanWingerden BSN, RN, NPD-BC (CPG/ CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Pursuing BSN or Graduate Nursing Degrees (Podium)	Lynette Marx MBA, BSN, RN (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Patient Flow (Podium)	Lori Harper MBA, MSN, RN, NE-BC (CBMC)	Nursing Clinical Inquiry Virtual Conference	December 2021
Respiratory Device – Pressure Injury (Podium)	Teresa Novy DNP, RN (CBMC)	Nursing Clinical Inquiry Virtual Conference	December 2021
Wound Care in COVID – HAPI (Podium)	Angie Speirs MSN, RN, CMSRN; Susan Rubenking BSN, RN, CWON (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Complex Neonatal Discharges (Podium)	Alissa MacDonald BSN, RN (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Safe Sleep – Healthy Beginnings (Podium)	Chelsea Taylor BSN, RN, CPN, CLC; Elizabeth Unander BSN, RN, CLC (CPG)	Nursing Clinical Inquiry Virtual Conference	December 2021
Chronic Opioid Refills (Podium)	Aly Klie RN (CPG)	Nursing Clinical Inquiry Virtual Conference	December 2021
Manualized Therapy – Behavioral Health (Podium)	Bradley Thompson APRN, PMHNP-BC (CPG)	Nursing Clinical Inquiry Virtual Conference	December 2021

OR Cleaning (Podium)	Susan Ruwe MSN, RN, CPHQ, CIC; Cara Pals BSN, RN, CNOR; Lindsay Knoll BSN, RN, CNOR (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Minimizing Surgical Smoke (Podium)	Crystal Bricker MSN, RN, CNOR (CBMC)	Nursing Clinical Inquiry Virtual Conference	December 2021
Pre-Surgical/Procedural Fasting (Podium)	Stephanie Parkhill BSN, RN-BC (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Food as Medicine – Acute to Community (Podium)	Pam Bigler DNP, RN, NEA-BC (CFH)	Nursing Clinical Inquiry Virtual Conference	December 2021
Stroke Education in Middleschool (Podium)	Connie Catron DNP, APRN, CME, FNP-C (CPG)	Nursing Clinical Inquiry Virtual Conference	December 2021
EBP in Faith Community Nursing (Podium)	Gregory Scott MS, RN, PHRN, TNS (CPG)	Nursing Clinical Inquiry Virtual Conference	December 2021

Nursing Clinical Inquiry Conference 2021

Though this was the 12th nursing conference at Carle focused on evidence-based practice, this was the first virtual conference. COVID challenges and recent growth of the Carle Health organization motivated a new format that allows nurses across the healthcare system to learn about clinical inquiry and share their best practices.

The full day conference offered poster sessions, general and breakout sessions. Any Carle Health nurse could register free of charge to receive the Zoom link and participate by smart phone, tablet or computer. Nursing academic partners and nursing students were also invited to participate. Agenda highlights included:

- Carle leaders expressing their support for clinical inquiry & innovation from across the system
- Showcase of Carle web accessible resources for clinical inquiry
- Interactive sessions on article appraisal, PICO questions and searching journals
- Information on starting journal clubs, additional continuing education options and graduate degree projects
- Presentations & posters on current nurse-led research & evidence-based quality improvement projects by Carle Health nurses
- Interactive dialogue with poster presenters including literature reviews by UIC-Urbana nursing students

A total of 120 nurses and students from across the Carle Health system and region participated, each receiving up to 7.75 contact hours for professional development. These contact hours apply to RN and APRN re-licensure and certification requirements.

2021 Nursing Publications

Names in **bold** are Carle team members contributing to research.

Aguilar-Lopez, M., **Wetzel, C.**, MacDonald, A., Ho, T., & Donovan, S. M. (2021). Human milk-based or bovine milk-based fortifiers differentially impact the development of the gut microbiota of preterm infants. *Frontiers in Pediatrics*, 9, 719096. <https://doi.org/10.3389/fped.2021.719096>

Barnes, B., Barnes, M., & **Welsh, N.** (2021). The voice of a nurse: reflecting on the International Year of the Nurse and beyond. *Nurse Leader*, 19(2), 210-212.

Lim, S. J., Aguilar-Lopez, M., **Wetzel, C.**, Dutra, S., Bray, V., Groer, M. W., Donovan, S. M., & Ho, T. (2021). The effects of genetic relatedness on the preterm infant gut microbiota. *Microorganisms*, 9(2), 278. <https://doi.org/10.3390/microorganisms9020278>

Dunn Lopez, K., Chin, C. L., Leitão Azevedo, R. F., Kaushik, V., Roy, B., Schuh, W., **Banks, K.**, Sousa, V., & Morrow, D. (2021). Electronic health record usability and workload changes over time for provider and nursing staff following transition to new EHR. *Applied Ergonomics*, 93, 103359. <https://doi.org/10.1016/j.apergo.2021.103359>

Peneza, D., White-Edwards, K. Y., **Bricker, C.**, Mahabee-Betts, M., & Wagner, V. D. (2021). Perioperative nurse educators: rapid response to the COVID-19 pandemic. *AORN Journal*, 113(2), 180–189. <https://doi.org/10.1002/aorn.13305>

Stamp, K. D., ***Prasun, M. A.**, McCoy, T. P., & Rathman, L. (2022). Providers' assignment of NYHA functional class in patients with heart failure: a vignette study. *Heart & Lung : the Journal of Critical Care*, 51, 87–93. <https://doi.org/10.1016/j.hrtlng.2021.07.009>

Zimmerman, C.L., Gandhi, R.M. Medication cancellations: preventing medication misadventures by utilizing the EHR. *Journal of Informatics Nursing* 2021; 6(1):6-10.

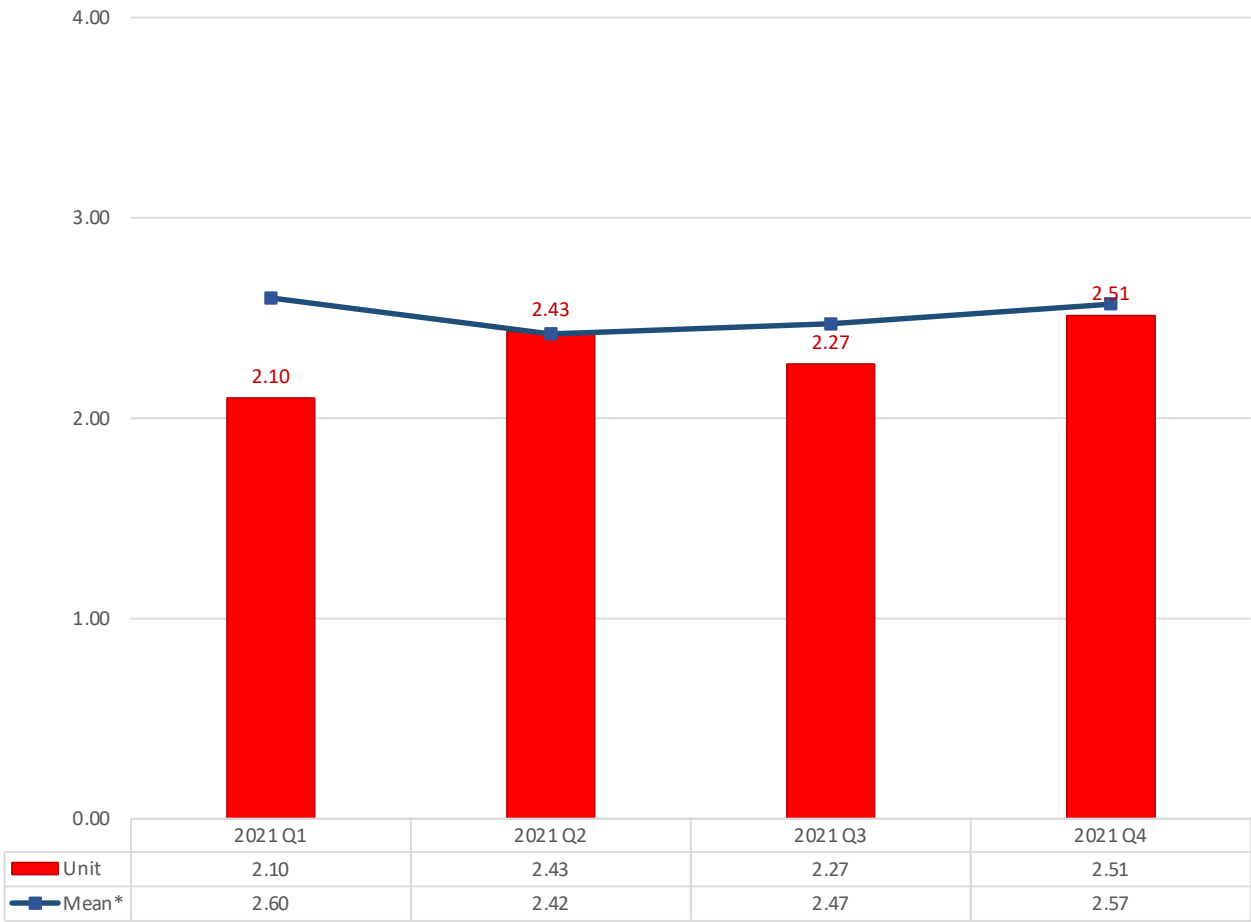
*Carle BroMenn Medical Center Endowed Professor, Illinois State University, Mennonite College of Nursing, Normal, IL.

Empirical Outcomes



Carle Foundation Hospital

Total Falls/1000 PD

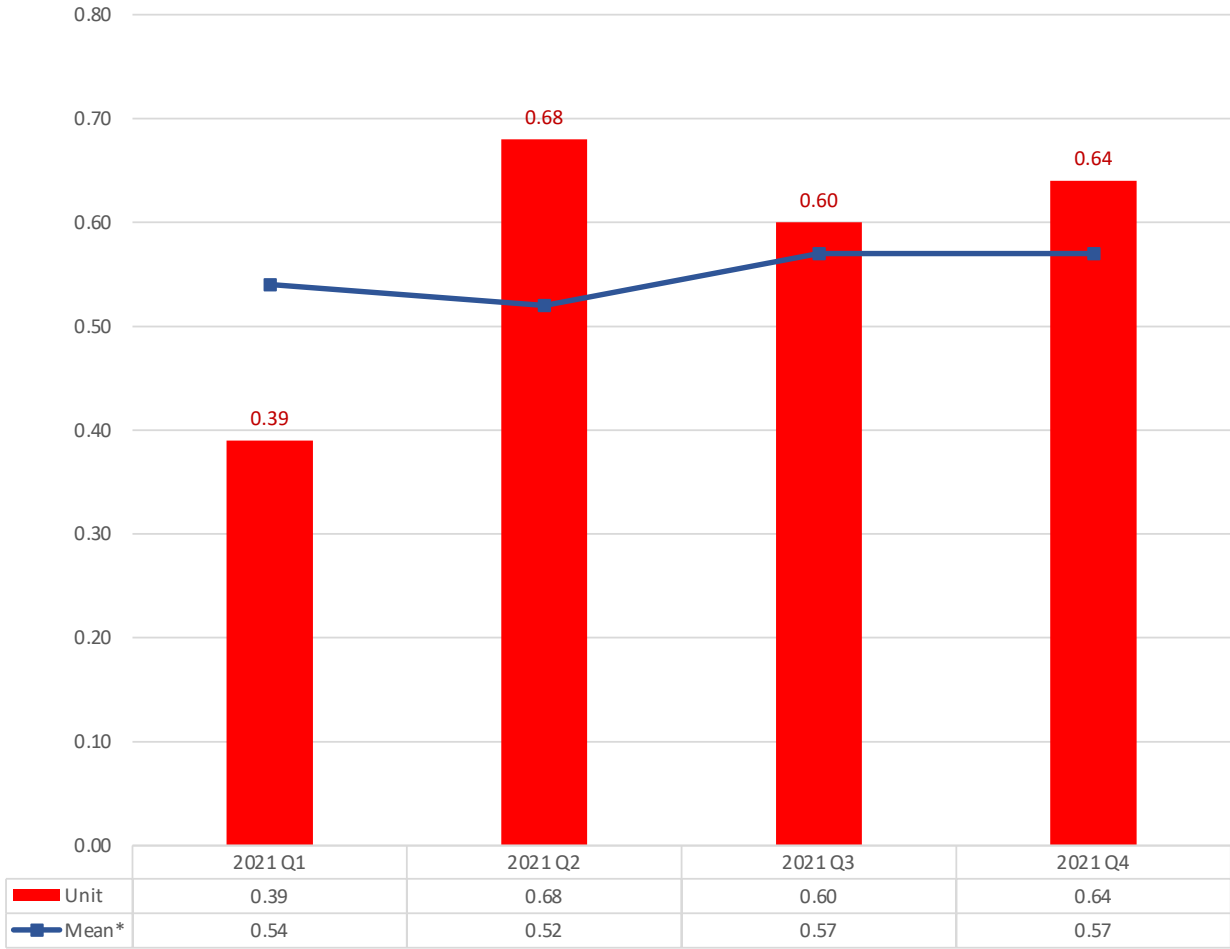


*Mean = Comparison Group of Teaching Hospitals (Cohort). It is our Goal to Perform Better than the Mean.

Total Patient Falls – NDNQI Data Total Patient Falls per 1,000 Patient Days 1Q2021 through 4Q2021

Carle Foundation Hospital

Falls with Injury/1000 PD

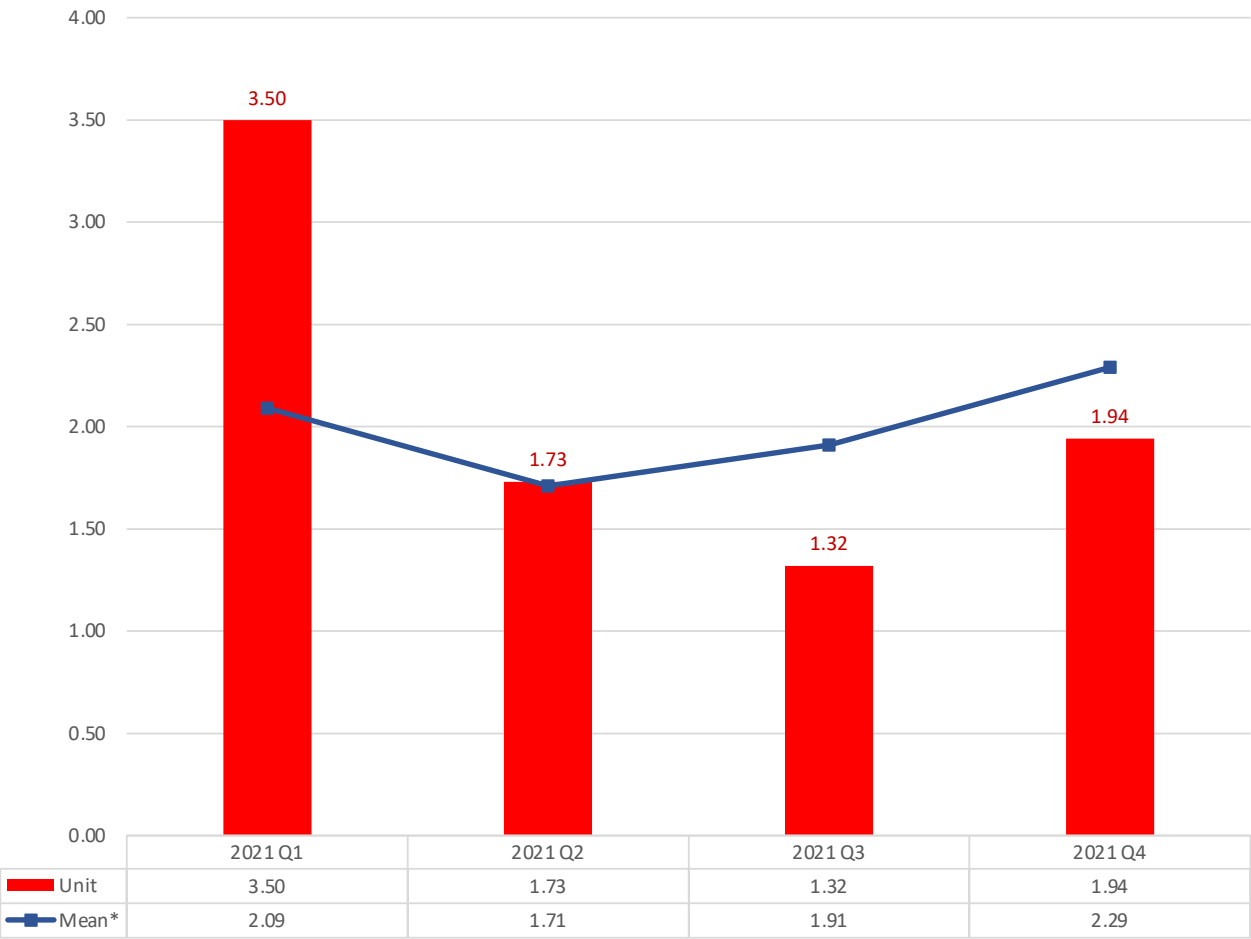


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Patient Falls with Injury – NDNQI Data Injury Falls per 1,000 Patient Days 1Q2021 through 4Q2021

Carle Foundation Hospital

% of Surveyed Patients w/ HAPI Stage 2 and Above

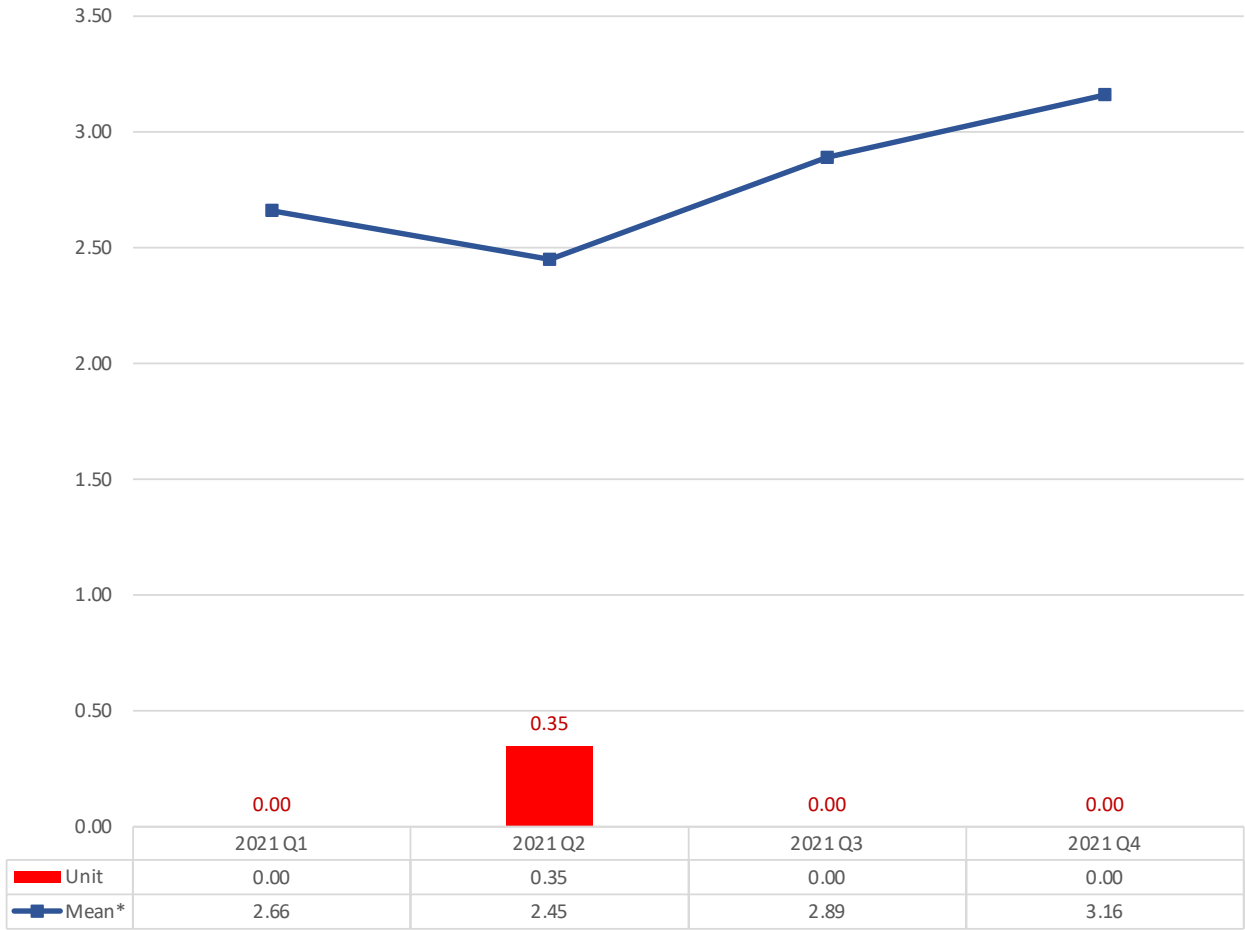


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Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above during NDNQI Prevalence Survey 1Q2021 through 4Q2021

Carle Foundation Hospital

% of Patients w/ Physical Restraints (Limb &/or Vest)

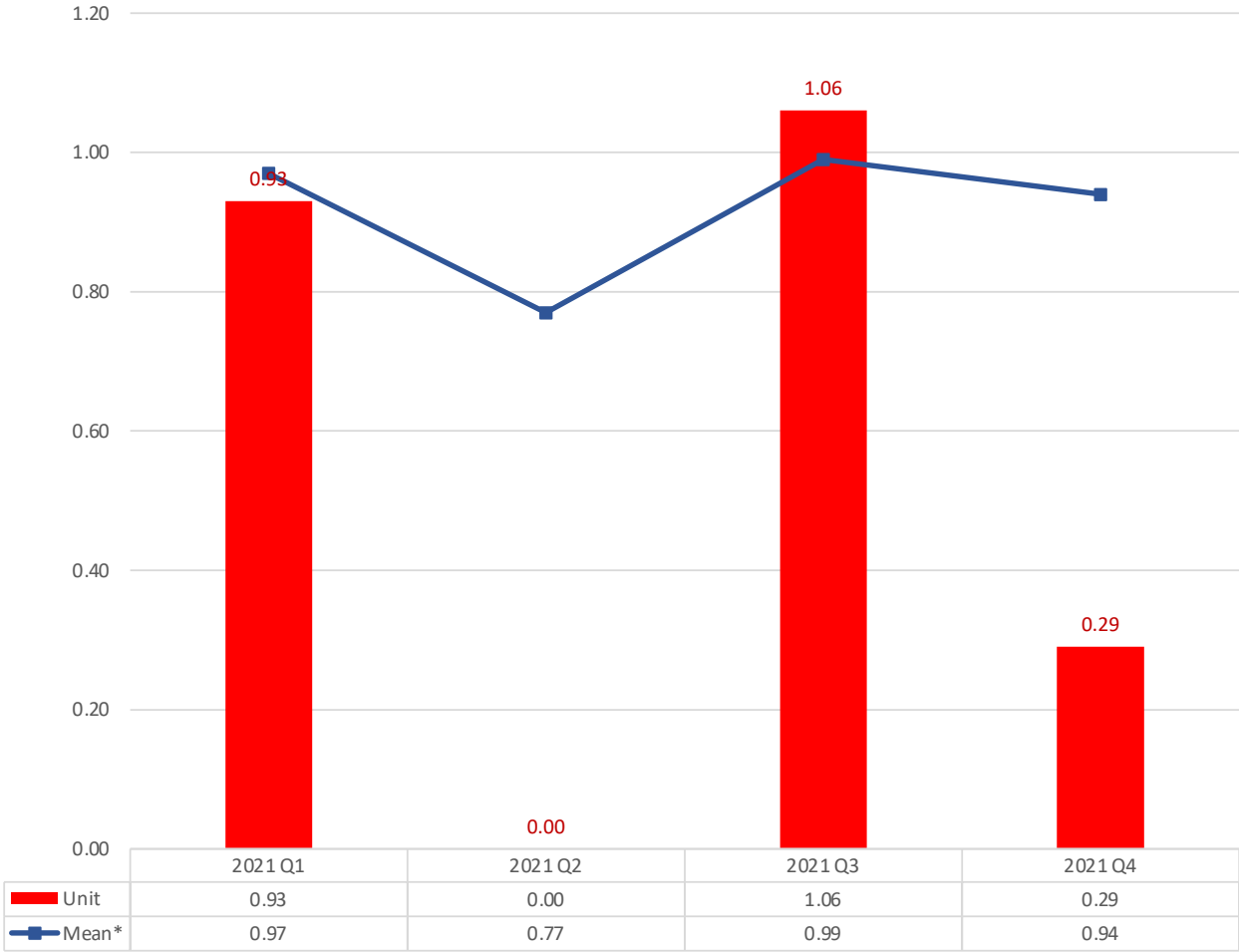


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Physical Restraints – NDNQI Data Percent of Patients with Physical Restraints (Limb and/or Vest) during Prevalence Survey 1Q2021 through 4Q2021

Carle Foundation Hospital

CLABSI /1000 Central Line Days

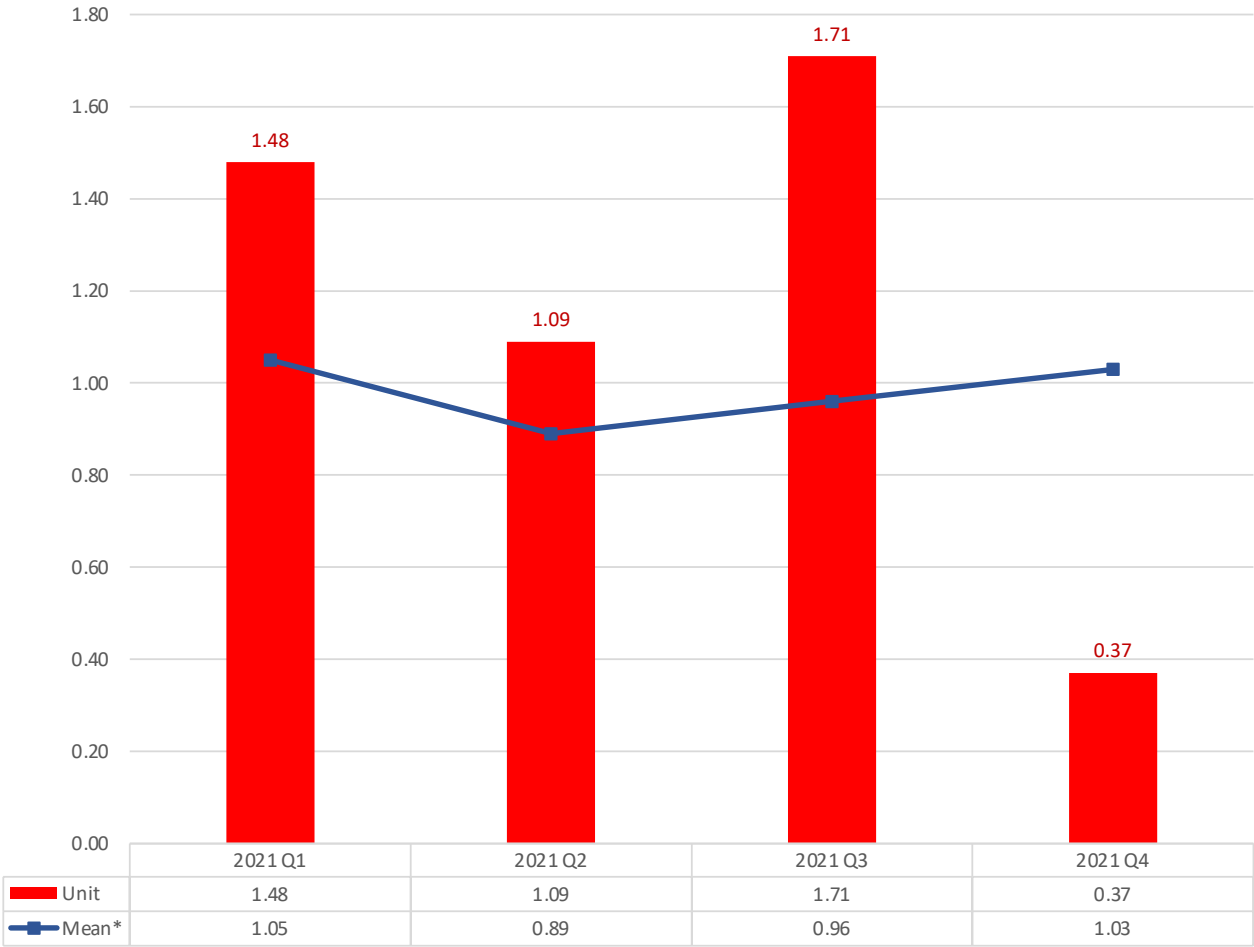


*Mean = Comparison Group of Teaching Hospitals (Cohort). It is our Goal to Perform Better than the Mean.

Percent of Surveyed Patients with Central Line Associated Blood Stream Infections per 1000 Central Line Days
1Q2021 through 4Q2021

Carle Foundation Hospital

CAUTI /1000 Catheter Days

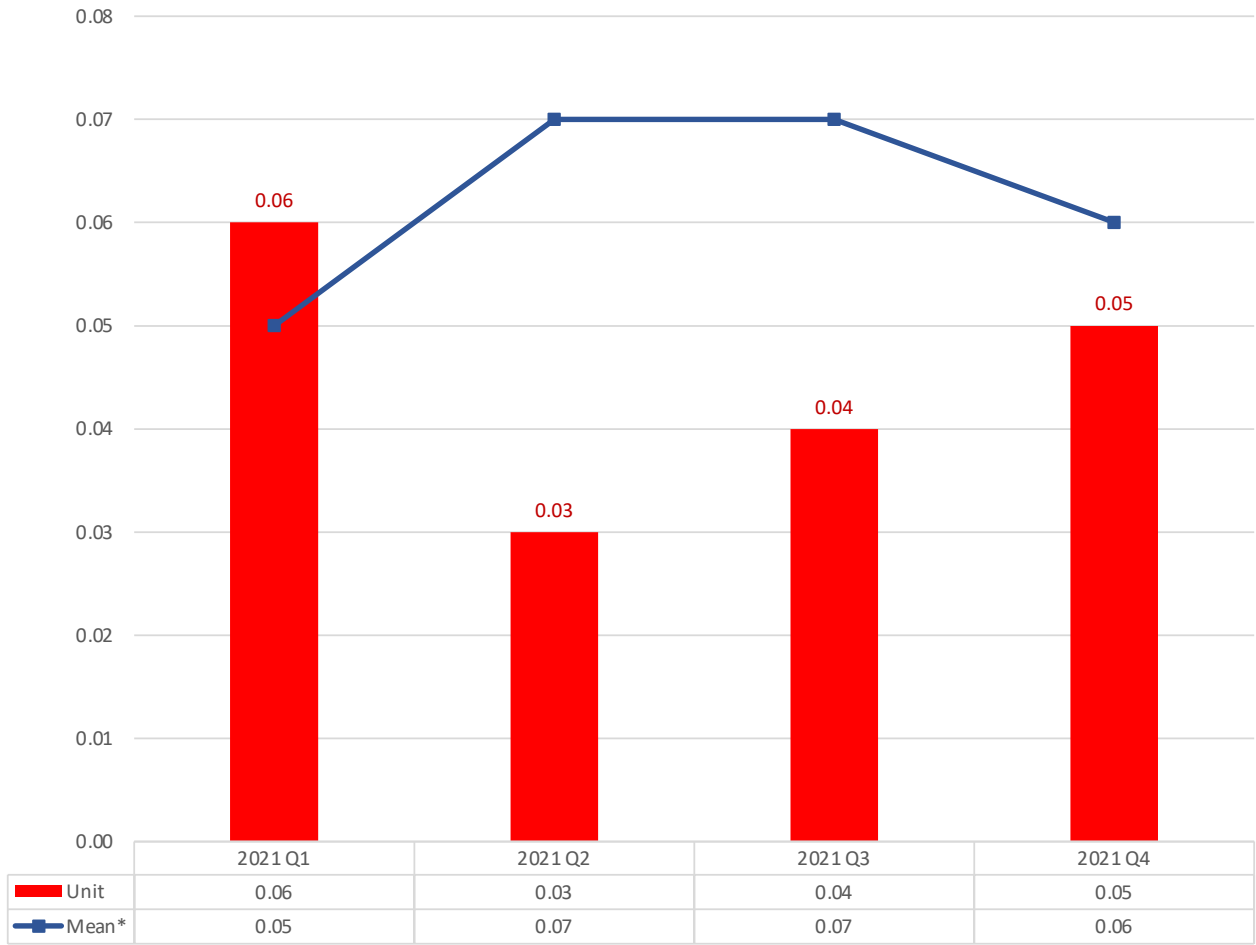


*Mean = Comparison Group of Teaching Hospitals (Cohort). It is our Goal to Perform Better than the Mean.

Percent of Surveyed Patients with Catheter Associated Urinary Tract Infections per 1000 Catheter Days 1Q2021 through 4Q2021

Carle Foundation Hospital

Total Assault on Nuring Personnel

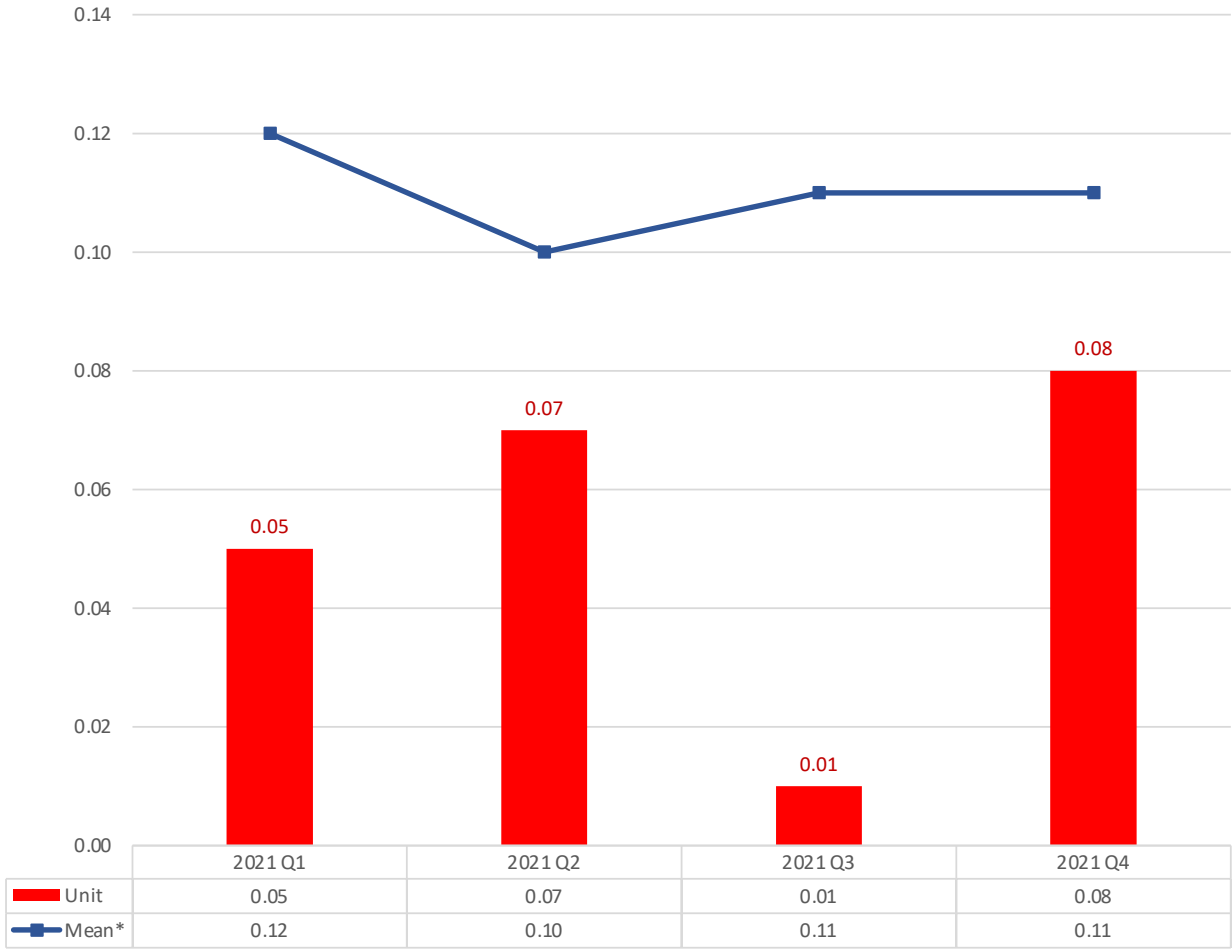


*Mean = Comparison Group of Teaching Hospitals (Cohort). It is our Goal to Perform Better than the Mean.

Total Assaults on Nursing Personnel Rate – NDNQI 1Q2021 through 4Q2021

Carle Foundation Hospital

Falls with Injury/1000 Patient Visits - Ambulatory

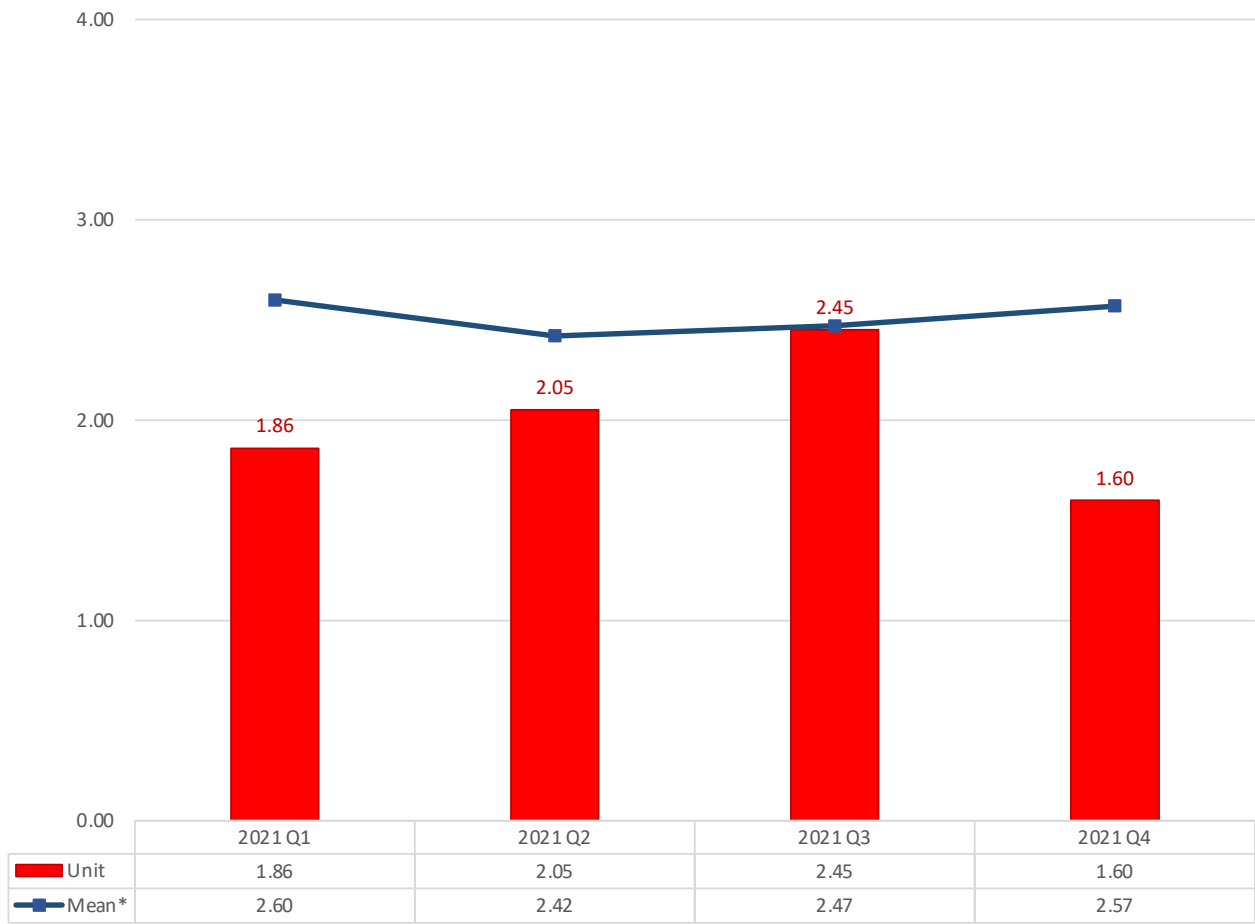


*Mean = Comparison Group of Teaching Hospitals (Cohort). It is our Goal to Perform Better than the Mean.

Patient Falls with Injury Ambulatory Locations – NDNQI Data Injury Falls per 1000 Patient Visits 1Q2021 through 4Q2021

Carle BroMenn Medical Center

Total Falls/1000 PD

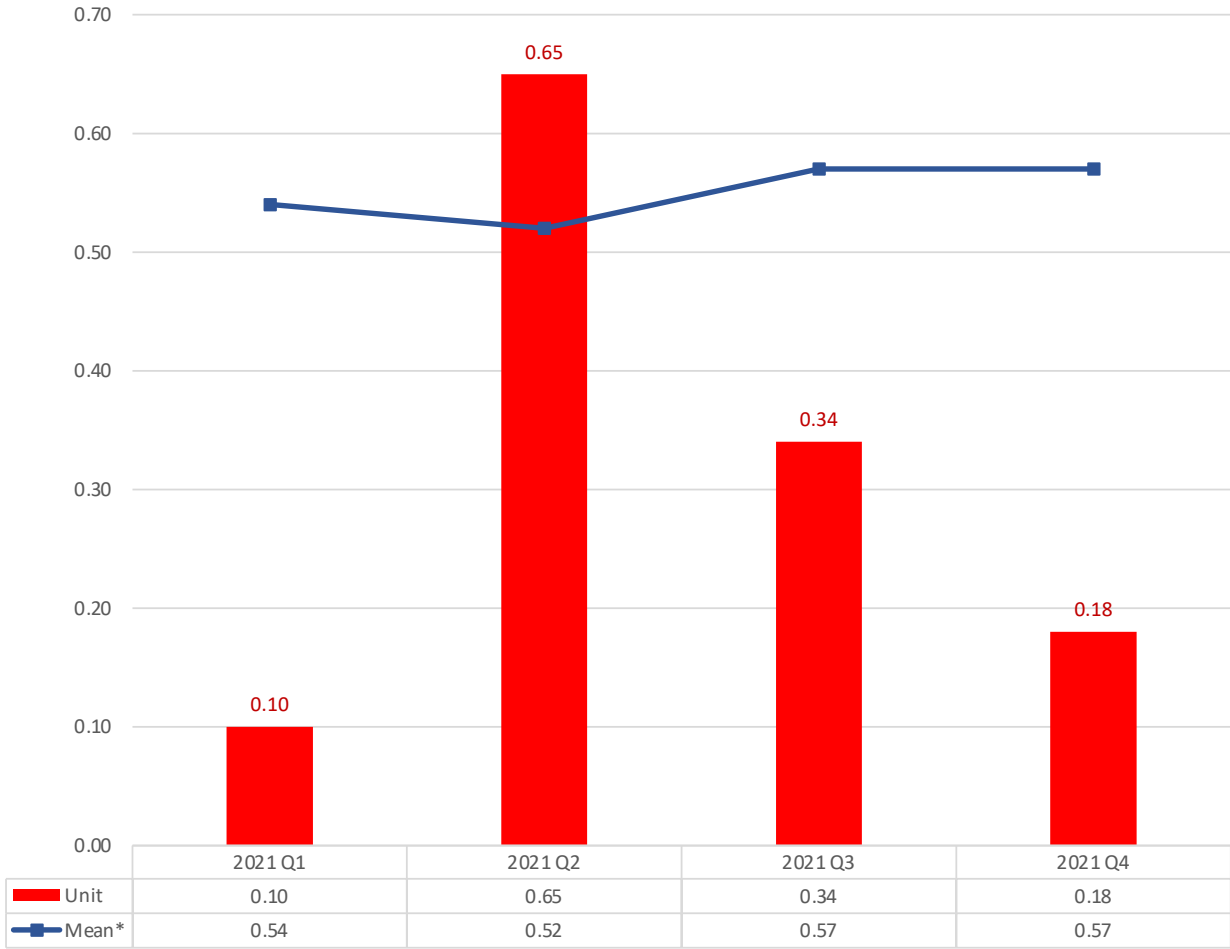


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Total Patient Falls – NDNQI Data Total Patient Falls per 1,000 Patient Days 1Q2021 through 4Q2021

Carle BroMenn Medical Center

Falls with Injury/1000 PD

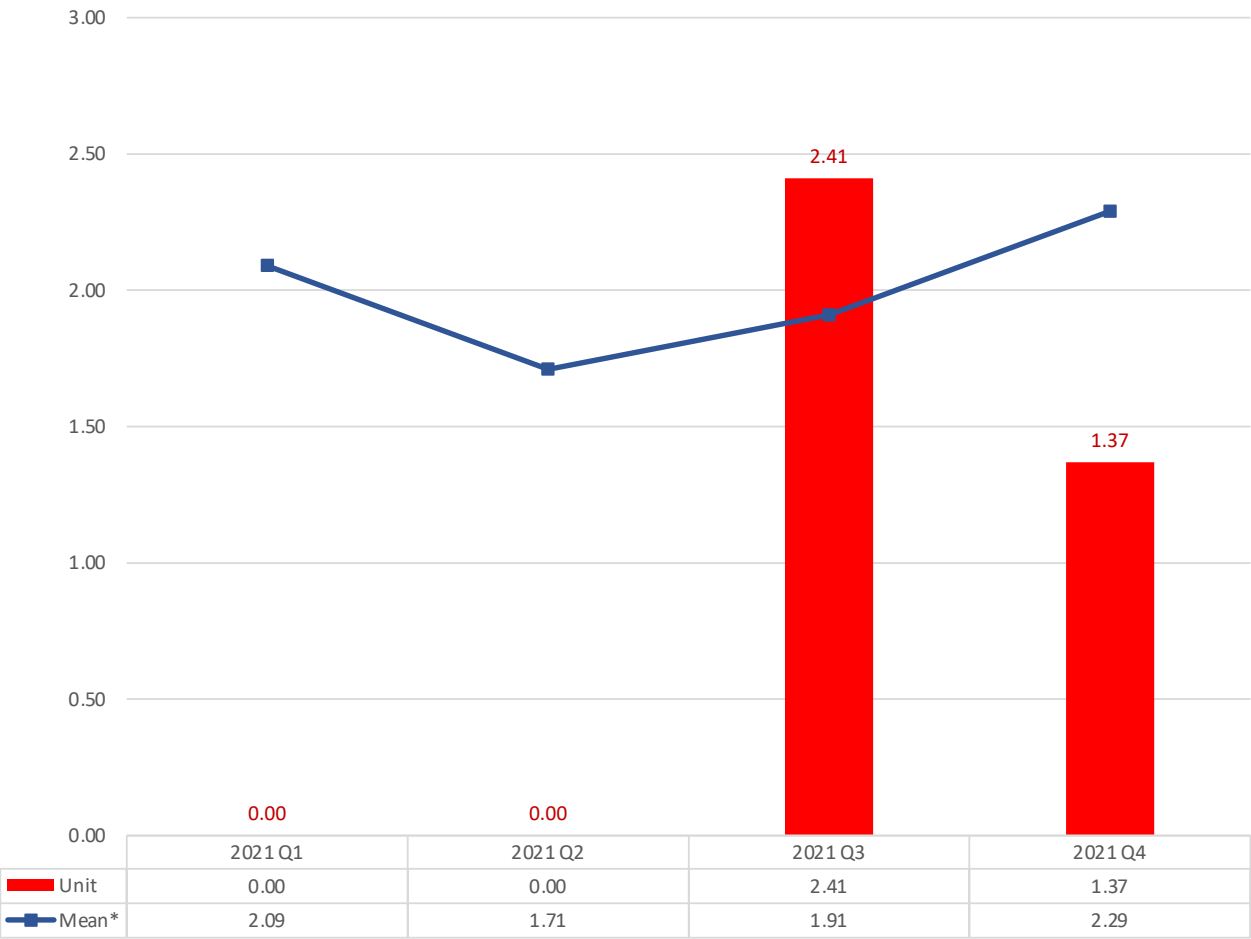


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Patient Falls with Injury – NDNQI Data Injury Falls per 1,000 Patient Days 1Q2021 through 4Q2021

Carle BroMenn Medical Center

% of Surveyed Patients w/ HAPI Stage 2 and Above

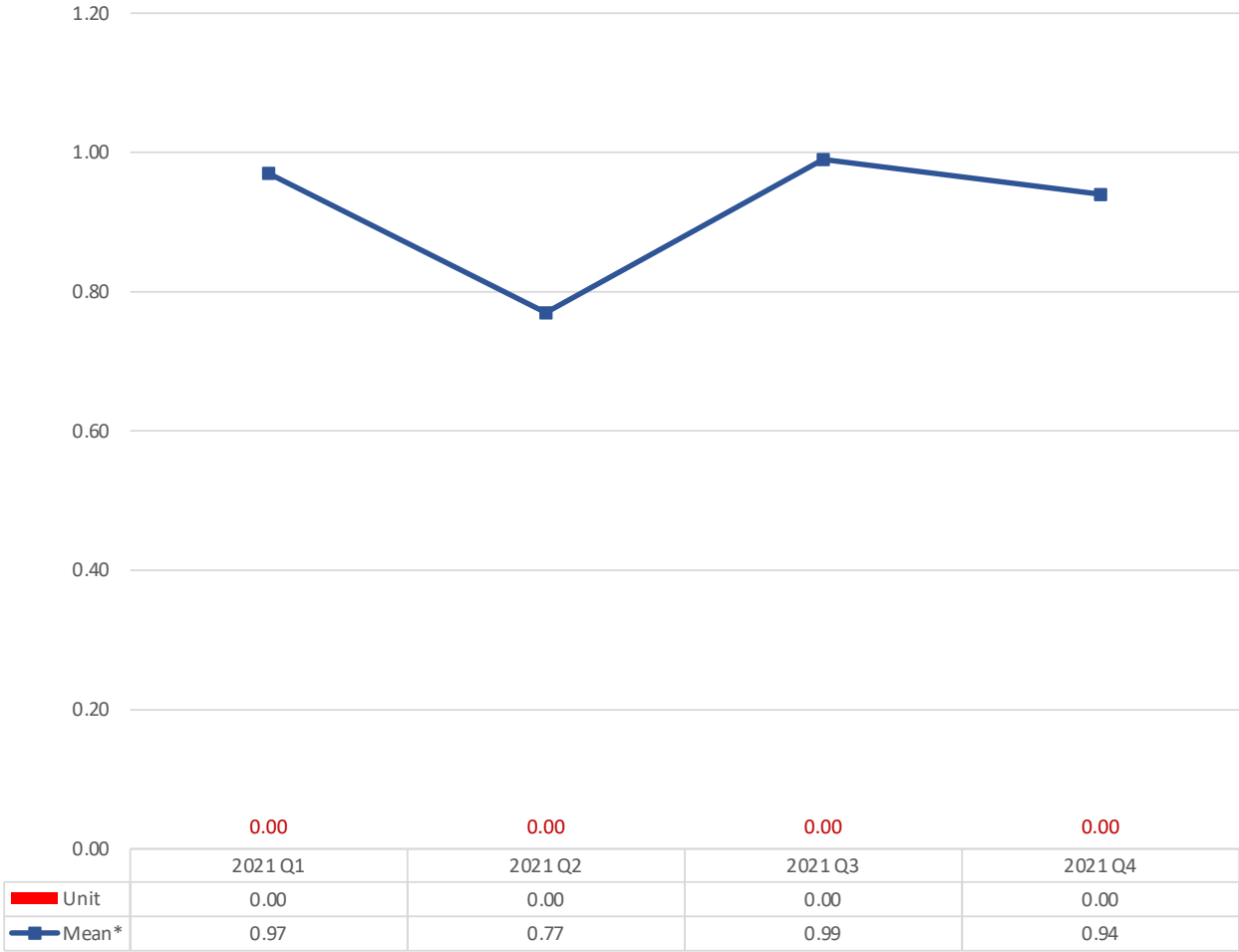


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Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above during NDNQI Prevalence Survey 1Q2021 through 4Q2021

Carle BroMenn Medical Center

CLABSI /1000 Central Line Days

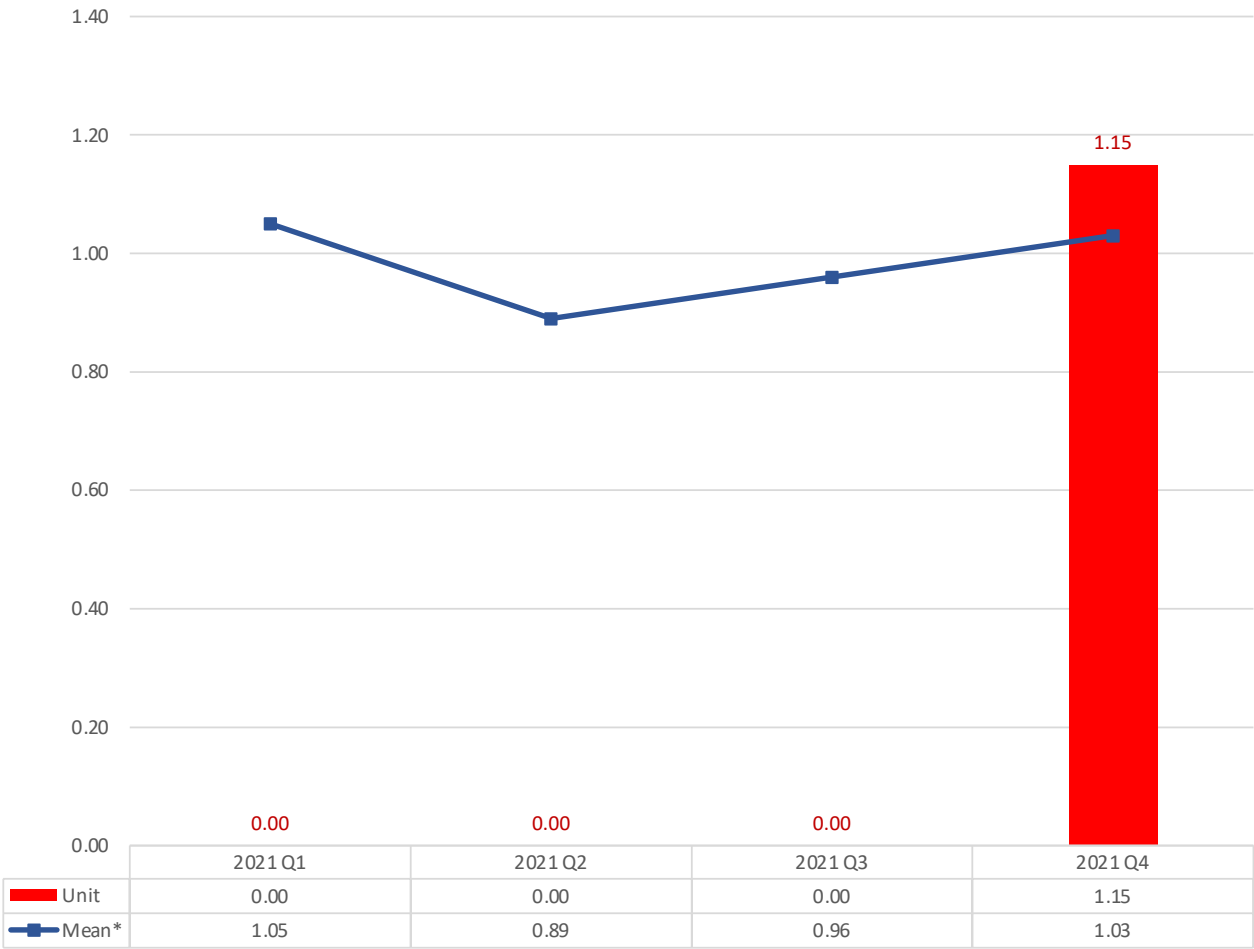


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Percent of Surveyed Patients with Central Line Associated Blood Stream Infections per 1000 Central Line Days
1Q2021 through 4Q2021

Carle BroMenn Medical Center

CAUTI /1000 Catheter Days

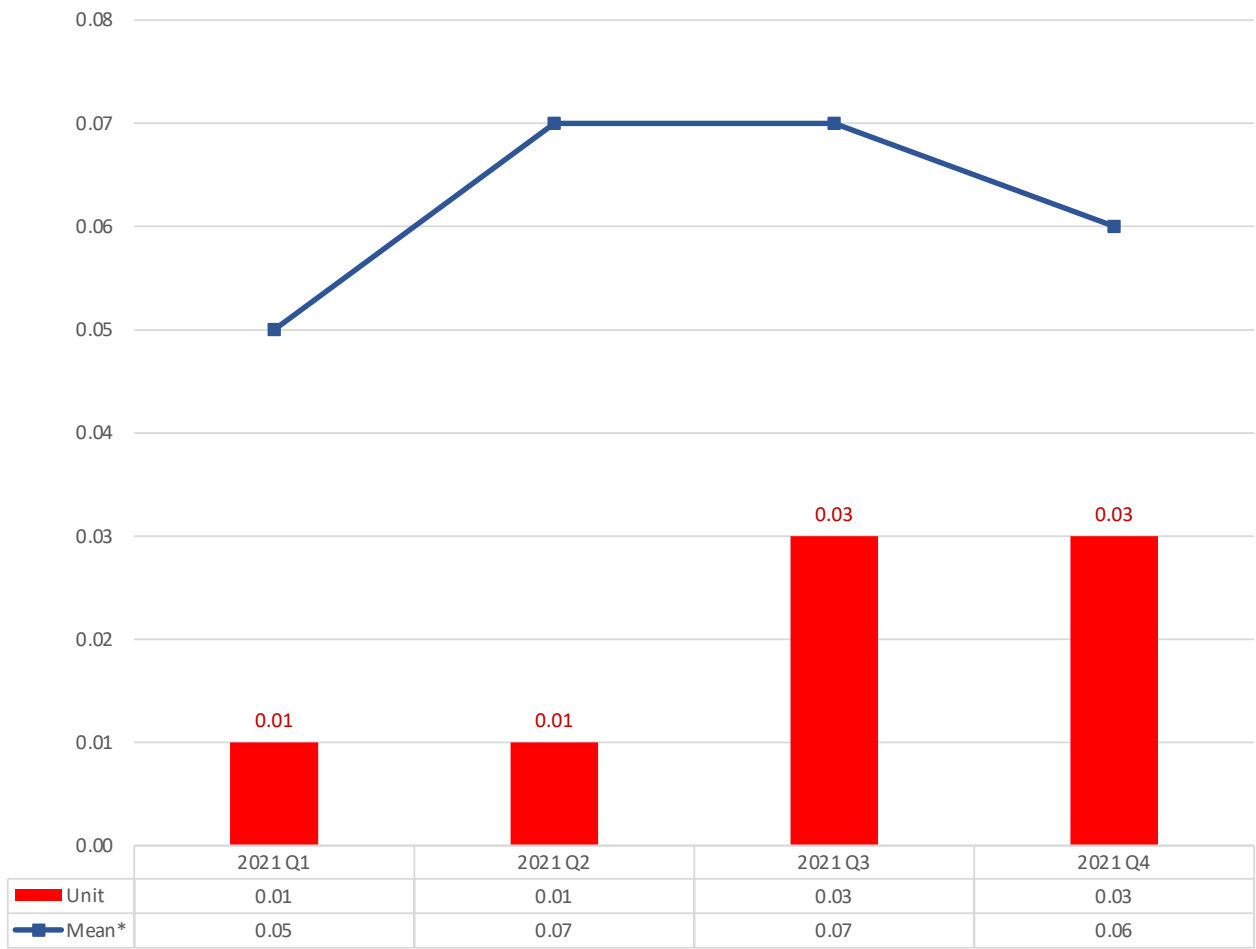


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Percent of Surveyed Patients with Catheter Associated Urinary Tract Infections per 1000 Catheter Days 1Q2021 through 4Q2021

Carle BroMenn Medical Center

Total Assault on Nuring Personnel

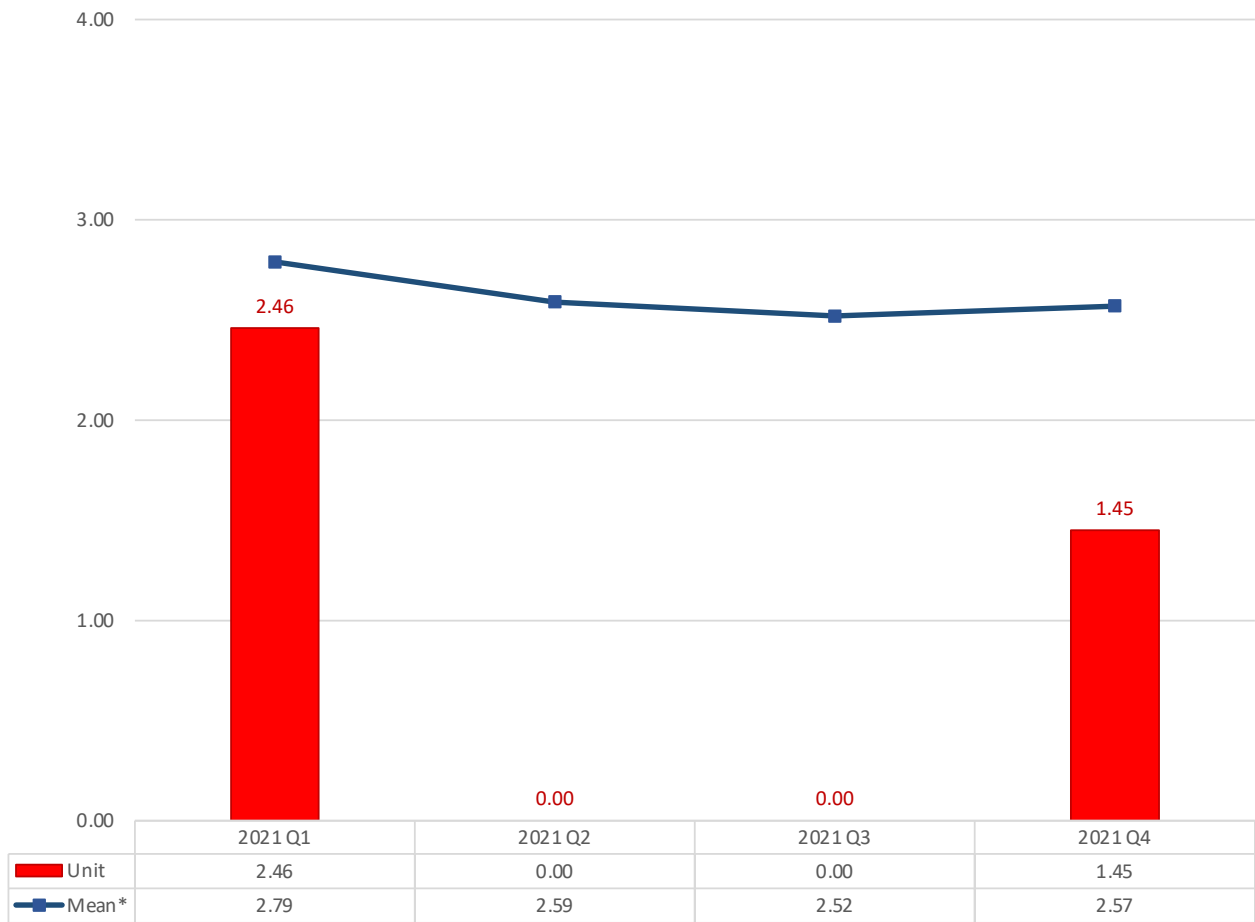


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Total Assaults on Nursing Personnel Rate – NDNQI 1Q2021 through 4Q2021

Carle Hoopeston Regional Health Center

Total Falls/1000 PD

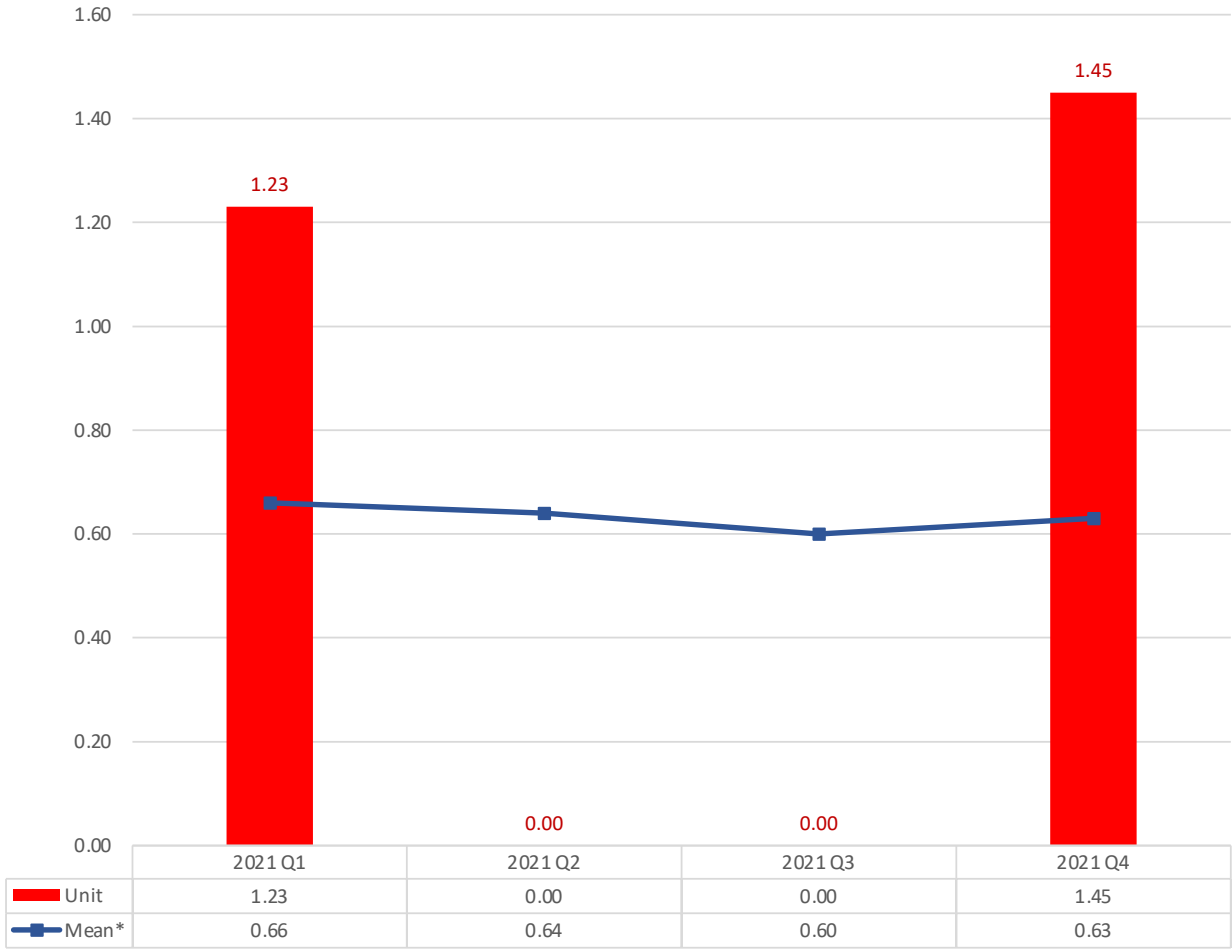


*Mean = Comparison Group of Non-Teaching Hospitals (Cohort).
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Total Patient Falls – NDNQI Data Total Patient Falls per 1,000 Patient Days 1Q2021 through 4Q2021

Carle Hoopeston Regional Health Center

Falls with Injury/1000 PD

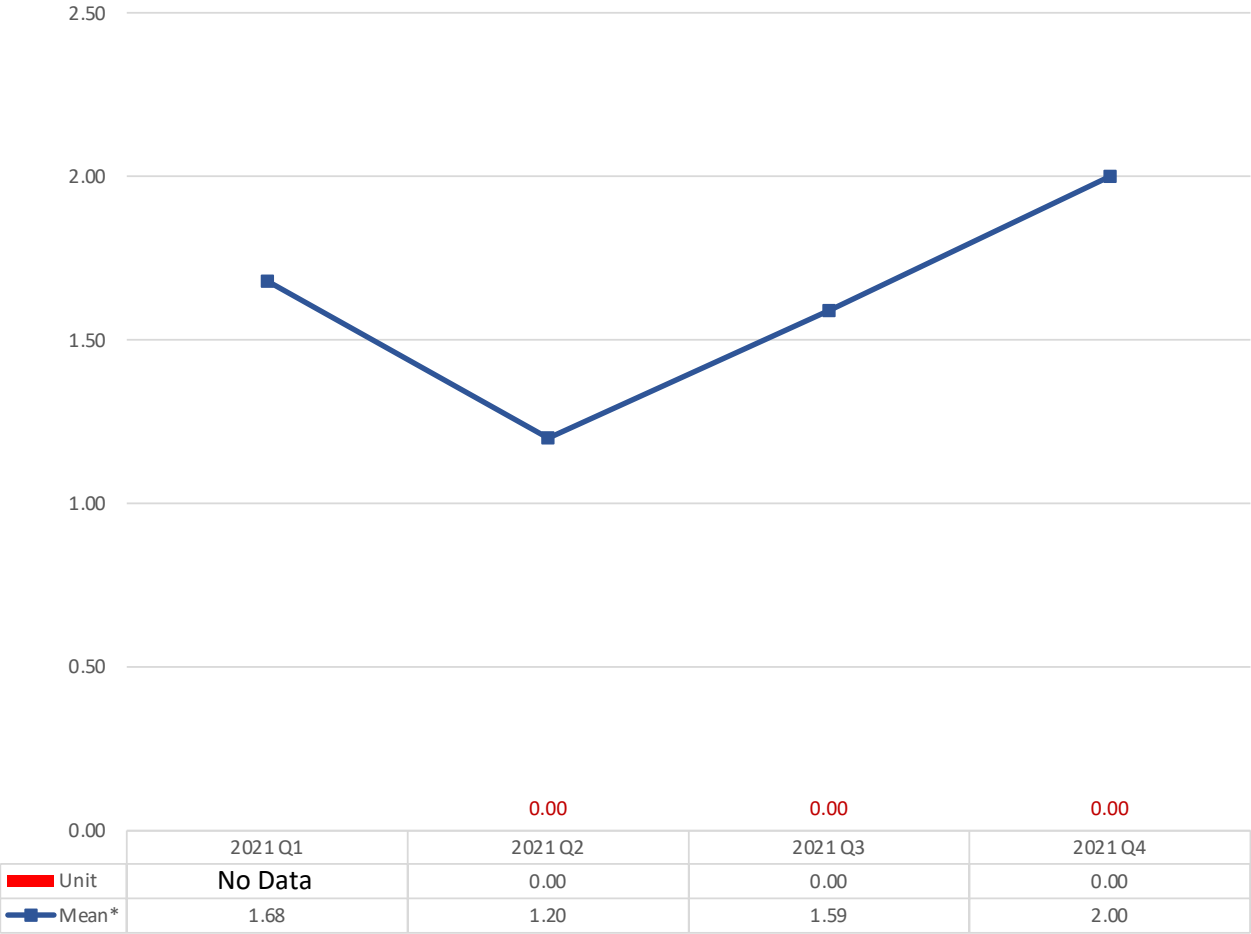


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Patient Falls with Injury – NDNQI Data Injury Falls per 1,000 Patient Days 1Q2021 through 4Q2021

Carle Hoopeston Regional Health Center

% of Surveyed Patients w/ HAPI Stage 2 and Above

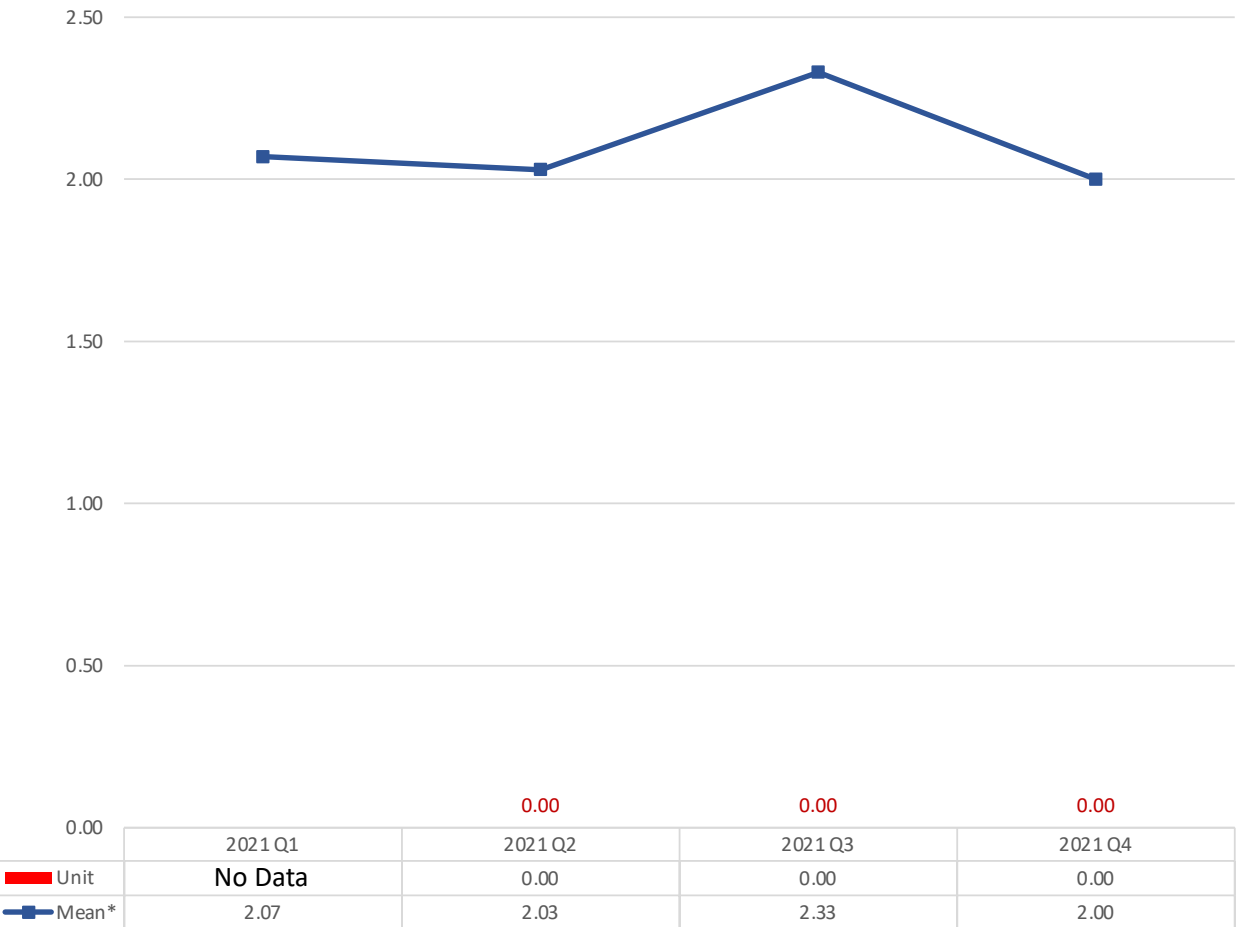


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Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above during NDNQI Prevalence Survey 1Q2021 through 4Q2021

Carle Hoopeston Regional Health Center

% of Patients w/ Physical Restraints (Limb &/or Vest)

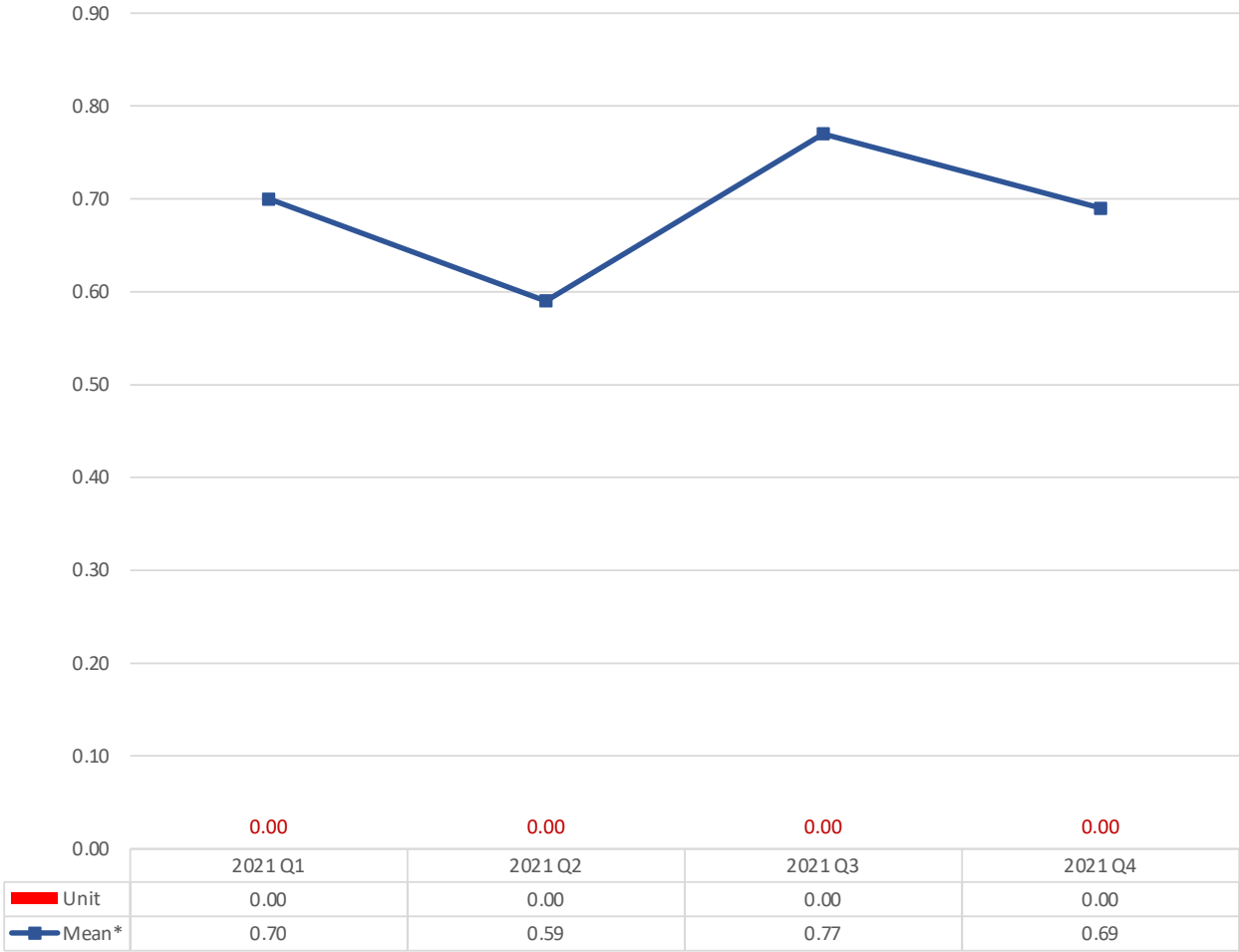


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It is our Goal to Perform Better than the Mean.

Physical Restraints – NDNQI Data Percent of Patients with Physical Restraints (Limb and/or Vest) during Prevalence Survey 1Q2021 through 4Q2021

Carle Hoopeston Regional Health Center

CLABSI /1000 Central Line Days

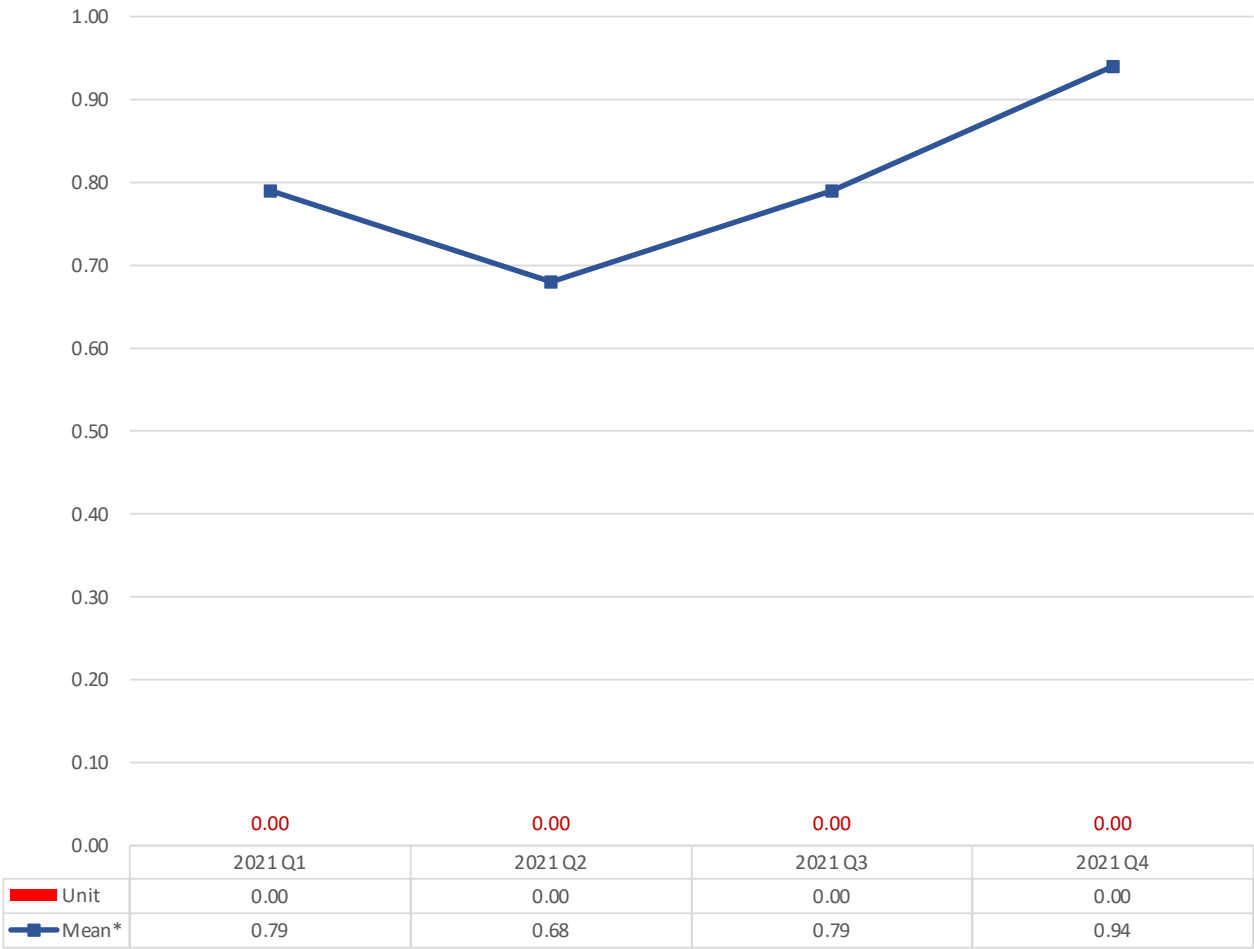


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Percent of Surveyed Patients with Central Line Associated Blood Stream Infections per 1000 Central Line Days
1Q2021 through 4Q2021

Carle Hoopeston Regional Health Center

CAUTI /1000 Catheter Days

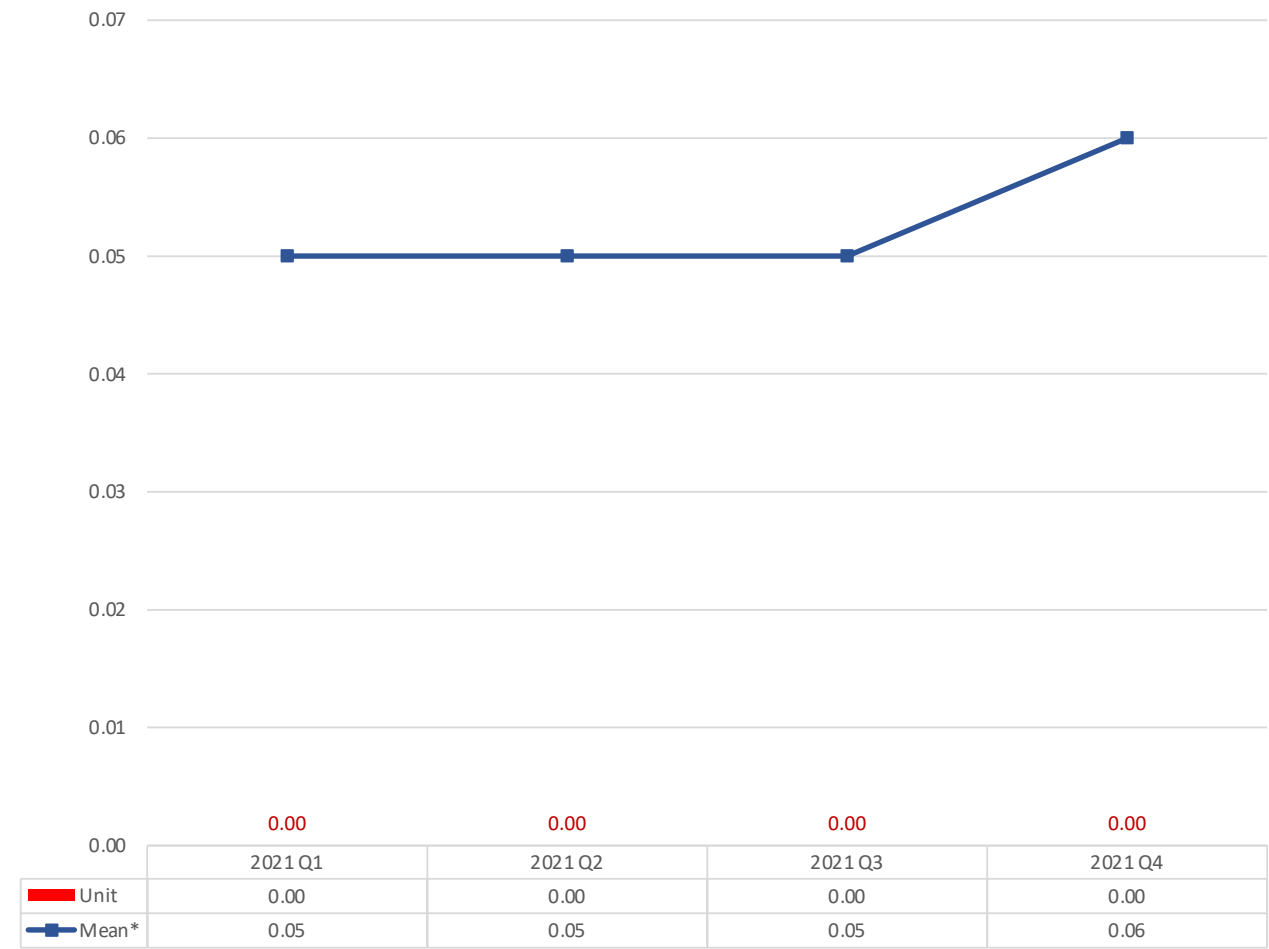


*Mean = Comparison Group of Non-Teaching Hospitals (Cohort).
It is our Goal to Perform Better than the Mean.

Percent of Surveyed Patients with Catheter Associated Urinary Tract Infections per 1000 Catheter Days 1Q2021 through 4Q2021

Carle Hoopeston Regional Health Center

Total Assault on Nuring Personnel

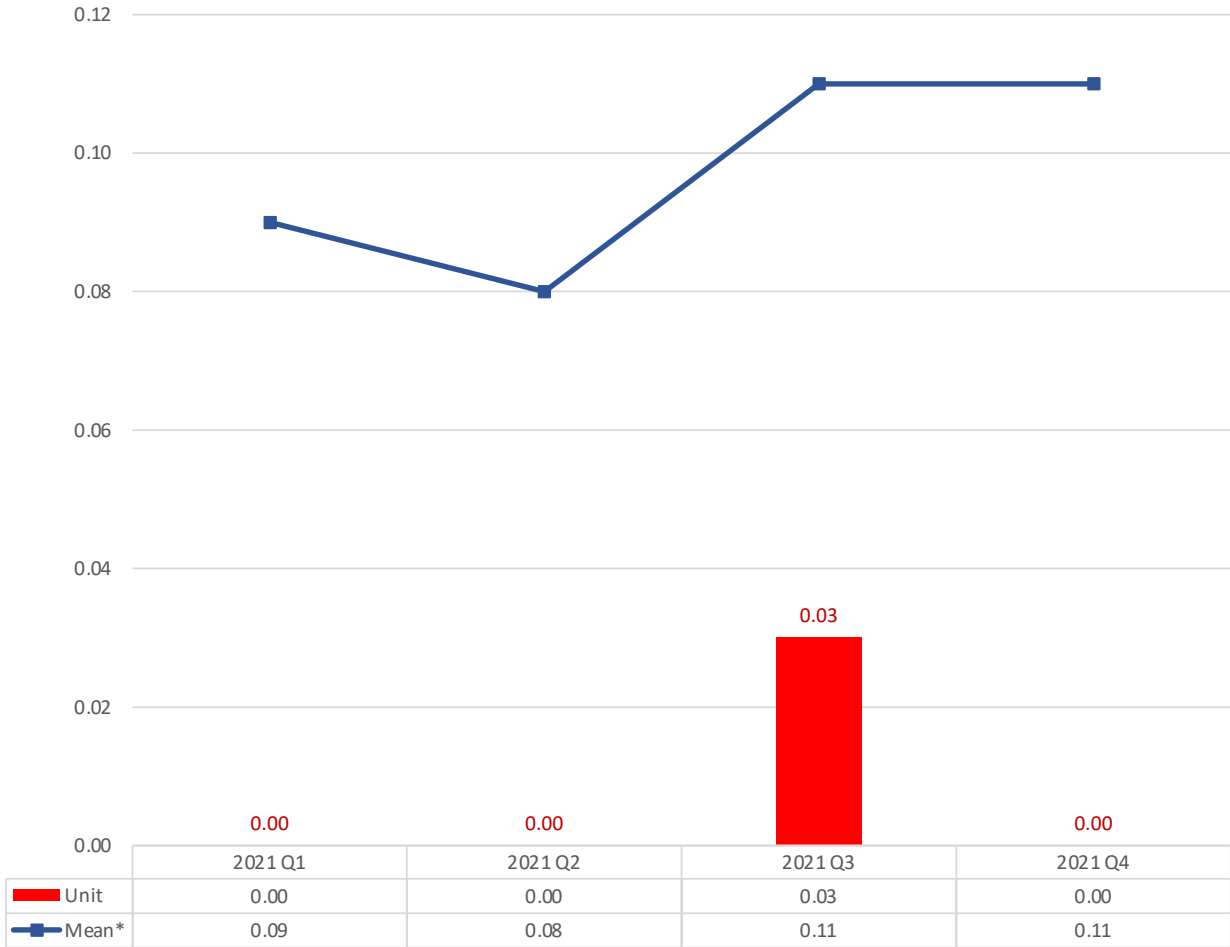


*Mean = Comparison Group of Non-Teaching Hospitals (Cohort).
It is our Goal to Perform Better than the Mean.

Total Assaults on Nursing Personnel Rate – NDNQI 1Q2021 through 4Q2021

Carle Hoopeston Regional Health Center

Falls with Injury/1000 Patient Visits – Ambulatory Locations

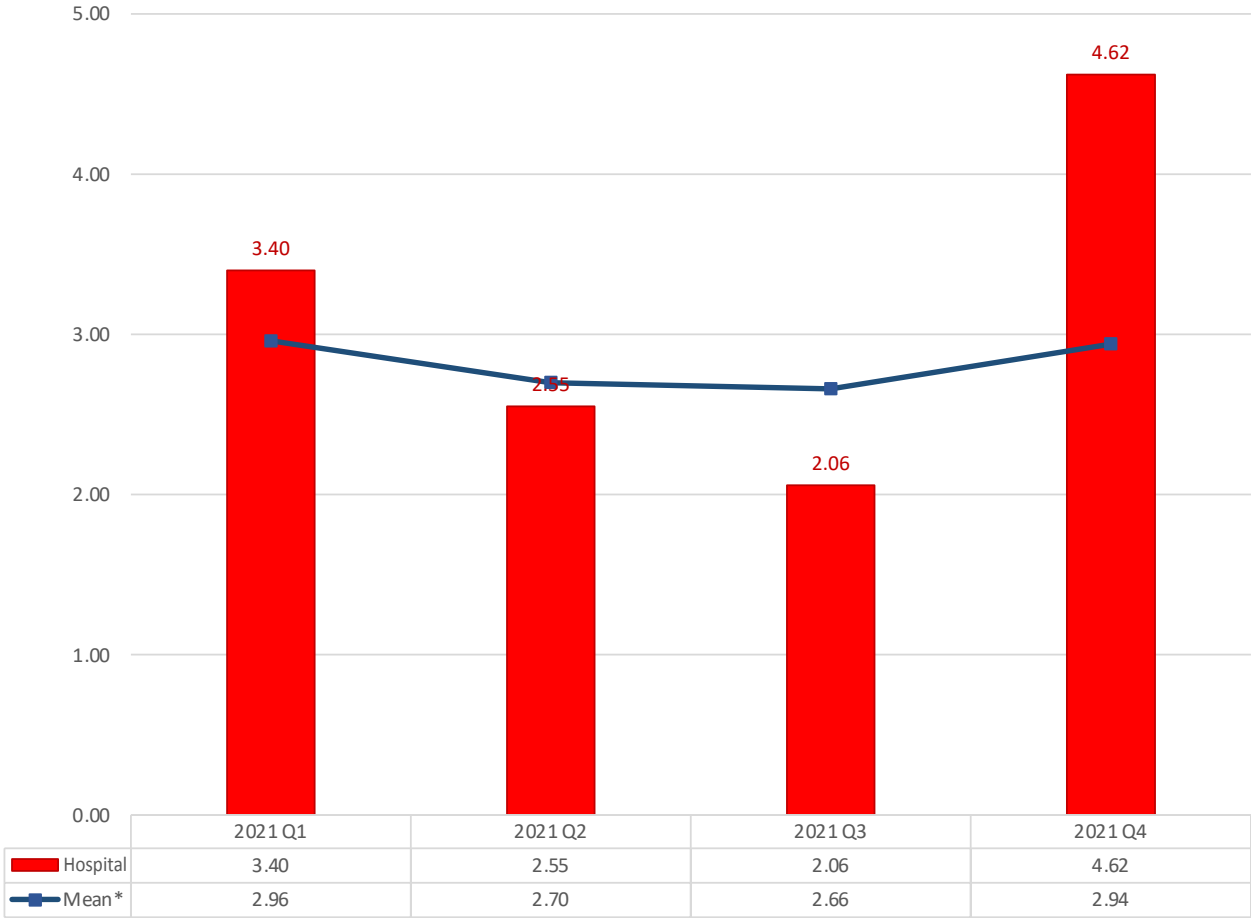


*Mean = Comparison Group of Non-Teaching Hospitals (Cohort).
It is our Goal to Perform Better than the Mean.

Patient Falls with Injury at Ambulatory Locations – NDNQI Data Injury Falls per 1000 Patient Visits 1Q2021 through 4Q2021

Carle Richland Memorial Hospital

Total Falls/1000 PD



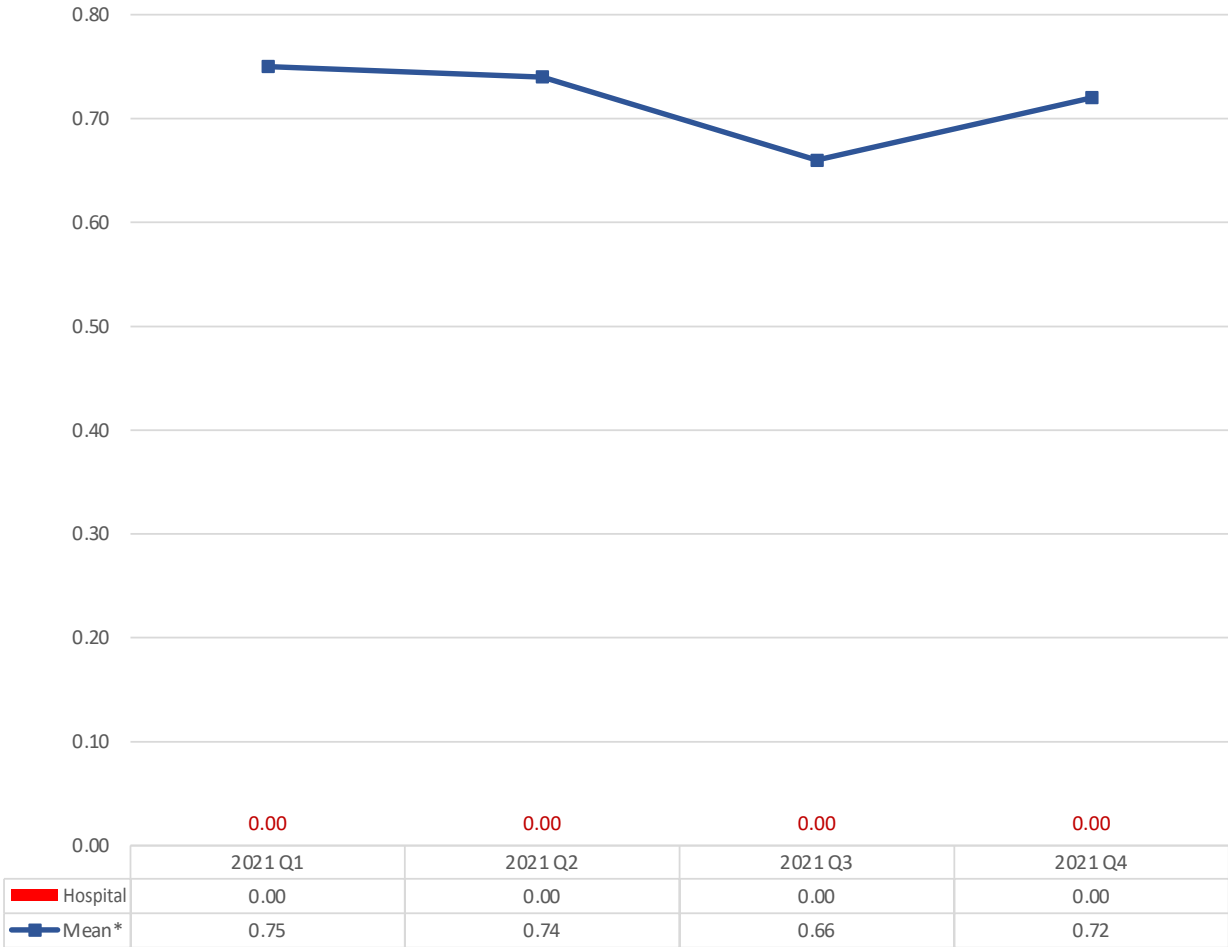
*Mean = Comparison Group of Hospitals with Bed Size <100.
It is our goal to perform better than the mean.

Total Patient Falls – NDNQI Data Total Patient Falls per 1,000 Patient Days 1Q2021 through 4Q2021



Carle Richland Memorial Hospital

Falls with Injury/1000 PD



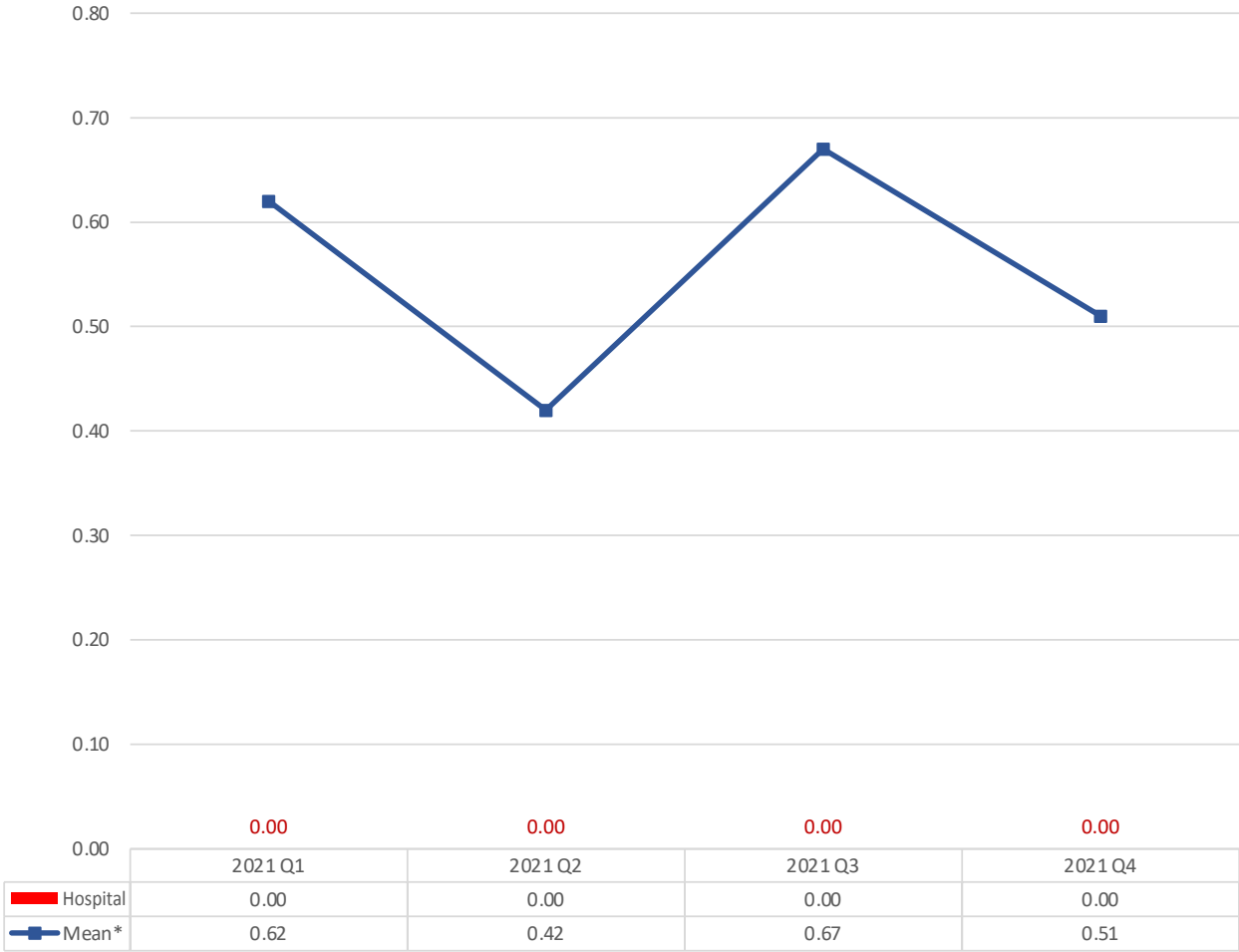
*Mean = Comparison Group of Hospitals with Bed Size <100.
It is our goal to perform better than the mean.

Patient Falls with Injury – NDNQI Data Injury Falls per 1,000 Patient Days 1Q2021 through 4Q2021



Carle Richland Memorial Hospital

CLABSI /1000 Central Line Days



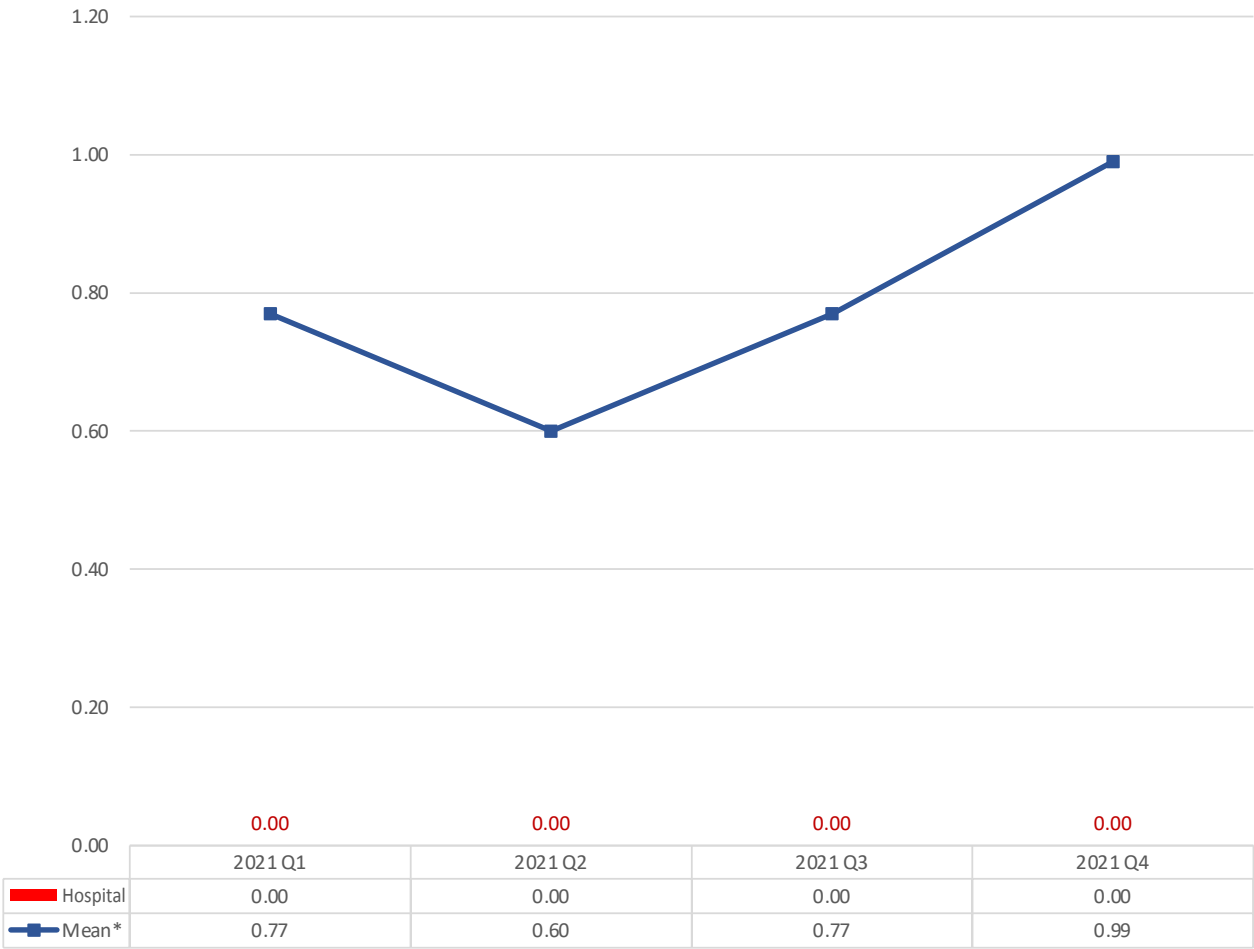
*Mean = Comparison Group of Hospitals with Bed Size <100.
It is our goal to perform better than the mean.

Percent of Surveyed Patients with Central Line Associated Blood Stream Infections per 1000 Central Line Days
1Q2021 through 4Q2021



Carle Richland Memorial Hospital

CAUTI /1000 Catheter Days

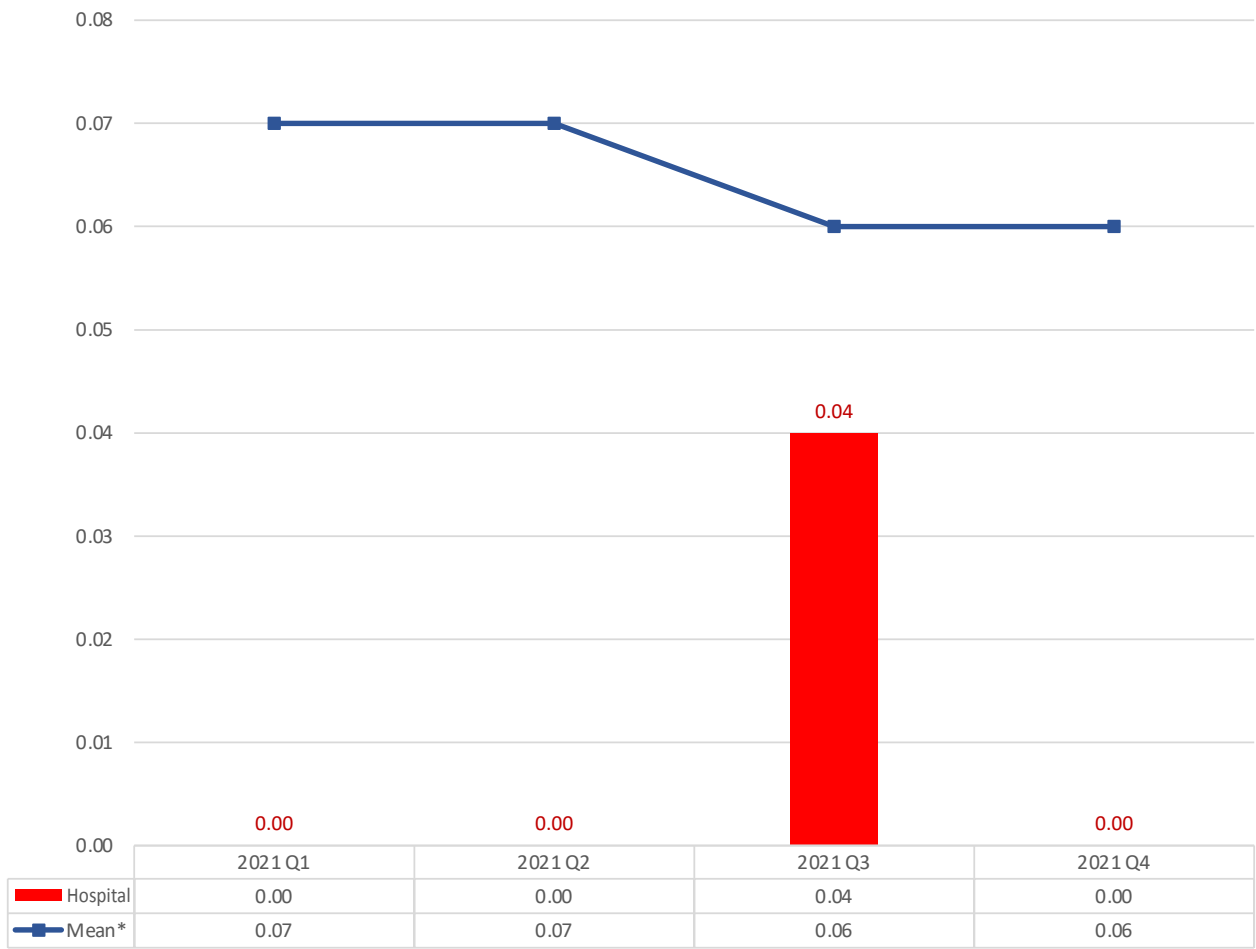


*Mean = Comparison Group of Hospitals with Bed Size <100.
It is our goal to perform better than the mean.

Percent of Surveyed Patients with Catheter Associated Urinary Tract Infections per 1000 Catheter Days 1Q2021 through 4Q2021

Carle Richland Memorial Hospital

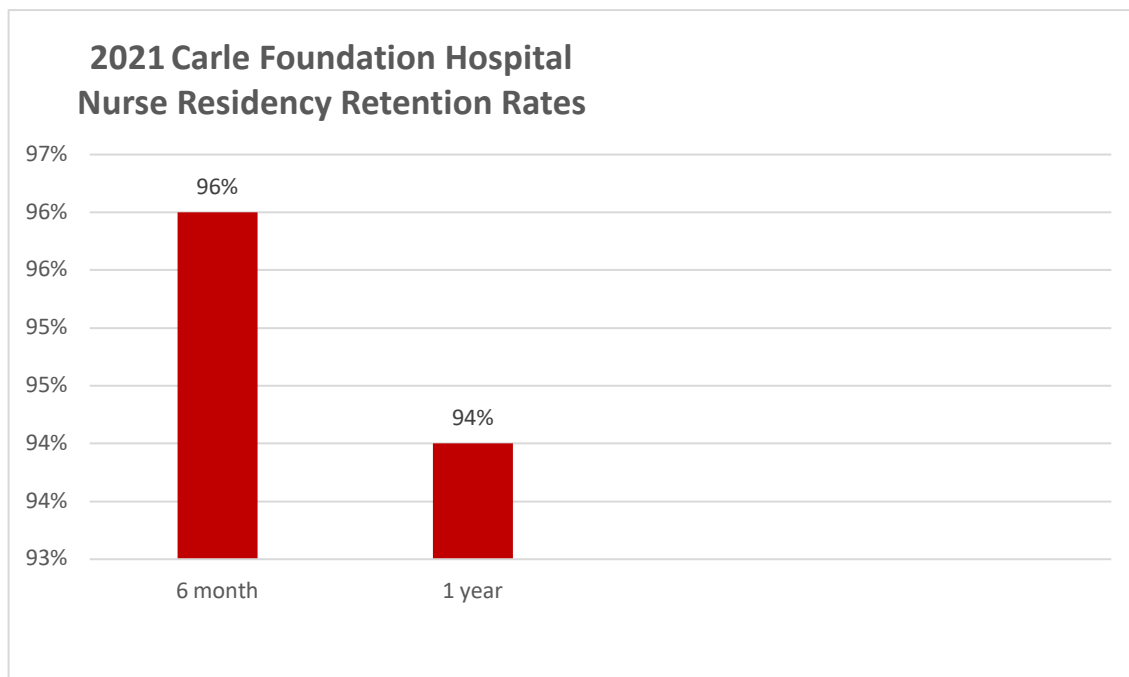
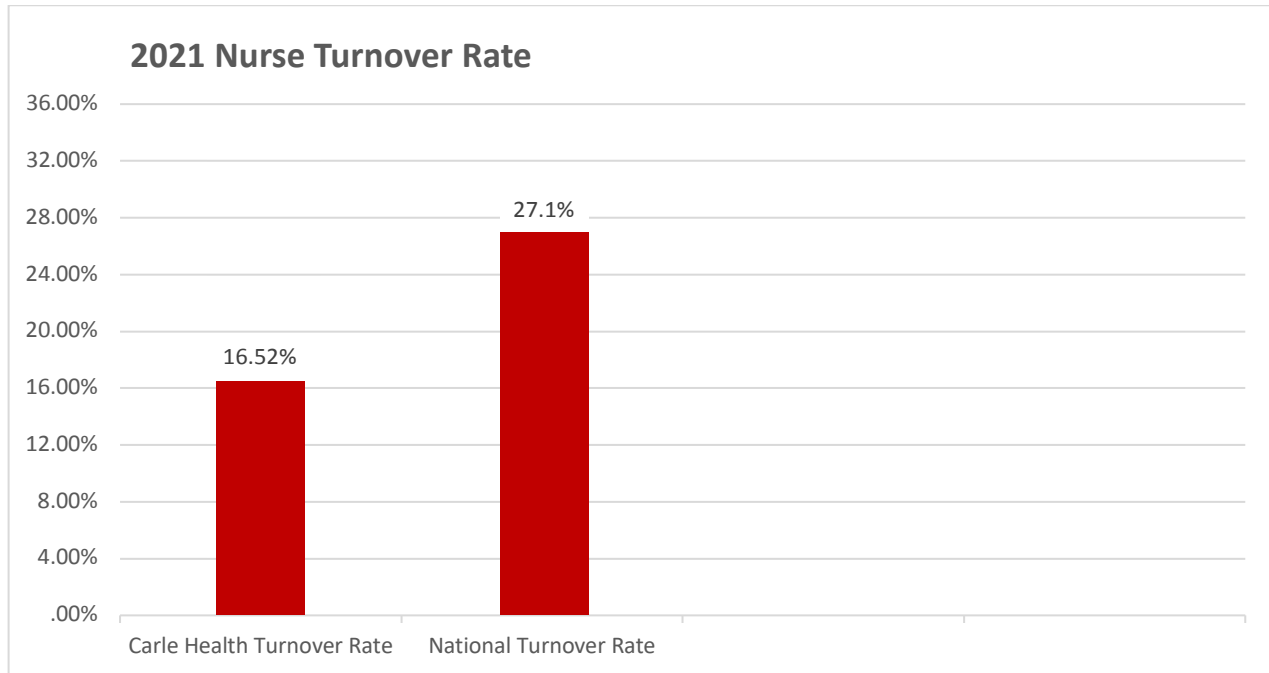
Total Assault on Nuring Personnel



*Mean = Comparison Group of Hospitals with Bed Size <100.
It is our goal to perform better than the mean.

Total Assaults on Nursing Personnel Rate – NDNQI 1Q2021 through 4Q2021

Turnover and Retention



Thank you to our contributors.

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