As I reflect back on the work we accomplished in 2012 and one word sums it up: transformation.

We spent 2012 in a swirl of priorities and changes. In today's healthcare environment, nursing is the largest component of our organization, and we hold the key to success along with our partners across Carle. We do not do it alone! Carle's success is a testament to strong relationships and shared vision. In 2012, nursing focused on our patients and the community. We have exceptional accomplishments to celebrate from 2012, which you will read about in this report.

During the last year, we experienced unprecedented growth. Our total days in high capacity were 56, compared to eight in 2011. We had a census of more than 300 for a total of 111 days this year. In 2011, that number was nine. We added 20 licensed beds and are now a 345-bed facility.

We continue to stay focused on what is best for our patients, our community and ourselves. The Carle Experience initiative, which began in fall 2012, will continue our transformation to be a great place to both give and receive care.

I am humbled by the stories patients and family members share about the care they have received from our staff. I want to thank each of you for the work you do every day. It makes a difference.

This annual report reflects the work of nursing and our partners. It reflects that together, we are better. I look forward to another year of transformation with an awesome team.

Pam Bigler
Senior Vice President and Chief Nursing Officer
Total employees – 5,918
Number of nurses – 1,631 (27.5% of all employees)
Licensed beds – 345
Carle Physician Group visits – 861,748
Total unique patients served – 224,270
Inpatient admissions with newborns – 22,008
Surgeries (inpatient, outpatient, ASC) – 18,407
Emergency Department patients – 70,567
Births – 2,575
Radiology exams – 233,726
Home Care visits – 30,315
CARLE LOCATIONS

INPATIENT LOCATIONS

1. Carle Foundation Hospital
2. Carle Hoopeston Regional Health Center

OUTPATIENT LOCATIONS

3. Champaign on Curtis
4. Champaign on Kirby
5. Champaign on Mattis
6. Danville on Fairchild
7. Danville on Vermilion
8. Carle in Effingham
9. Carle in Mahomet
10. Carle in Mattoon
11. Carle in Monticello
12. Carle in Rantoul
13. Carle in Tuscola
14. Urbana Main Campus
15. Urbana on Windsor
17. Charlotte Anne Russell Medical Center
18. Cissna Park Medical Clinic
19. Milford Clinic
20. Roberts Clinic
21. Rossville Medical Center
Carle’s Mission: We serve people through high quality care, medical research and education.

Carle’s Vision: We will improve the health of the people we serve by providing world-class, accessible care through an integrated delivery system.

Nursing Vision
We will be world-class innovators, advancing evidence-based practices and new nursing knowledge delivered through a patient-centered professional practice model.

Our Strategic Pillars
- Provide Value to Patients
- Benefit the Community
- Focus on Our People
- Make Care More Accessible
- Grow and Partner Regionally
- Deliver Integrated Care
- Use Financial Resources Wisely

Our Values
I CARE - Integrity, Collaboration, Accountability, Respect and Excellence

Carle Nursing Philosophy
We believe:
- That nursing is both an art and science.
- That the patient is the center of our practice.
- That the patient deserves quality care delivered in a professional environment.
- In shared governance. In our power to affect change.
- In our collective wisdom.
Transformational Leadership
Floating is a challenge! I’ve been the ambulatory float supervisor since November 2009, and I had 18 floating staff of nurses, PSRs and MAs. In 2012, I was asked to supervise the hospital float staff, CIA nurses and flex health care techs, and it made perfect sense to me to have all Carle float staff under one manager. So I took on 58 new staff members and was the first nurse manager who bridged the ambulatory and inpatient sides of our organization.

I always thought of the hospital staff as separate from me and not co-workers or part of my team. But now I know we are all one. It is important to bridge the gap across the continuum of care to develop better, more efficient ways to provide exceptional customer service. We are all working together towards one goal: Giving exceptional patient care service.

I’ve learned so much over the last several months. It was amazing to meet with different managers who made me feel welcome and offered me their time and knowledge so I could be successful. I’ve gotten to know my staff on a more personal level. I started rounding, which helped me to be accessible, answer questions, and demonstrate I was the leader the staff could depend on. I have learned so many things and now have a clearer understanding of Carle. I have many plans for the future—some all business and some FUN—to bridge the gap between the ambulatory and hospital sides of our organization. We have so much to learn from each other, and in the end we are one big happy family.

“We are all working together towards one goal: giving exceptional patient care service.”
During my recent MSN practicum experience at Carle, I witnessed the elements necessary to create a culture of excellence. When the Illinois Department of Public Health assessed the operating room, they identified a necessary revision of the fire risk assessment. A fire risk assessment is done to enhance the communication among all team members to prevent operating room/procedural fires. As part of my executive practicum, the operating room administration charged me to develop and implement a fire risk assessment that would be used in all our procedural areas. After collaborating with the operating room manager, surgical educator and the OR information technology specialist, I crafted an evidence-based fire risk assessment. I was fortunate to present the essentials of this process and the updated protocol to operating room staff. I also worked in partnership with the ambulatory surgery center leaders to facilitate education for staff working at those locations. It was stimulating to see staff take ownership so quickly in this quality initiative.

As a transformational nurse leader, I am obligated to continually set the stage for high quality standards, encourage evidence-based practice, and address the reasoning and actions necessary to foster a safe environment.
Professional organization involvement

Nurses at Carle are active in their professional organizations at the national, regional and local levels.

• Clinical nurses have taken the lead in educational offerings and meetings for the local chapters of AACN, NAON, AANM, HMA, Westberg and AORN.

• Voices in GI Nursing is a regional SGNA program with strong representation from Carle staff.

• The central Illinois chapter of AORN held a one-day seminar focused on perioperative issues.

• The central Illinois chapter of AACN held a one-day symposium for area critical care nurses.

• Clinical nurses attended the national conferences for NAON, Magnet, AACN, AORN and AONE.

• Nurse leaders were active in their state professional organization, the Illinois Organization of Nurse Leaders (IONL).

Congratulations to the following nurses:

Jaymie Green, clinical nurse, Tower 4CION- Local NAON Chapter CNE
Presentation: Venous Thromboembolism (VTE): Protect Our Patients Through Advanced Assessment

Jon Holmer, clinical nurse, CVICU
Selected as the guest emcee in 2012 for the National Teaching Institute. Over 7,000 critical care nurses attend this conference.

References

Julie Kennedy, unit educator, and Melena Lave, clinical nurse, Tower 4
Poster presentation at NAON
Group vs. Individual Education for Orthopedic Patients

Kim Peters,
clinical nurse, Tower 4
Poster presentation at NAON
Mentoring Program = Successful Partnerships: A Human Resources and NT4 Collaboration

Faith Roberts,
RN, MSN, FCN
Presented at the national Health Ministries Association on Magnet and Faith Community Nursing

Julie Kennedy, Tower 4
Accepted to serve as a member of the Test Development/Item Writing Committee for the Medical-Surgical Nursing Certification Board (MSNCB). The appointment is for three years and may be extended and/or renewed.

References
ACHE - American College of Healthcare Executives
AORN - Association of Operating Room Nurses
AACN - American Association of Critical-Care Nurses
SGNA - Society of Gastroenterology Nurses and Associates
NAON - National Association of Orthopaedic Nurses
AANM - American Academy of Nurse Midwives
ISAPN - Illinois Society for Advanced Practice Nursing

Carle nurse chairs chapter of ISAPN
Beth Mathews, APN, CNP
I was recently elected to be Region 4 chairperson for the Illinois Society for Advanced Practice Nursing (ISAPN). The area includes Champaign-Urbana, Bloomington, Decatur, Danville and Effingham. My duties include quarterly events in each area, helping with grassroots movements in government relations, and generally being the ‘voice’ of ISAPN to the NPs, CNM and CRNA in my region. I have quarterly board meetings with the board of directors, which includes the officers, management team and the seven other region chairs.
Following integration, Carle conducted a review of the APP practice in 2011. This review revealed inconsistencies in roles, compensation, oversight and competency of the advance practice providers within the organization. As a result, an APP Governance Committee formed to address the identified inconsistencies. Members of the committee included the chief nursing officer, chief medical officer, and chief operating officer, two physicians with advance practice providers in their practice, four advance practice providers and Human Resources staff members. Subcommittees formed to clearly define the chart review process, compensation, and credentialing and privileging. These three subcommittees presented final recommendations to the APP Governance Committee. Their diligent efforts sought to identify modifications to correct the inconsistencies; however, it was evident that further work was needed to create consistency across Carle.

The APP Practice Council was added to our Shared Governance structure and first met in December 2012. The group meets each month as a decision-making body responsible for improving the healthcare experience of the patient, supporting sound evidence-based practice, encouraging clinical decision-making in care delivery and promoting financial stewardship. There are presently 21 APPs on the Council from various practices and locations – they represent both the acute and ambulatory aspects of Carle and participate together for change. We expect the number of participants on the APP Council to grow.

The purpose of the Council is to ensure consistency in responding to common practice issues faced by all APPs across Carle and to create a forum that addresses policies and procedures related to practice. The Council follows the Institute of Medicine (IOM) report related to advanced practice, which promotes nursing education, training, advance practice providers as partners with physicians and other health professionals, and enhanced data collection.

The next focus areas for the Council are orientation, competency and communication. The group is excited to have a unified voice in APP practice.
Nurse named as Volunteer of the Year

Rose Gates, parish nurse for Trinity Lutheran in Danville

Rose received the Volunteer of the Year award from the East Central Illinois Area Agency on Aging. Through her leadership, Rose organized the Food for the Children Program with support from Trinity Lutheran Church, Immanuel Lutheran Church, and Bethel Lutheran Church in Danville. For the past four years, the program has fed 377 children five days a week for 10 weeks. Since 2010, the program has also filled weekend backpacks with food for 120 children. Rose also developed collaborative partnerships. Rose and her volunteers have conducted fundraisers to support Food for the Children. These fundraising efforts have been generously matched by Thrivent Financial for Lutherans.

Home Care

Carle Home Care (CHC) nurses have a vital role ensuring care is coordinated as patients transition from one healthcare setting to another (for example, from hospital to home). A fundamental responsibility of a Home Care nurse is to validate patient understanding of pharmaceutical regimens of care and to resolve any identified discrepancies. Nurses partner with other members of the healthcare team to decrease the occurrence of harm associated with medication errors.

Survey data from 2011 demonstrated CHC had an opportunity to enhance the provision of patient education related to medication safety in these areas:

- Talk about medications taking
- Ask to see all medications taking
- Talk about pain
- Talk about purpose for taking medications
- Talk about when to take medications
- Talk about side effects of medications

In 2012, CHC nurses were committed to making a difference by taking direct ownership of improvement initiatives. Efforts focused on engaging patients into medication review processes, scripting and developing reference material that reinforces education and can be identified with ease. Follow-up survey data demonstrated substantive increases and sustained improvement in all categories over the course of the year.
Camp Healing Heart

Camp Healing Heart is a special day camp hosted annually by Carle Hospice. This camp provides a safe and caring environment for children who have experienced the death of a loved one or friend. An interdisciplinary committee, comprised solely of frontline Hospice and Home Services staff, collaborates with other Carle departments and community resources to plan for this annual event. Funding for this camp comes from Carle employees through the Employee Giving Campaign and from community donors.

In 2012, more than 100 community volunteers and countless Carle staff donated their time and talents to make a true difference in the lives of many children. At Camp Healing Heart, children and teens find tools and skills to help them regain a healthy life balance and still honor the life of the loved one they have lost. Campers learn how to recognize and label their feelings as well as different methods to express and release those feelings. Volunteers help create a comfortable setting in which kids can express themselves, be heard, meet others in similar situations, and remember and honor those they lost.

Carle Home Infusion

In 2012, Carle Home Infusion (CHI) nurses conducted a review of current literature and technology for peripherally inserted central catheter (PICC) line placements. The CHI nurses had been using ultrasound and Sherlock technology to locate veins and assist with access and line placement. Since the department’s inception, PICC line placement had been confirmed by chest X-ray; however, their review identified an emerging best practice to confirm placement by cardiac electronic activity (3cg technology) instead. The CHI nurses worked with medical staff and leadership to develop a proposal for practice change and were supported in their efforts. Having the 3cg technology now allows CHI nurses to confirm placement of the PICC lines real-time via cardiac electrical activity (except in cases of cardiac rhythm abnormalities) instead of post-procedure chest X-ray. This reduces patient exposure to radiation, reduces the cost of care and expedites care due to real-time confirmation.
Carle teams up with nursing educators to talk
The conversation focused on how students may make a seamless transition from an associate’s degree in nursing (ADN) to a Bachelor of Science in nursing (BSN). This was the first collaborative meeting of its kind between Carle and representatives from educational programs.

The group discussed one of the major challenges to obtaining a BSN: cost. Pam reviewed the current benefits for Carle nurses to continue their education, including on-site computer access, textbook sharing, tuition assistance and discounts at many area programs.

Both clinical instructors and program leaders gave positive feedback about Carle as a learning site for their students. Faculty members volunteered to serve as a resource for nursing research. Several positive ideas came out of the meeting, and the group agreed to come together again in 2013.

Future

In January, CNO Pam Bigler, Director of Magnet Faith Roberts, and representatives from Carle Human Resources met with faculty members from six area nurse education programs to review The Future of Nursing, a report from the Institute of Medicine (IOM).
Nurse mentoring improves retention

Carle Mentors provide support, encouragement and motivation to new employees to alleviate frustration and confusion that can come with starting a new job.

Twenty-four nurses served as inpatient mentors in North Tower 7 Medical/Surgical, North Tower 4 Orthopedics, Emergency Department, Surgical Intensive Care Unit (SICU), Stepdown and One Day Surgery Center. Twelve nurses from outpatient departments began serving as mentors in 2012 from Digestive Health, OB/GYN, Family Medicine, General Surgery, Urology, Eye Department, Cancer Center, Champaign on Kirby and Urbana on Windsor.

In addition to creating a more supportive workplace, employee retention is a goal of the mentor program. The nursing departments of Urology, OB/GYN, Cancer Center, Stepdown, and SICU significantly reduced their turnover rates to within the 7–11% range. In 2012, participating nursing departments decreased turnover 26.03%.

“In 2012, participating nursing departments decreased turnover 26.03%”

In November, Human Resources hosted the first continuing education event for mentors to recognize participants, provide new ideas and network. Twenty nurses attended, and Ashley Holmes, RN 2, Stepdown, and Shelly McCaskill, clinical research coordinator, Cancer Center, assisted with presenting.

Human Resources compiled the following feedback from nurse mentors in 2012:

“I have been able to see my assigned mentees regularly in person and touch base with many nurses on a regular basis. We have worked hard on re-leveling and a career plan for the first five years in the department. The goal is to get them involved and on a track for success.”

- Jeff Coburn, RN, BSN, CEN, TNS Emergency Department.

“The Mentor Program has truly made an impact in our Cancer Center and continues to foster a unique connection between employees. It also has given the mentors a sense of reward and satisfaction in working together to develop the foundation of the program and to assist the needs of new employees coming in.”
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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Level</th>
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<tbody>
<tr>
<td>Kerra Meyers, RN</td>
<td>Radiology, Level III</td>
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<td>Danielle Alagna, RN</td>
<td>TNS, ED, Level IV</td>
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<td>Crystal Griest, RN</td>
<td>BSN, Rogers 8, Level III</td>
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<td>Donna Lindsay, RN</td>
<td>MSN, IVS, Level III</td>
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<td>Marcia Beverly, RN</td>
<td>NICU, Level III</td>
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<td>Maggie Luckenbill, RN</td>
<td>Surgicenter, Level III</td>
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<td>Jennifer Scotello, RN</td>
<td>Stepdown, Level III</td>
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<td>Laura Hiller RN</td>
<td>Tower 6, Level IV</td>
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<td>Karen Clemons, RN</td>
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<tr>
<td>Mary (LynnEtta) Oyer, RN</td>
<td>Surgicenter, Level III</td>
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<td>Erin Baumann, RN</td>
<td>ED, Level IV</td>
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<td>Michelle Willemarck, RN</td>
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<td>Levi Hiliker, RN</td>
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<td>Stephanie Oates, RN</td>
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<td>Kristin Goff, RN</td>
<td>ADN, Tower 6, Level III</td>
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<td>Dina Gabra, RN</td>
<td>BSN, T7, Level III</td>
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<td>Dustie Mitchell, RN</td>
<td>BSN, Cath Lab/IVS, Level III</td>
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<td>Kristina Gabbard, RN</td>
<td>ADN, T6, Level III</td>
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<td>Angie Nowak, RN</td>
<td>ADN, R8, Level III</td>
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<td>Steve Stammer, RN</td>
<td>BSN, R8, Level III</td>
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<tr>
<td>Penelope Shields, RN</td>
<td>BSN, Surgicenter, Level III</td>
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<td>Brittany Krisman, RN</td>
<td>BSN, NICU, Level IV</td>
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<td>Rochelle Rich, RN</td>
<td>ADN, OB, Level III</td>
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<td>Becki Hendricks, RN</td>
<td>BSN, ODSC, Level III</td>
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<td>Meagan Smith, RN</td>
<td>BSN, ODSC Level IV</td>
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<td>Amy Cook, RN</td>
<td>ADN, Tower 4, Level III</td>
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<td>Jodi Bohlen, RN</td>
<td>BSN, OB, Level III</td>
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<td>Becky Ogle, RN</td>
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<td>Jennifer Krauss, RN</td>
<td>BSN, Peds, Level III</td>
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<tr>
<td>Theresa Green, RN</td>
<td>BSN, Peds, Level IV</td>
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<td>Betsy Mulvaney, RNC</td>
<td>BSN, L&amp;D, Level IV</td>
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<tr>
<td>Rachael Young, RN</td>
<td>BSN, ED, Level IV</td>
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<tr>
<td>Allison Lauderback, RN</td>
<td>BSN, NT7, Level III</td>
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<tr>
<td>Danielle Ireland, RN</td>
<td>BSN, CIA, Level IV</td>
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<tr>
<td>Mia Kouzoukas, RN</td>
<td>ADN, L&amp;D, Level III</td>
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<tr>
<td>Russia Vega, RN</td>
<td>BSN, R8, Level IV</td>
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Many talk about how nursing is a profession, but what does that mean? The following are some questions we should be asking ourselves:

- Am I supporting the Carle mission, vision and ICARE values (Integrity, Collaboration, Accountability, Respect and Excellence)?
- Do I address each and every customer and employee with a positive attitude, respect and a smile?
- Am I dressed for the job I want to have?
- Am I acting in an accountable and responsible manner?
- Am I in line with the standards of care and code of ethics (for Carle and your nursing license)?
- Am I performing to the best of my ability, and if not, then what could I do better?

Answering yes to these questions on a daily basis shows professionalism and commitment to the workplace. This in turn brings trust, respect and success. Embrace the fact that nursing is more than just a job - it’s a profession, it’s our passion, and it’s our life’s work.

Fifty nurses re-leveled in 2012. This is a great achievement. These nurses, along with those who have re-leveled in previous years, possess many great attributes: leadership skills, advanced clinical knowledge, ability to advocate for patients and families, volunteerism in the community and teaching skills. They also exude competence and professionalism in their daily work.

Lisa Walker, RN, ASN, EP/Cath Lab, Level III  
Heidi McCoy, RN, ADN, Stat Nurse/CVICU, Level III  
Katerina Rosenbeck, RN, BSN, Rogers 8, Level III  
Jaimee Whitson, RN, ADN, L&D, Level IV  
Laurie Pettigrew, RN, ADN, NT4, Level III  
Kaci Benson, RN, BSN, NICU, Level III  
Casey Worthey, RN, BSN, T4, Level III  
Lilibeth Agor, RN, BSN, R8, Level IV  
Charissa Barsos, RN, BSN, R8, Level III  
Natalie Revels, RN, BSN, R8, Level III  
Becki Hendricks, RN, BSN, ODSC, Level IV  
Kelci Cumbow, RN, BSN, Onco, Level III  
Kerry Hall, RN, ADN, T4, Level III  
Ashley Holmes, RN, BSN, Stepdown ICU, Level III  

Fifty nurses re-leveled in 2012:  
Lisa Walker, RN, ASN, EP/Cath Lab, Level III  
Heidi McCoy, RN, ADN, Stat Nurse/CVICU, Level III  
Katerina Rosenbeck, RN, BSN, Rogers 8, Level III  
Jaimee Whitson, RN, ADN, L&D, Level IV  
Laurie Pettigrew, RN, ADN, NT4, Level III  
Kaci Benson, RN, BSN, NICU, Level III  
Casey Worthey, RN, BSN, T4, Level III  
Lilibeth Agor, RN, BSN, R8, Level IV  
Charissa Barsos, RN, BSN, R8, Level III  
Natalie Revels, RN, BSN, R8, Level III  
Becki Hendricks, RN, BSN, ODSC, Level IV  
Kelci Cumbow, RN, BSN, Onco, Level III  
Kerry Hall, RN, ADN, T4, Level III  
Ashley Holmes, RN, BSN, Stepdown ICU, Level III
National Certifications

Certifications

**Cardiology Heart Failure Clinic:** Pam Moore – CHFN (Certified Heart Failure Nurse)

**Home Services:** Julianna Sellett – Certified Professional in Healthcare Quality (CPHQ) (recertified)

**Hospice:** Kelly Lash – CPHN (Certified Hospice and Palliative Nurse) and an approved educator for the Hospice and Palliative Nurses Association

**Hospice:** Mary Wetter – Certified Hospice and Palliative Nurse (CHPN) (recertified)

**Hospice:** Kelly Lash – Certified Hospice and Palliative Nurse (Advanced CHPN)

**Hospice:** Jodi Murphy – Certified Hospice and Palliative Nurse (CHPN)

**Monticello Clinic:** Becky Clark – International Board Certified Lactation Consultant (IBCLC)

**OB Services:** Aleshia Snyder – International Board Certified Lactation Consultant (IBCLC)

**Oncology:** April Hauge – ONC certification.

**Patient Care Services:** Pam Bigler RN, MS, NEA-BC, Vice President of Patient Care Services and Chief Nursing Officer, passed the Board of Governors Examination in Healthcare Management and is now certified by the ACHE (American College of Healthcare Executives).

**Rogers 8:** Charissa Barsos – CMSRN

**Rogers 8:** Carmela Flores – CMSRN

**Rogers 8:** Crystal Griest – CMSRN

**Stepdown:** Kate Brusky – CCRN

**Stepdown:** Therese Leti – CCRN

**Stepdown:** Amy Odell – CCRN

**T4:** Shannon Bushman – Medical Surgical Certification

**T4:** Casey Worthey – Medical Surgical Certification

**T6:** Amy Hammerschmidt – National Medical Surgical Certification Exam

**T6:** Jackie Long – Nurse Practitioner exam

**T6:** Rebecca Walston – Medical Surgical Certification

**T7:** Diana Galey – Medical Surgical Certification

**T7:** Danielle Ireland – Medical Surgical Certification

**T7:** Sarah Pforr – CMSRN

**T11 Mother Baby:** Melissa Reigart – RNC-MNN (Maternal-Fetal Nurse)
Plastic Surgery nurses earn national certification

Cheryl Holderbaugh, BSN, RN, CPSN, and Vickie Wagner, RN, CPSN

With so much variety in the practice of registered nurses, it benefits patients when nurses seek further specialty education and training.

Cheryl Holderbaugh and Vickie Wagner, Plastic Surgery, recognized the need to further their specialty knowledge and set out to become nationally certified plastic surgery nurses. Cheryl and Vickie took the opportunity to learn more about their patient population and used education funds from their department to study and prepare for the certification exam. With the extraordinary support of their manager Debby Voigt and department head Dr. Decamara, Cheryl and Vickie took the exam on October 13, 2012 and passed. In the summer of 2012, there were only 12 nurses certified in plastic surgery in the state of Illinois. ANCC reports that national certification contributes to better patient care, career advancement, professional achievement and personal accomplishment.

"Many of our practices are the same as what we learned during the review of the materials," Cheryl said. "I did learn more about reconstruction of facial injuries and birth defects. It always helps to have more knowledge."

"You learn so much in just preparing for the exam," Vickie said. "It is so beneficial to have that knowledge even though you may not use it in your day-to-day practice. It helps you give even better care to your patients—that is the most beneficial part of certification."

The ANCC reports that national certification contributes to better patient care, career advancement, professional achievement and personal accomplishment.

These two nurses are shining examples of how Carle supports continuing education and excellent patient care. We are pleased to announce that this tradition of support for continuing education and certification will continue in 2013. Carle has purchased 150 spots for the online AAACN review course and hopes to have another 150 nurses certified to provide excellent patient care by 2014.
DEGREES OBTAINED
Ambulatory Float: Amber M. Nibling – BSN, Jacksonville University, Jacksonville, Fla.
Ambulatory Float: Lori Turner – BSN
Cancer Center: Melissa Phillips – MSN, University of Saint Francis
Curtis Branch Second Floor: Wendy Farmer – BSN, Chamberlain College of Nursing
Education: Jamie Nickell – MSN
Home Care: Karman Youngblood – MSN
Home Care: Lori Moton – BSN
IVS: Connie A. Gewirtz – BSN from Grand Canyon University
IVS: Donna Lindsay Mennonite – MSN, Illinois State University
Magnet/Professional Practice and Parish Nursing: Faith Roberts – MSN, SIU-Edwardsville
Monticello Clinic: Becky Clark – BSN from Chamberlain College of Nursing

ODSC: Tara Bowdre – BSN, Chamberlain College of Nursing
ODSC: Becky Burnett – MSN, Indiana State
ODSC: Terri Ducey – MSN, Benedictine, Lyle Illinois
Oral and Maxillofacial Surgery: Kristin Williford – MSN, Chamberlain College of Nursing
Pediatrics: Jennifer Leary – Pediatric Nurse Practitioner, University of Illinois, Chicago
Radiology: Lisa Moment – MSN
Stat Nurse: Brent Fleming – BSN, University of Phoenix
T6: Tessa Rexroad – BSN, University of Illinois at Chicago
Transfer Center: Amy McMillan – MSN, University of Phoenix
Windsor Clinic: Susan Farris – MSN, University of Saint Francis
Wound Center: Jim Roberts – MSN in Education, Walden
Quality: Hope Brown – MSN, University of Saint Francis
Nurse Exemplars

Nurse Exemplar Leader

Kristi Hanks-Shook
Tower 4

Nurse Exemplar APN

Nancy Bollero
Digestive Health Center
Amanda Steffen
Emergency Department

Friends of Nursing

Susan Aikman
OB
Dr. Andrew Batey
Digestive Health Center
Jeanette Eckhardt, SW
Social Work
MaryLynne Frye
Family Medicine Curtis
Todd Goetting
Facilities Services
Rebecca Melton, MA
Convenient Care Curtis
Dr. Charles Morton
Pediatrics
Julia Williams, HCT
Stepdown
NURSE EXEMPLARS

Brooke Burwell  
PEDS

Sara Dalbey  
NICU

Julie Fruhling  
OMFS

Jan Galaras  
ED

Loirrie Gifford  
R6

Theresa Green  
PEDS

Erica Halcomb  
T4 Surgical

Therese Leti  
Stepdown

Nichole Martinez  
Cardiology Clinic

Jamie Nickell  
Education

Johnalene Radek  
CVICU

Rica Saligan  
T6 Medical

Sara Smith  
NICU

Sharon Taylor  
L&D

Angie Wilson  
Regional Outreach
Johnalene Radek is a superb preceptor. She quietly and patiently coaches new nurses, yet allows them to stand on their own. She may say, “Let’s go to the room and see what is happening with our patient,” when the new nurse is being confronted with multiple machines, patients and family needs.

A thorough professional, Johnalene thinks one step ahead, assessing a critically ill patient and identifying nursing needs. With difficult patients, Johnalene calms behaviors and situations that could easily get out of control. Her soft spoken demeanor does not mean she is passive in her nursing practice. She remains calm while doing all that is necessary for her patient.

Johnalene excels in caring for the sickest patients in critical care. Intra-aortic balloon pumps, CVVHD, LVADs and other new interventions are seen as opportunities for her to learn more, not obstacles to excellent care. A BSN working on her MSN, she shares information so all staff benefit from her education.

Vice president of the East Central AACN chapter, Johnalene collaborates with other critical care nurses. She then brings her knowledge directly back to the patient at the bedside. Her peers gladly present Johnalene with issues and barriers to care delivery that she then takes to the Partnership Council.

While she was charge nurse, Johnalene helped reposition a patient. The patient’s condition quickly deteriorated. While the primary RN spoke to the physician, Johnalene gathered supplies in anticipation of upcoming interventions. Once the situation had calmed, she spoke to the patient’s very concerned family members, answering questions and explaining what happened. The patient’s family thanked her at least five times during the conversation. She replied, “It’s really just what we do.” Johnalene does what a Nurse Exemplar does.

Nominated by House Officer Group
Women’s Legacy Scholarship sends five nurses to 2012 ANCC MAGNET conference

The Magnet Champions Committee selected these scholarships recipients:

Susan Foran, ambulatory Magnet champion
Samantha McCauley, acute Magnet champion
Kayla Lampe, acute staff nurse
Julie Fruhling, ambulatory staff nurse
Avie Pagel, nurse leader

Susan said, “One story from a Magnet clinic and rehab center really stood out to me. It showed me that a clinic nurse can develop special bonds with their patients. By attending this conference, I have gained some tools to help the ambulatory division get passionate and energized about Magnet – and even more about nursing.”

Kayla said, “We are capable of excellence, and we owe it to our patients and ourselves to break through barriers to delivering the highest quality care. After being in the same room with over 6,000 nurses, I know changing lives is truly our shared calling as a profession, and with a shared passion, the impossible becomes possible.”
Julie said, “Was I transformed from this experience? Absolutely! I am truly convinced there’s never been a better time to be a nurse at Carle. Magnet sets the standards of excellence for optimum patient outcomes and professional growth. I look forward to joining you all on our Magnet journey!”

Samantha said, “I returned with ideas and motivation to assist Carle through our redesignation process, inspiration to improve care to our patients and increased pride in the nursing profession. “

Each attendee has been in contact with our shared governance leaders to start implementing best practices learned from the conference. Thanks to the Women’s Legacy Circle for your support of nursing practice at Carle.
In November, Human Resources began a three-month recruitment campaign with a goal of hiring 80 experienced nurses into the organization. The need for more experienced nurses was the result of growth related to business development and a consistently high patient census. In total, there were 114 newly created positions in 2012 for Registered Nurses across the organization. The campaign was developed to attract, recruit, and hire additional nurses quickly to fill critical vacancies.

Inspired by the hardworking and dedicated nurses at Carle, Marketing created the campaign theme “Our Nurses Rock.” This theme was used in a variety of media to reach nurses through multiple outlets, including online advertising, social media and an internal campaign for referrals. At the conclusion of the campaign, 88 nursing positions were filled in all nursing specialties, including inpatient, ambulatory, home care and Health Alliance. The recruitment team consisting of Ashley Welborn, Michelle Frandle, Jackie Ohl, Laura Pew, Linda Bassani and Liz Ewing worked closely with hiring managers to screen, interview and hire nurses efficiently. The collaboration among nursing administration, hiring managers, Marketing and Human Resources to meet the expanding needs of Carle patients was a success.
The Clinical Decision Unit transitioned operations to new space on Parkview 1 November 12. The space accommodates up to 24 patients in three care areas: Observation, Expanded Care and Flex Care. Observation is open 24/7 and consists of 12 private rooms primarily for patients needing to be observed by ED providers. These rooms also accommodate short stay observation patients from all other providers as space allows. The Expanded Care area functions from 8 a.m. to 9 p.m., Monday through Friday, and on the weekends and after hours as needed. Expanded Care has six recliner chair bays to care for the chronic and acute infusion patients as well as limited interventional needs. The Flex area is a six-bay curtained area designed to be flexible for various patient care needs; these patients vary from Emergency Department overflow to short-term inpatient overflow to observation/expanded care patient overflow. The CDU is also the primary location for the Transition Care patients, serving as an area for discharge-ready inpatients who need transportation or other needs prior to leaving the hospital. CDU is beginning to serve as a staging area for admitting providers to evaluate and determine the correct bed placement assignment to patients who do not have a clearly defined status. This approach will help ensure patients are getting the right bed ordered and assigned the first time to decrease the number of times patients need to be moved after reaching the hospital floors. The area is well-liked by staff and patients.
<table>
<thead>
<tr>
<th>Volunteering</th>
<th>Nurses Week</th>
<th>Daisy</th>
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<td>We created a presentation that nurses can use when volunteering at area schools. To keep up the momentum for volunteering in the community, each nursing area implemented volunteer champions, and we developed an informational packet to help educate more champions in the ambulatory setting. All staff can now access volunteer opportunities on Cweb and track completed hours in Lawson. This helps staff members keep their own records current and allows Carle to track the total volunteer hours for the organization. Finally, Carle reached an agreement with Parkland College nursing program to help nursing students start a mentoring relationship with Carle nurses to ease the transition to professional nurse.</td>
<td>The SEC planned activities to help celebrate National Nurses’ Week and National Certified Nurse’s Day. The council created and sold t-shirts to support activities, hosted a poster contest to highlight units, and encouraged units to create a DAISY drop box to help educate visitors and patients about the award. Nurses also submitted essays to a contest, celebrated Florence Nightingale’s birthday and recognized two nurses for their service to Carle through a longevity award. The ACTON conference featured an evidenced-based scholar poster presentation. The week also included a volunteer day at Salt and Light. Finally, e-cards were created to help celebrate Certified Nurse’s Day and congratulate newly certified nurses.</td>
<td>DAISY founders Mark and Bonnie Barnes, and their granddaughter Riley, visited Carle in July to meet DAISY winners and the award team and attend our July presentation. Following the presentation, they joined us for a luncheon and learned about the inspirational nurses at Carle and how we continue to exemplify the DAISY nursing standard. Mark and Bonnie’s presentation at the 2012 Magnet conference featured a photo from their July visit to Carle with our very own staff.</td>
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Eleven nurses at Carle received the DAISY award in 2012

January 2012
Kristie Manzella, RN
Parkview 3 Oncology Unit (Hospital)

February 2012
Catherine McDonald, RN
Radiology (Ambulatory)

March 2012
Debra Ballew, RN
Rogers 8 Cardiac MedSurg Unit (Hospital)

April 2012
Leslie Martin, RN, OCN
Cancer Center (Ambulatory)

May 2012
Sheena Adrados, RN
Rogers 4 Observation Unit (Hospital)

June 2012
Lisa Griffeth, RN
Regional Outreach (Ambulatory)

July 2012
Vicki Tempel, RN
Operating Room (Hospital)

August 2012
Stephen Bury, RN
IVS Prep/Recovery (Ambulatory)

September 2012
Taryn Newhouse, RN
Labor and Delivery (Hospital)

November 2012
Lauren Roy, RN
SICU (Hospital)

December 2012
Anne Watson, RN
Interventional Vascular Services (Ambulatory)
Exemplary Professional Practice
More than 600 employees and 12 breast cancer survivors participated in this year’s Medline Pink Glove Dance video competition. This was Carle’s first opportunity to be involved, and we set the bar high as usual. With well over 270 entries, Carle placed third – an accomplishment that was definitely unexpected.

The video was shot in August and told the story of a survivor’s breast cancer journey through her eyes. It was simply amazing to see collaboration with the hospital, clinic and regional locations. We submitted a video that was much more than people in pink gloves; it was a display of friendships, strength and hope. It was The Carle Experience!

Being a survivor means you are given the opportunity to share your story, your journey with the next person to hear the words “You have cancer.” Survivorship empowered me to mentor new breast cancer patients, and to better educate them about the journey they are embarking on. It allows me to feel even more fortunate for the life I am living and the challenges that come my way. This chance to dance with my pink gloves on did far more than burn calories – it gave me the chance to dance with fellow survivors that knew exactly what I was feeling at that moment. It was phenomenal, life affirming, freeing. We were able to convey a story of triumph and solidarity, very much like the way Carle continues to provide outstanding care and promote teamwork and integrity. With this exciting three-minute dance, our survivors and fellow employees showed everyone what a powerhouse Carle and Mills Breast Cancer Institute are to our community and patients.

— Amy Cook, RN
Carle Direct was established in January 2012. This process was previously known as PAL (Physicians Access Line) and operated by Patient Advisory Services. While PAL was certainly successful, feedback from the region and internal customers led to the creation of a dedicated team of nurses to enhance the transfer process.

The Carle Direct team facilitates transfers from all of Carle’s regional hospital partners as well as area physician offices. The team includes several nurses hired internally who have many years of recent acute care experience in CVICU, PACU, Emergency Department and other areas.

These nurses work from a core set of algorithms to accept patients into the Carle system. Critical thinking and clinical knowledge is required to make quick decisions, know how a patient will be best served, arrange a specialty transport team by ground or air, activate the cath lab teams and more. Carle Direct nurses also obtain nursing reports for most transferred patients and provide information directly to the floor providing care. This has been a huge benefit as the Carle Direct nurse has the opportunity to hear both the physician report and nursing report.

Providing feedback about patients to the regional providers has been a huge satisfier. To support the continuum of care, the Carle Direct nurse often updates the referring physician by phone to share the patient’s status after transfer and always sends the referring and primary care physician a written update on the care provided. Carle Direct nurses also obtain outstanding lab and imaging reports and provide these to the Carle provider to present the most up-to-date information for providing optimum care.

Patty Metzler receives lifetime achievement award

Patty Metzler, RN, received the Ron W. Lee, MD, Excellence in Pediatric Care Award for lifetime achievement. Patty is the emergency department pediatric coordinator and interpersonal violence and safety education coordinator at the hospital. The award was presented at Carle and comes from the Illinois Department of Public Health and the Illinois Emergency Medical Services for Children program. The award’s namesake, Dr. Lee, who died in 1998, was the director of emergency medicine at Loyola University Medical Center and was instrumental in establishing and fostering the state’s Emergency Services for Children program.
Mills Breast Cancer Institute nurse navigators close gaps in care

Breast cancer care has become extremely complex, with cultural, economic and education-related barriers, as well as the lack of understanding the healthcare system. These barriers can have serious effects on the prevention, diagnosis and treatment of cancer. The nurse navigator can address these issues to improve patient care and satisfaction and increase efficiency.

The role of the nurse navigator also encompasses community outreach. We know there are disparities in the delivery of health care to certain populations. The reasons are myriad and complex, but the nurse navigator can address some of these disparities by being a presence in the community. The navigator can educate the community regarding proper screenings as well as providing risk assessments for community members. These assessments can be taken to their primary care providers for further discussion.

The nurse navigator is in the unique position to enact process changes that can close some of the gaps in care. For instance, when Mills Breast Cancer Institute first opened, it could take up to eight weeks for a patient to be seen by an oncologist for a new breast cancer diagnosis. With some process changes, waiting time has been reduced to one to three weeks.

We know delays in treatment are associated with poorer outcomes and lower survival rates. Having a nurse navigator can improve survival rates, quality of life and access to care – all of which are essential in today's healthcare environment.

Ambulatory Nurse Practice Council revamped

In 2012, we revamped the Clinic Practice Committee into a staff-driven shared governance council, Professional Practice - Ambulatory.

Clinical nurses from ambulatory departments across the organization meet monthly with the CNO, leadership and EPIC reps to discuss issues and challenges in their practice. Following an educational session on components and confidentiality of peer review, this council took on the work of examining the practice of fellow nurses in the ambulatory setting. Based on their analysis, changes in practice and documentation have been made. This council also reviews policies and promotes consistency across the clinic sites.

Educational segments have included peer review, shared governance, EPIC updates and Magnet. Members promoted the first NDNQI RN survey for ambulatory clinical nurses. The council offers a virtual meeting format so staff at all Carle locations can participate without leaving their workplace.
Cardiac nurse navigators make a difference in quality of life

The Cardiac Nurse Navigator program was developed to address readmission rates for acute myocardial infarction and heart failure patients. The goal was to improve care coordination across the continuum.

Since its inception, the program has grown from weekly phone calls for 30 days after discharge to include rounding on patients before discharge to build relationships, providing supplementary education to empower patients and coaching for lifestyle change. Patients are still called at least weekly for 30 days after discharge, but navigators may call more frequently based on need. Navigators also follow the Coleman Model to ensure important topics are covered, including medications, diet, symptom management and upcoming provider appointments. The cardiac nurse navigators make several “good catches” including medication discrepancies and misadventures, preventing missed appointments with providers, and ensuring appropriate follow-up is ordered including Cardiac Rehabilitation and the Heart Failure Clinic.
The Heart Failure Clinic is a nurse-led interdisciplinary clinic that provides follow-up care for high-risk heart failure patients. Patients include those with late-stage heart failure and/or have difficulty managing their illness. A nurse practitioner, nurse, pharmacist, dietician and social worker work together to meet the needs of this highly complex group of patients. Appointments incorporate holistic assessments of quality of life through a questionnaire and function with the Six-Minute Walk Test. Education is also a major component of the appointment, as patient self-management is critical. The team has been very successful in optimizing the care regimen for patients and improving quality of life by reducing their symptom burden and预防 hospitalization. They also strive to incorporate comprehensive care planning with frequent referral to palliative care services.

Patients and providers alike are very satisfied with the Nurse Navigator and Heart Failure Clinic services and rely on their expertise in providing close management and evaluation of very challenging patients.

Informatics Council

With so many different nursing practice specialties documenting in Epic, how are nurses able to communicate their needs, new practices or frustrations with their current tools? To address this need, we created a new Shared Governance Council: the Informatics Council (IC). The purpose of the IC is to reduce clinical variability and foster the ongoing development of the EMR. This council is the first at Carle to represent all nurses, both ambulatory and acute, Carle and Hoopeston.

In early 2012 we transitioned from the Implementation phase to the Optimization phase of the ambulatory and Convenient Care Epic go-lives. In this phase, work continued to ensure the build supported newly developed processes as efficiently as possible, and revisions were made to improve difficult workflows.

In October, we welcomed Hoopeston Regional Health Center into the Carle family with a big-bang Epic implementation. This impacted all clinical and provider staff, as well as registration, billing and health information. It was an incredibly complex yet successful implementation. For the first time, Hoopeston and Carle were able to share important patient data in the same record, improving the quality and coordination of care for our shared patients.

In November, when the Clinical Decision Unit and Expanded Care moved to their new location, they also picked up new documentation tools in Epic. These tools, similar to those used in the Emergency Department, better support their unique population of patients.
New Knowledge Innovations and Improvements
This year’s conference had great turnout with 128 attendees, as well as 75 community nurse leaders who participated in a pre-conference workshop to inspire and provide tools to excel in this changing world of health care.

Our academic partner Sandra Burke, PhD, APRN, director of the Urbana Regional Program, University of Illinois at Chicago College of Nursing, welcomed everyone to the conference and emphasized that our collaborations showcase what we can achieve by embracing the changing world of evidence-based practice and research.

Keynote speaker Nancy Noonan, BA, MA, spoke about “The Art of Mastery: Inspiring Excellence in Work and Life.” She is the author of several books, including her newest, Stepping Stones to Success, which she co-authored with Dr. Deepak Chopra and Jack Canfield of the Chicken Soup Series. Nancy is president of The Mastery Institute and combines her former workplace experience in sales and corporate development with years of teaching college courses as an awarded “Master Teacher.”

The afternoon focused on change at Carle with three presentations by Carle nurses:

- “Changing Organization: Overcoming Barriers to Research Utilization at Carle Foundation Hospital”, Joan Plunk, RN, MSN, nursing director, Carle Heart and Vascular Institute
- “Changing Perspectives: Personal Journey with Evidence-Based Practice and Research”, Kristin Pritts, MSN, RN, CMSRN, CNL, and Laura Hiller, RN, BS, CMSRN, Tower 6 Medical, Carle
- “Changing Culture: The Impact of Evidence on Horizontal Violence”, Heather Ketchem, MSN,RN, manager of North Tower 4

The conference concluded with a panel discussion of all speakers moderated by Faith Roberts, RN, MSN, FCN, director of Magnet/Professional Practice and Parish Nursing at Carle.
Interactive and energizing keynote presentation by Nancy Noonan, BA, MA
A total of 15 posters (six in the professional category and nine in the student category) were displayed in The Forum at Carle during the conference.

Poster winners:

Professional Category

“Implementation of Physician and Nurse Patient Rounding” by Kristin Pritts, MSN, RN, CMSRN, CNL, and Laura Hiller, RN, BS, CMSRN, Tower 6 Medical, Carle

Student Category

“The Effects of Prenatal Breastfeeding Education on Breastfeeding Duration” by Christine Bezouska, Michelle Duprey, Mary Joseph, Rose Kiken, Zimuzo Onwuekwe, Valarie Saunders, Emily Town, Whitney Waterman, Christine Bezouska, University of Illinois at Chicago College of Nursing

Attendees viewed and judged posters during an interactive lunch
Dr. Dougherty, VP of Research and GME, presents the professional poster award to Kristin Pritts, MSN, RN, CMSRN, CNL, and Laura Hiller, RN, BS, CMSRN, Tower 6 Medical, Carle.

Joan Plunk, RN, MSN, nursing director of Carle Heart and Vascular Institute presented her study involving barriers to research for nurses.

**Patient Care Performance Improvement Poster Fair**

The 5th annual Patient Care Performance Improvement Poster Fair was held December 4 and 5. Twenty-seven entries showcased patient care PI projects, including hand hygiene, I&O documentation, pain management, DVT prevention, central line and urinary catheter related infection, and OSA. Each poster was presented in the Plan, Do, Study, Act format, displaying current projects in each unit. Respiratory Care had the winning poster on obstructive sleep apnea (featuring a snoring Ernie doll!) and received a sub sandwich party for their department. The poster fair is held during the Evidence-Based Conference each year. The New Knowledge PI Council anticipates more departments to participate this year.
<table>
<thead>
<tr>
<th>Area of Research</th>
<th>Title</th>
<th>PI Name</th>
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<tbody>
<tr>
<td>Quality Improvement Research</td>
<td>Does an interdisciplinary approach using the STOP-BAGN Assessment Tool provide an effective means for identifying potential obstructive sleep apnea in patients in the community hospital setting and can it affect outcomes of patients in reduced number of respiratory related code 99s?</td>
<td>William Vogel, RN</td>
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<tr>
<td>Trauma</td>
<td>Does direct transport of critically injured trauma patients improve their outcome?</td>
<td>Mary Beth Voights, RN</td>
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<td>Behavioral/Social/ Mental</td>
<td>Nurses’ Use of Technology: Implications for Nurse-Patient Communication</td>
<td>Marian Huhman, PhD</td>
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<tr>
<td>Linguistics</td>
<td>Sociolinguistic Dimensions of Nurse Practitioner and Patient Interactions</td>
<td>Bhatt Rakesh, PhD</td>
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<tr>
<td>Gastrointestinal</td>
<td>Traditional Hospital Bed versus Recliner Chair in post surgical phase 2 recovery time for Laparoscopic Cholecystectomy</td>
<td>Janice Frerichs, RN</td>
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<tr>
<td>Quality Improvement Research</td>
<td>Characteristics of Baccalaureate-Prepared New Graduate Nurses</td>
<td>Elizabeth Angelo, RN</td>
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<tr>
<td>Cardiovascular</td>
<td>Fatigue as a Symptom of Coronary Heart Disease</td>
<td>Ann Eckhardt, PhD, RN</td>
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<tr>
<td>Infectious Disease</td>
<td>PAICAP (Preventing Avoidable Infectious Complications by Adjusting Payment)</td>
<td>Daniel Bronson-Lowe, PhD</td>
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<tr>
<td>Quality Improvement Research</td>
<td>Will systemic education on proper documentation of the Pain Assessment in Advanced Dementia (PAINAD) scale improve pain control interventions for demented patients by registered nurses on a medical/surgical floor?</td>
<td>Erica Halcomb, RN</td>
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<tr>
<td>Quality Improvement Research</td>
<td>Healthcare-Acquired Clostridium Difficile and Previous Room Occupant Disease Status</td>
<td>Daniel Bronson-Lowe, PhD</td>
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<tr>
<td>Behavioral/Social/ Mental</td>
<td>NDNQI (National Database for Nursing Quality Indicators) RN Satisfaction Survey</td>
<td>Tina Grooms, RN</td>
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<tr>
<td>Quality Improvement Research</td>
<td>Intimate Partner Violence Education: The Impact of Nursing on Patient Outcomes.</td>
<td>Lisa Moment, RN</td>
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<tr>
<td>Pulmonary</td>
<td>Does Lung Recruitment Maneuver Decrease Length of time on the Ventilator?</td>
<td>William Vogel, RN</td>
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<tr>
<td>Quality Improvement Research</td>
<td>The Safety Culture Indicator Scale Measurement System (SCISM)</td>
<td>T.vonThaden</td>
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<tr>
<td>Quality Improvement Research</td>
<td>Family Presence During Cardiopulmonary Resuscitation and Invasive Procedures</td>
<td>Laura Keller, RN</td>
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<tr>
<td>Education</td>
<td>Does a systematic education class on using the Situation/Background/Assessment/Recommendation (SBAR) procedure improve the novice nurses’ and experienced nurses’ ability to define SBAR, and support the utility of the SBAR tool as a means to disseminate information in a structured format?</td>
<td>Deborah Davis, RN</td>
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<tr>
<td>Quality Improvement Research</td>
<td>Dissemination and Implementation of Evidence-Based Methods to Measure and Improve Pain Outcomes</td>
<td>Jonathan Woods, RN</td>
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<tr>
<td>Quality Improvement Research</td>
<td>Patient attitudes toward different types of nursing dress in an oncology/hematology unit</td>
<td>Sara Fink, RN</td>
</tr>
<tr>
<td>Behavioral/Social/ Mental</td>
<td>Understanding Inter-Professional Relationships in Hospital Units</td>
<td>Arel Avgar, Ph.D.</td>
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<tr>
<td>Behavioral/Social/ Mental</td>
<td>A Pilot Study on the Perspective of the Bedside Nurse on Horizontal Violence</td>
<td>Heather Ketchum, RN, BSN</td>
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<tr>
<td>Quality Improvement Research</td>
<td>Barriers and Facilitators of Research Utilization by Registered Nurses</td>
<td>Joan Plunk, RN</td>
</tr>
<tr>
<td>Quality Improvement Research</td>
<td>Is the Carle Rapid Response Score (RRS) a tool that accurately reflects clinical stability and can it predict the need for a Code Speed?</td>
<td>Mary Beth Voights, RN</td>
</tr>
<tr>
<td>Quality Improvement Research</td>
<td>Retrospective Review of correlation between Nurse Characteristics and appropriate medication administration</td>
<td>Cathy Short</td>
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<tr>
<td>Quality Improvement Research</td>
<td>Implementation of Physician and Nurse Patient Rounding on a 42 Bed Medical Unit</td>
<td>Kristin Pritts, RN</td>
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<tr>
<td>Pediatric/Neonatal</td>
<td>Does a visual reminder assist in the discharge process in the Neonatal Intensive Care Unit (NICU)?</td>
<td>Chris Wetzel, RN</td>
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<tr>
<td>Other</td>
<td>Bariatric Outcomes Longitudinal Database (BOLD)</td>
<td>Uretz Oliphant, MD</td>
</tr>
<tr>
<td>Behavioral/Social/ Mental</td>
<td>Improving Heart Failure Outcomes (IHO)</td>
<td>Kristin Pritts, MSN</td>
</tr>
<tr>
<td>Quality Improvement Research</td>
<td>Can the RN Transfer Report increase the number of Right patient, Right Bed, First time?</td>
<td>Matt Strack, RN</td>
</tr>
<tr>
<td>Quality Improvement Research</td>
<td>Can the Electronic Medical Record (EMR) be used for earlier identification of delirium risk of those patients who were restrained?</td>
<td>Diane Cousert, RN, MS</td>
</tr>
<tr>
<td>Quality Improvement Research</td>
<td>Does Geographic Partnership as a model of care delivery positively affect clinical effectiveness and human resource indicators?</td>
<td>Lori VanWingerden, RN, BSN, BC</td>
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Nursing research leads to quality improvement

Improved patient satisfaction and outcomes depend on staff embracing new knowledge, innovation and improvements. As Carle employees identify areas of improvement, it is important to own the project and research ways other hospitals and ambulatory care centers improve practice, achieve successful outcomes and deliver care to patients. Identifying the barriers is easy; providing solutions and maintaining team engagement to hardwire effective change is the challenge. Accountability, ownership and engagement of patients and staff are critical to achieving positive results. The PDSA [Plan Do Study Act] model is the foundation for facilitating quality improvement. Successful teams continue the PDSA cycle, focusing on the patient and identifying ways to support access and quality while monitoring costs.

Carle has many successful teams targeting changes needed to improve patient care. Our desire is to share Carle success stories through regional, national or international presentations, because networking provides colleagues with the tools to replicate the research, build on the foundation and demonstrate that Carle is on the leading edge of healthcare. This year, the Carle’s obstructive sleep apnea team was recognized at the National Nursing Management Congress, winning for their poster ‘Stop Bang to Stop Bagn: Obstructive Sleep Apnea (OSA) in Acute Care is “Risky Business.”’ Although winning first place is an honor, it’s really about delivering safe patient care. The OSA study focused on safety for acute care patients with known and undiagnosed sleep apnea. An improved screening method and advanced education led to positive outcomes that protected patients. The team is now initiating assessments at multiple points of entry to expand opportunities to impact positive patient outcomes.
2012 Evidence-Based Scholars Program Research Projects

Team 1
Mary Van Cleave, RN, OCN & Melissa Phillips, RN, MHA, OCN
Chemotherapy Follow-Up Calls

Team 2
Courtney Cotter RN BSN & Laurie Pettigrew RN
The Power of Privacy - Exploring The Benefits of Private Patient Rooms

Team 3
Robin Grubbs, MSN, RNC
Shift Work Fatigue and Patient Safety

Team 4
Kelly Wenta, RN, BSN & Debbie Williams, RN, MSN
Parental Presence...Yes or No?

Team 5
Brandi McGraw, RN and Christine Meeker, RN
OUCH! Pain Documentation on Pediatric Patients in the Emergency Room

Team 6
Lilibeth Agor BSN,RN,CMSRN, PCCN and Breann Swan, BSN,RN,CMSRN
To Draw or not to Draw?? Lab Draws from Central Lines for Patients with Heparin Drips

Team 7
Dorene Sullivan, RN, Manager of AMS and Jennifer Osterbur, RN, AMS
Anticoagulation Management Services

Team 8
Donna Lindsay and Janette Reilly, IVS

Team 9
Diana Galey, RN, BSN, CMSRN and Danna Williamson, RN, BS, CMSRN
When Do I Take What? Improving Patients’ Understanding Of Discharge Instructions
Team 10
Kristin R. Lutes MS CCC-SLP & Marcia L. Walsh MS CCC-SLP
Improving Social Skills in Children with Hearing Loss: The Benefits of Education with Hearing Peers

Team 11
Therese Leti, RN, BSN, MN, PCCN and Amy Odell, BA, RN, MA
Delirium Patients? Think CAM-era!

Team 12
Jo Ann Creek RN and Lorrie Gifford RN
Clinical Significance of Pulmonary Function Testing in Amiodarone Patients.

Team 13
Connie Hart, RN, BSN, OCN & Emily Palmer, RN
Administration of Antibiotics in Neutropenic Fever Patients: Does Timing Matter?

Team 14
Jodi Murphy, RN, MS, CHPN and Mary Wetter, RN
Determining Factors in Treatment of Terminal Congestion or “Death Rattle” in Hospice Patients

Team 15
Amy Johnson RN and Karman Youngblood RN, MSN
Is ‘Scrub the Hub’ Best Practice Prior to Accessing PICCs in Adult TPN Patients?
A study evaluating the perception of collaboration between physicians and nurses before and after implementation of patient rounding on a 42-bed medical unit was conducted at Carle. The results showed an increased perception of the nurses’ ability to directly assert their expertise and opinions. Nurses also perceived an improvement in the degree to which they clarify mutual expectations regarding the nature of shared responsibilities in patient care. The data did not show an increase in perception of collaborative practices for the physicians.

Collaborating these findings, the NDNQI survey results showed an increase in the positive interactions between nurses and physicians from 59.41% in 2009 to 62.89% in 2010. The Press Ganey survey results showed an increase in patient satisfaction regarding how the patient felt the healthcare team cared for them, 88.3% (third quarter 2009) in comparison to 93.5% (third quarter 2010). The study findings indicate that collaborative physician nurse patient rounding positively impacts perception of collaborative practice for nurses, nurse satisfaction with physician interaction and patient perception of care. Implementation of nurse and physician patient rounding supports ongoing efforts in improving these collaborative relationships.

The research study findings were shared at the AMSN National Convention in October 2012 in Utah. The research was also presented during the Evidence-Based Practice Nursing Conference: Nursing Mastery in a Changing World conference at Carle in December. The research will be published in the November/December 2014 MEDSURG Nursing journal.
The study findings indicate that collaborative physician nurse patient rounding positively impacts perception of collaborative practice for nurses, nurse satisfaction with physician interaction and patient perception of care. Implementation of nurse and physician patient rounding supports ongoing efforts in improving these collaborative relationships.
Empirical Outcomes
In June 2011, we decided to move away from our homegrown Star Practice model to a consistently updated evidence-based practice model. By moving to the Clinical Practice Model Framework (CPM), all professionally licensed and credentialed staff would have a model to guide decisions regarding daily practice; to align our practice with the patient, family, community and caregiver in the center; and to further standardize processes as an integrated organization.

A steering committee comprised of ambulatory and inpatient staff and leaders from multiple disciplines developed an education plan to roll out to patient care staff organization wide. The six practice models within the framework are Partnership Culture, Health and Healing Care, Health Informatics, Evidence-Based Practice, Interdisciplinary Integration, and International Consortium. The committee solicited volunteers and put together a team from inpatient, ambulatory, home health and research practices including nursing, respiratory therapy, social work, pastoral care, therapy services, education, informatics, lab, quality, accreditation and house officers. Each team developed education about a specific practice module. The education was rolled out to 2,200 professionally licensed and credentialed staff as required education and was made available to all Carle employees.

During the education rollout, Carle partnered with the Clinical Practice Model Resource Center (CPMRC) to provide supplemental education on Polarity Management and the grounding principles of the CPM Framework. Patient care staff and leadership in ambulatory and inpatient shared governance councils were assessed on their knowledge and application of the Framework into daily practice.

The next steps in this journey are to develop a consistent process for Clinical Practice Guideline validation through our New Knowledge and PI council; to imbed the simplicity of looking to the model when presented with issues in our daily practice; and to develop a crosswalk that ties together The Carle Experience, Magnet Journey, and the Clinical Practice Model.
For more than 11 years, the Wound Healing Center at Carle has consistently surpassed the National Standards for Quality and length of time to healing. With centers in Urbana and Danville, the team sees approximately 150 patients a week who have often struggled for years with wounds that will not heal. Wounds typically treated include venous stasis ulcers, arterial ulcers, diabetic foot wounds, pressure ulcers and surgical wounds that have difficulty healing.

Using advanced healing modalities including hyperbaric oxygen therapy, the team heals wounds in an average of 71 days compared to the national standard of 84 days. The percentage of patients healed is also above national standards at 81%, compared to the national standard of 70%. The team is able to achieve these results because they consistently utilize research to prescribe the best methods of healing, and they are dedicated to education and improvement.

Department leaders are committed to education and encourage nurses and physicians to sit for national certifications in Wound Care and Hyperbaric Oxygen. Eighty percent of the nursing staff has advanced wound healing certifications, and the other 20 percent will sit for the exam when they have the required amount of experience. Three of the nurses have also passed the certification in hyperbaric medicine. Leadership also supports the staff’s education, bringing nurses and physicians together to discuss a monthly case study and address educational needs for the unit.
PATIENT SATISFACTION SCORES

HCAHPS Overall Nursing %tile Ranks

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quarter</td>
<td>87</td>
<td>87</td>
</tr>
<tr>
<td>2nd Quarter</td>
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</tr>
<tr>
<td>4th Quarter</td>
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<td>77</td>
</tr>
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CPG Overall Nursing %tile Ranks

<table>
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<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quarter</td>
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<td>42</td>
</tr>
<tr>
<td>2nd Quarter</td>
<td>66</td>
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<td>51</td>
</tr>
<tr>
<td>4th Quarter</td>
<td>61</td>
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</tr>
</tbody>
</table>
HomeCare Overall Nursing %tile Ranks

- **1st Quarter**: 43 (2011), 56 (2012)
- **2nd Quarter**: 61 (2011), 70 (2012)
- **3rd Quarter**: 93 (2011), 90 (2012)
- **4th Quarter**: 30 (2011), 69 (2012)
NDNQI – Overall Hospital Acquired Pressure Ulcers
% Patients Surveyed 1Q11 through 4Q12

<table>
<thead>
<tr>
<th></th>
<th>1Q11</th>
<th>2Q11</th>
<th>3Q11</th>
<th>4Q11</th>
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<th>2Q12</th>
<th>3Q12</th>
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<tbody>
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<td>2.04</td>
<td>4.05</td>
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<td>3.74</td>
<td>2.68</td>
<td>3.46</td>
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<tr>
<td>NDNQI Mean</td>
<td>3.74</td>
<td>3.37</td>
<td>3.04</td>
<td>3.13</td>
<td>2.99</td>
<td>2.88</td>
<td>2.63</td>
<td>2.99</td>
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<tr>
<td>Top Decile Cut Point</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

4Q12 – National Comparative Information changed due to larger bed size/teaching facility
NDNQI – Total In-Patient Falls per 1000 Patient Days
Overall Average Rate per Quarter with NDNQI Top Decile Cut Point
1Q11 through 4Q12

<table>
<thead>
<tr>
<th></th>
<th>1Q11</th>
<th>2Q11</th>
<th>3Q11</th>
<th>4Q11</th>
<th>1Q12</th>
<th>2Q12</th>
<th>3Q12</th>
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<tbody>
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<td>CFH</td>
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<tr>
<td>Top Decile Cut Point</td>
<td>2.35</td>
<td>2.10</td>
<td>2.01</td>
<td>1.80</td>
<td>2.25</td>
<td>2.05</td>
<td>1.92</td>
<td>1.86</td>
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</table>

4Q12 – National Comparative Information changed due to larger bed size/teaching facility
NDNQI – Injury from Inpatient Falls per 1000 Patient Days with NDNQI Top Decile Cut Point
1Q11 through 4Q12

<table>
<thead>
<tr>
<th></th>
<th>1Q11</th>
<th>2Q11</th>
<th>3Q11</th>
<th>4Q11</th>
<th>1Q12</th>
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<tbody>
<tr>
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<tr>
<td>NDNQI Mean</td>
<td>0.82</td>
<td>0.76</td>
<td>0.79</td>
<td>0.71</td>
<td>0.71</td>
<td>0.75</td>
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<tr>
<td>Top Decile Cut Point</td>
<td>0.20</td>
<td>0.14</td>
<td>0.18</td>
<td>0.15</td>
<td>0.18</td>
<td>0.17</td>
<td>0.17</td>
<td>0.11</td>
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</tbody>
</table>

4Q12 – National Comparative Information changed due to larger bed size/teaching facility
NDNQI – Total Nursing Hours per Patient Day
1Q11 through 4Q12

<table>
<thead>
<tr>
<th>RN Hours per Patient Day</th>
<th>1Q11</th>
<th>2Q11</th>
<th>3Q11</th>
<th>4Q11</th>
<th>1Q12</th>
<th>2Q12</th>
<th>3Q12</th>
<th>4Q12</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFH</td>
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<td>11.85</td>
<td>11.75</td>
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<td>NDNQI Mean</td>
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<td>10.64</td>
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<td>10.76</td>
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<td>14.15</td>
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<tr>
<td>NDNQI Top Decile</td>
<td>7.26</td>
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<td>7.39</td>
<td>7.53</td>
<td>12.63</td>
<td>11.20</td>
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</tbody>
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4Q12 – National Comparative Information changed due to larger bed size/teaching facility
NDNQI – Percentage of Patients with Physical Restraints with NDNQI Top Decile Cut Point
1Q11 through 4Q12

<table>
<thead>
<tr>
<th></th>
<th>1Q1</th>
<th>2Q1</th>
<th>3Q1</th>
<th>4Q1</th>
<th>1Q1</th>
<th>2Q1</th>
<th>3Q1</th>
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</thead>
<tbody>
<tr>
<td>CFH</td>
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<td>6.90</td>
<td>10.02</td>
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4Q12 – National Comparative Information changed due to larger bed size/teaching facility