



Carle Health 2022 Nursing Annual Report

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A Message from Our Chief Nurse Executive

Dear colleagues,

I am so proud to work alongside you as a Carle Nurse.

In these pages, you'll see extraordinary reports of professionalism and caring. You'll see how nurses have adapted their practice and approach in order to meet the changing needs of our patients. And you'll see that the contributions of nurses throughout Carle Health continue to drive outcomes for patients in communities across our state.

In 2022, our professional governance councils provided meaningful guidance and advanced nursing practice and patient care in a multitude of ways. Nurses applied new evidence, furthered research studies and nurtured new clinical learners. As the acute stage of the pandemic began to fade, our nurses stepped up to assist in rethinking care delivery. We also focused on new ways to support each other, grow professionally, and expand our partnerships and reach.

I hope you will take a moment to reflect on your personal contributions that make our Carle mission – to be our patients' trusted partner – possible. Congratulations on the outstanding achievements within this report. These stories are made possible by your talents, your caring and your expertise.

Sincerely,
Elizabeth



Elizabeth Angelo

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

Clinical Service Area

LOCATIONS

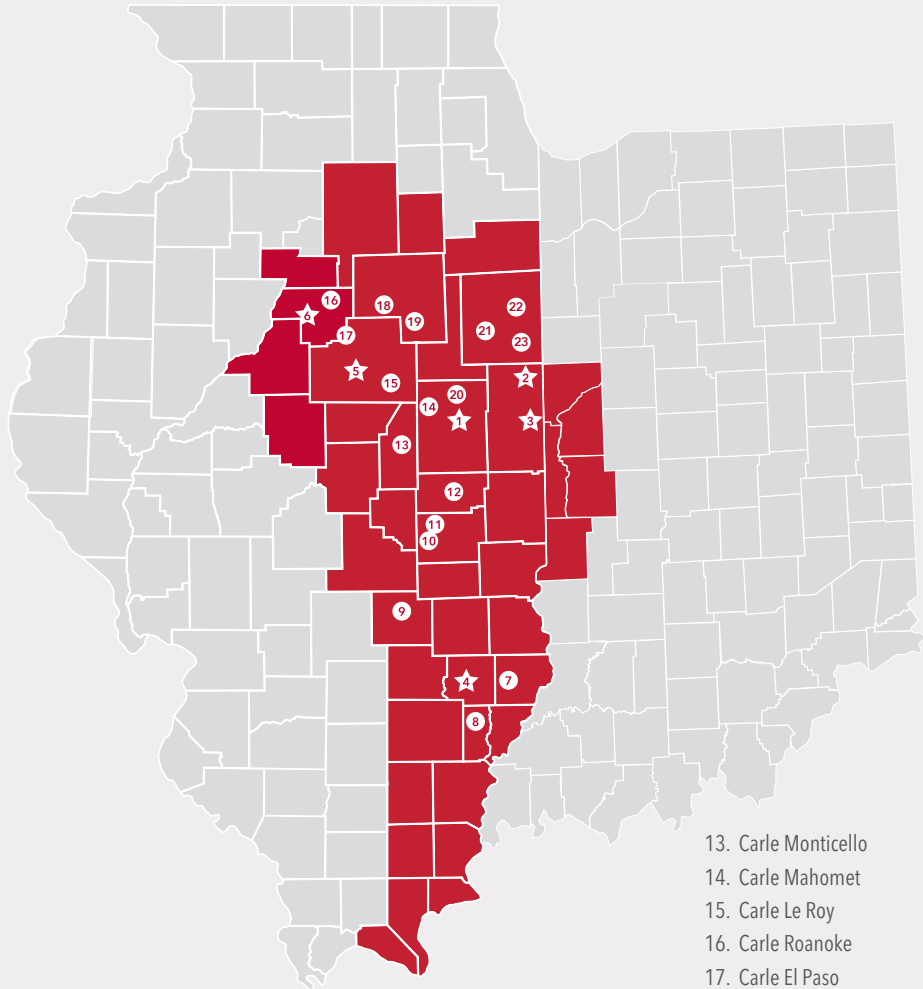
1. Champaign-Urbana Area
 - Carle Foundation Hospital
 - Champaign on Curtis
 - Champaign on Kirby
 - Champaign on Mattis
 - Orthopedics and Sports Medicine
 - Outpatient Services at The Fields
 - Surgery Center at The Fields
 - Urbana on Windsor

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

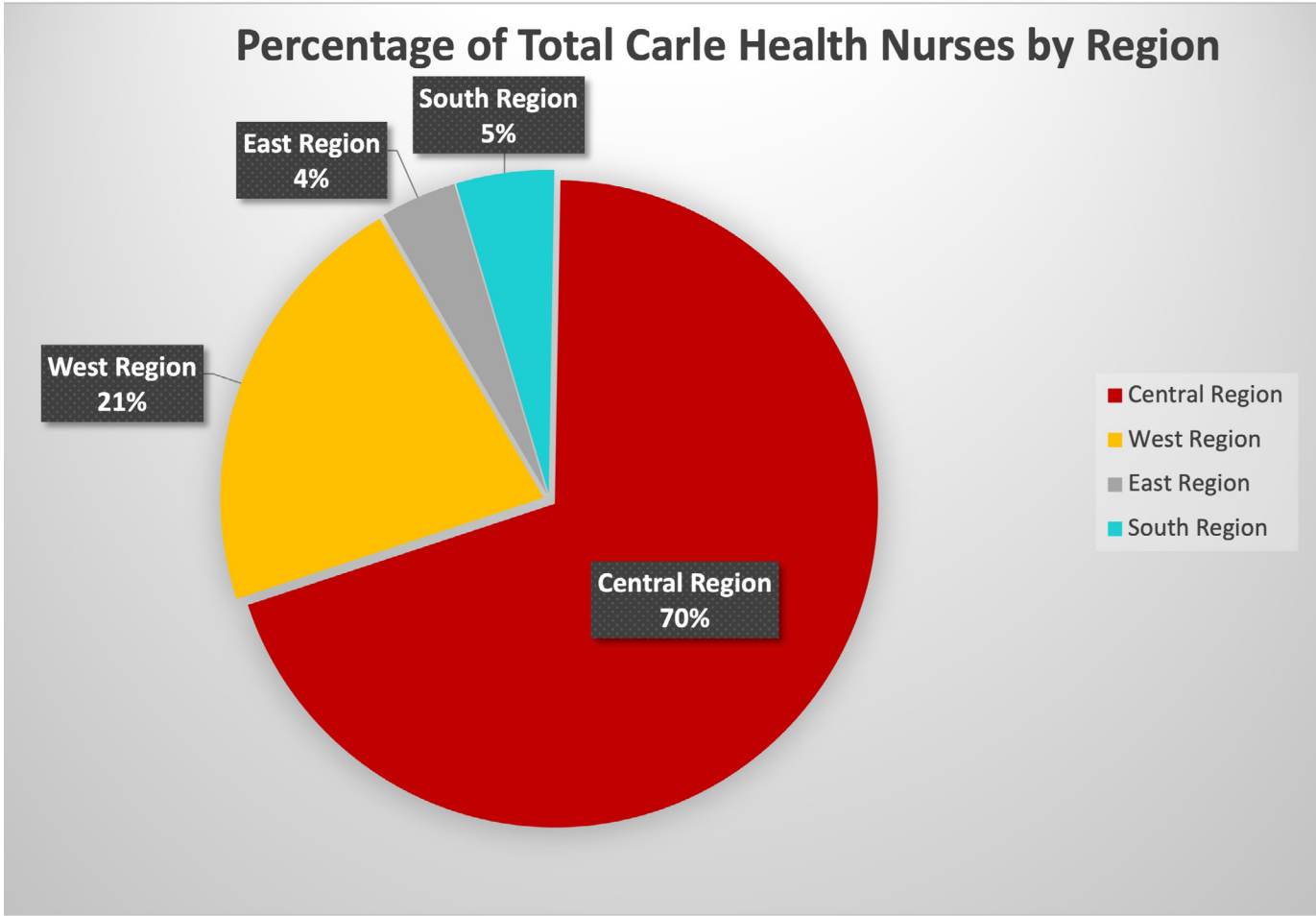
5. Bloomington-Normal Area
 - Carle BroMenn Medical Center
 - Carle BroMenn Outpatient Center
 - Bloomington on Eastland
 - Bloomington on Hershey
 - Normal on College
 - Carle Cancer Institute Normal
 - Carle McLean County Orthopedic
 - Normal on Landmark
 - Bloomington on Jumer



- | | | |
|-------------------------|----------------------------|-----------------------|
| 6. Eureka Area | 8. Carle West Salem | 13. Carle Monticello |
| - Carle Eureka Hospital | 9. Carle Effingham | 14. Carle Mahomet |
| - Carle Eureka | 10. Carle Mattoon on Lerna | 15. Carle Le Roy |
| 7. Carle Bridgeport | 11. Carle Mattoon on Hurst | 16. Carle Roanoke |
| | 12. Carle Tuscola | 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 Region



Celebrating Five Years with Carle Richland Memorial Hospital

April 1, 2022

It's always important to take the opportunity to pause and recognize the growth and service of our organization. On April 1, we celebrate a special milestone as our colleagues at Carle Richland Memorial Hospital (CRMH) reach five years in the Carle Health system. The incredible contribution our team members bring to meet the health needs of this region is invaluable. Our staff at CRMH and the surrounding communities work every day to make connections and help improve the health of a critical population and are an important piece of the Carle system of care.

In the past five years we've worked together to build upon the level of care available in the Olney area, which has advanced the health of the community in countless ways. Some of our most notable achievements:

- The on-site experience of patients and community members was improved by addressing long-overdue facility upgrades, opening the Carle Olney clinic, and expanding our services to Lawrence County with the opening of Carle Bridgeport.

- The ability to more reliably receive emergent care grew by various departments joining together at the system level for continuity of care, including Arrow, Airline Home Health and more.
- Bringing closer-to-home expertise the region did not previously have allows for patients to stay connected to a trusted health source and still receive the customized care they need with new specialty services like virtual health, pediatrics, mental health, surgical services and cardiology.

I am so grateful for the outstanding leadership and team members who continue to bring quality care and community-focused support to the southern region. As we look ahead, we know there are even more opportunities for intentional growth and that teams are thoughtfully considering what the next five years will look like at CRMH. One thing is clear: the future is bright!

Thank you again to all team members and providers at Carle Olney, West Salem, Bridgeport and beyond. Congratulations on this milestone! We are so glad you're part of the Carle Health team.


James C. Leonard, MD
President and Chief Executive Officer



Transformational Leadership





Transformational Leadership

Meet the women leading Carle hospitals during Women’s History Month

While women have been a part of the history of medicine since its infancy and are very present on the front lines of care, it’s not always common to see female leaders at the top of healthcare organizations. And while that trend has begun to decline, Carle Health understands how bringing diverse perspectives into leadership roles is an asset to offering inclusive care. This March, during Women’s History Month, Carle celebrated female leaders at the helm of its hospitals and regional health centers, four of whom are nurses.

Each leader brings unique experiences and backgrounds to their roles to advocate for patients and team members and provide strategic direction for their region. While some always envisioned contributing to the healthcare industry, others unexpectedly found themselves loving the challenge and ability to make a difference and never left.

Gina Thomas, DNP, MBA, RN, NEA-BC, FACHE, president of Carle Richland Memorial Hospital, and Elizabeth Angelo, DNP, RN, NEA-BC, chief nursing executive and president of Carle Foundation Hospital, had their first experience in the industry at the very same hospitals they now lead. Having a firsthand understanding of how to manage patient care and collaborate with others in many different roles helps



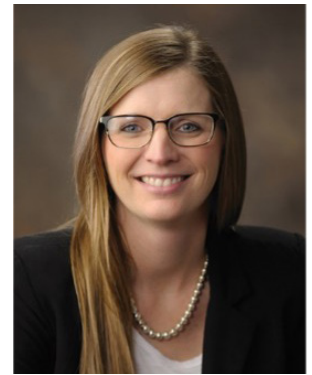
Gina Thomas, DNP, MBA, RN, NEA-BC, FACHE, President of Carle Richland Memorial Hospital



Elizabeth Angelo, DNP, RN, NEA-BC, Chief Nursing Executive and President of Carle Foundation Hospital



Carrie Miller, MSN, RN, NEA-BC, Chief Nursing Officer of Carle Richland Memorial Hospital



Heather Tucker, MSN, RN-BC, NEA-BC, Administrator of Carle Hoopston Regional Health Center

create systems and processes that improve the experience of team members and quality of care patients receive.

“I joined Carle Richland in 1999 as a nurse,” Thomas said. “As a nurse, I worked on the Medical-Surgical floor,

Intensive Care Unit and as a house administrator,” she said. “When I first joined the hospital, I didn’t have a long-term goal. I focused on being the best nurse I could be. Throughout the years, when I felt I needed more, professionally, I turned to education. Throughout my continued education and practicum rotations, I encountered new experiences that led me to where I am today.”

In February 2022, Carrie Miller, MSN, RN, NEA-BC, joined the Carle Richland Memorial Hospital leadership team as chief nursing officer (CNO). Miller brings 10 years of nursing leadership experience to this role, as well as a passion for patient-centered care.

“Carrie is positive in her leadership approach and serves as a change agent to implement strategies to solve existing problems and improve quality of care. She makes quality, safety and satisfaction a priority. She exudes compassion and dependability and is always willing to help others,” Thomas said.

The Carle executive leadership team and recruitment leaders commit to taking the steps necessary to grow the team member base in a way that reflects the communities we serve and brings in diverse backgrounds and expertise. There’s also a strong emphasis on creating development structures to offer opportunities for growth, no matter the area of expertise. It takes shape in clinical leveling programs, professional advancement courses and mentorship opportunities.

And while the vertically integrated system leverages the efficiencies and values of working in a wide network of experts, there’s also an understanding that each community has different health needs, and the connection local teams bring to compassionate, individual care is invaluable.

“Hands down the best part of my job is working with the teams in the east region and throughout Carle Health,” Heather Tucker, MSN, RN-BC, NEA-BC, administrator of Carle Hoopston Regional Health Center, said. “I truly feel that the east region locations are my ‘home,’ and this truly is my work family. Vermilion County is important to me. This is where I live. This is where I was raised and where I raise my family. The care we deliver impacts myself, my family and my community. It’s important to share that ‘love’ beyond the job.”

Though it may be unique in the corporate world to have so many women helping steer teams toward creating the best possible health outcomes for patients, women typically make health decisions for loved ones at home. The value of offering that authentic perspective at all levels helps keep the work patient focused and community driven.

As these women continue to steer the organization into its next phase, we recognize there are thousands of other women Carle team members and providers who help set the tone and push the system forward to meet our mission.

“I’ve benefited from the generosity of so many mentors over the years,” Angelo said. “From the nurses who precepted me in patient care to the charge nurses I looked up to and admired, and the leaders who inspired me to step out and try new things.”

And while not part of the professional development plan, the response to supporting Carle through the COVID-19 pandemic offers an opportunity to not only acknowledge the leaders, like these, who’ve guided us through this time and used it as an opportunity to learn and improve the system overall.

Carle is grateful for the continued support of all women team members, providers and leaders across the Carle system, without whom high-quality patient care would not be possible.

TEDxCarleHealth: Listening. Learning. Leading.

In April 2022, 24 Carle Health leaders took to the speaker’s podium for TEDxCarleHealth: Listening. Learning. Leading. Among the presenters were four nurses whose life experiences as caregivers offered meaningful insight into leadership.

LESSONS LEARNED: LEADING THROUGH UNCERTAINTY

“Organizing chaos has become my specialty,” Holly Cook, MSN, RN, CEN, TNS, director, Carle Foundation Hospital Emergency Department, said as she began her TEDx presentation. After years of managing in the Emergency Department of Barnes Jewish Hospital in St. Louis, Cook learned to deal with the complex events, unpredictable crises, and even dangerous civil unrest that occurred



Holly Cook, MSN, RN, CEN, TNS

frequently in a major metropolitan hospital. It's not something that can be taught in nursing school. Cook said she became familiar with those around her feeling stressed, tense and fearful and with being the person everyone expected to create order amidst the unknown.

Less than a year after coming to Carle Foundation Hospital to manage the Emergency Department (ED), those skills came in to play as COVID-19 began. New to the organization and new to the staff, but confident in the plans in place, Cook wondered how to avoid scaring the ED team when the first coronavirus patient arrived. She felt moments of déjà vu while recalling her most challenging moments in St. Louis as CFH set up the ED tent in the ambulance bay, preparing for the possibility of many people presenting with COVID. No one knew what would happen. Staff heard stories from around the country, planting the seeds of fear of what might come.

Cook said what she came to understand was if you find yourself leading a team through a time of uncertainty, focus on the basics:

- Simply be present.
- Be real and authentic.
- Be honest.
- Be there with your team.
- You don't have to have all the answers.
- They really just need to know that you're right there with them.

And don't forget everyone, including yourself, is a human

being who feels fear, anger and frustration. “Remember everyone wears a lot of different hats – wife, husband, mom, dad, son, daughter, friend,” she said. “They clock in to work and put on their professional hat on top of all those other hats. They don't take them off, they just keep adding to the top.”

GROWING YOUR PEOPLE IS AN EVERYDAY JOB

Kristin Goff, BSN, RN, CMSRN nursing manager, NT6 Observation and R6 Oncology at Carle Foundation Hospital remembered how she nearly lost one of her



Kristin Goff, RN, BSN, CMSRN

highest performing nurses. As Goff rounded with the nurse, she learned the nurse felt she was nearing time to leave because she felt she had reached the limit of what she could do in her unit.

Goff, though, had visions of her being a charge nurse and future leader, but she hadn't yet told her that.

“That was a pivotal moment for me when I realized our lack of conversation for her meant there weren't any opportunities,” Goff said.

This was at the peak of the great resignation when one in four people left their jobs. Retention is an issue and if you don't work with people on the next steps, Goff said, they'll figure it out for themselves.

“The solution is growing your people. Because when we grow our people, we help them see that they matter, that their work matters, we're building relationships with them and we help give them purpose,” Goff said. “This has made a huge difference for me in the last several years in keeping my voluntary nurse turnover rates extremely low.” Even with the great resignation, her turnover rates were half that of her peer group.

It's something she is passionate about. And she compares it to another passion – for maintaining a beautiful flower garden.

Like preparing soil for a thriving garden, you have to build a foundation with your people. When she rounds with her nurses, she wants to know their hobbies, their goals, to help them find their strengths and to be their growth coach. She seeks to build a partnership and the trust that results gives them confidence to take leaps.

Like flowers, in the beginning of a new role people need more support. She listens to what they enjoy and watches what others recognize them for. And also like flowers in a garden, she places people in strategic positions where they can shine.

Growing her people is important – an intentional part of Goff’s day that brings her joy as gardening does. Most days she starts by writing notes to recognize staff. She creates a rounding calendar and makes rounding a source of constructive conversation and positivity.

“What happens when you continually focus on this and make this part of the daily rhythm of your everyday work is that each individual is growing, each flower is growing. The individuals are becoming engaged, they’re thriving, they’re moving forward, and they’re not thinking about leaving. And when we grow each individual, what also happens is we transform the whole team.”

THE POWER OF PERSEVERANCE: IT’S ALL ABOUT THE “AGAIN”

Looking at a photo of herself at 10 years old, Lakita Scott, MSN, RN, CQH, NE-BC, vice president, Quality, Carle Health, said that girl was oblivious to the struggles she would encounter in her life. “I would soon learn that life for a girl like me wouldn’t be easy.”



Lakita Scott, MSN, RN, CQH,
NE-BC

The odds were stacked against her. And now she knows how much she has overcome to get where she is today.

She remembers being discouraged to follow her dream to be the first person in her family to graduate from college. Her high

school counselor advised her to go down the vocational track and enter the workforce out of high school. In the end, she refocused and did the research and filled out all the forms to apply for college. “I got myself admitted to college,” she said.

And while some challenges she encountered in life could be attributed to those odds stacked against her, others were difficulties she created. Like finding herself as a 20-year-old, pregnant college junior. Many people said her dream of graduating college had to end so she could concentrate on raising her child. But she refocused, took one semester off, and graduated at 22 with a 2-year-old son in tow.

She discovered her ability to get up again after a fall, to persevere, though she hadn’t really thought of herself as having that trait, which she associated with trailblazers like Martin Luther King, Neil Armstrong or Amelia Earhart. But she also saw perseverance in her father, who had a difficult start in life and little formal education but who applied his determination and work ethic to build a rewarding life.

“Perseverance is thought to be one of the key leadership traits of a successful leader. And over the years, I’ve learned to acquire this trait in my leadership journey,” Scott said.

Successful leaders focus on their “why.” Your why should be the catalyst for helping you shift the focus from your difficulty and back to your why, Scott said.

“Think about your ‘why’ and let it give you the wings to keep going.”

- Everyone has moments of failure. Scott said to see failure as temporary, and use failure to approach your goal differently next time.
- Have a growth mindset. Commit to being better each day.
- Take risk, accept the possibility of failure and find innovation and creativity.
- Set clear goals. You can’t persevere if you don’t know where you are going.
- Build a network of support.
- And think of perseverance like a super power that can be learned and refined with practice and time.

THE AFTERMATH OF HEROISM

For his 18-minute TEDxCarleHealth presentation, Nathan Welsh, RN, T7 Surgical, Carle Foundation Hospital (CFH), focused on “The Aftermath of Heroism.”



Nathan Welsh, RN

He addressed how nurses were heralded as superheroes, especially at the beginning of the pandemic. Welsh said there are three factors to qualify as a hero. There has to be a need and the need has to be greater than oneself. There has to be some risk. And there has to be a choice to be made.

The example he used was deciding to run into a burning building to save someone.

“The problem is when the call to heroism goes on long enough and loud enough, eventually you tend to forget why you chose it in the first place,” he said.

As the pandemic continued, many nurses were in a situation where they were expected to continue to act heroically at all times – under pressure and without an end in sight. It was no longer a choice, but a pattern of behavior. Many eventually felt betrayed by patients, families and team members. “Delivering healthcare in extreme circumstances can put a wound on your soul,” he said.

Welsh encouraged colleagues to be honest with themselves to help heal and to treat themselves with the same love and patience they do for patients – and be the hero of their own story.

Since his TED talk, Welsh said he has received emails and comments in the corridors from people the talk touched. He’s gratified and feels the presentation was a success.

“My hope was that I could say something real and authentic, and it would get my colleagues thinking about self-care from a slightly new angle,” he said.

“I don’t get a lot of deep stories, but I’ve heard from enough people in enough different settings to know that it’s made an impact. That’s incredibly rewarding.”

Since then, and since the dire circumstances of the pandemic have eased, he’s seen colleagues ask for help more in the past few months – something as small as passing meds for a coworker – but each of these kindnesses, he said, “looks like a crack in the shell.” The mood is lighter and people are more resilient. People are talking about their lives again, and the mood is more positive.

“The overwhelming state we were in wasn’t built overnight and it won’t be fixed overnight, but overall I’m feeling a little more normal all the time.”

Leading connections

In August 2022, Carle Health began offering team members the opportunity to participate in six different Carle Inclusion Connection (CIC) groups to provide a dedicated space of support for team members with similar backgrounds, interests and experiences by creating an inclusive environment where diverse voices and talents influence success. The groups were created to support individual team members through personal and career growth, the organization through retention, engagement, and mentorship efforts and the communities served through CIC group volunteering and community outreach. The initial set of groups included Team Members with Disabilities Group, Young Professional Group, Women’s Group, LGBTQ+ Group, Multicultural Group, and Military/Veterans Group.



Colleen Sheese, MSN, RN

When the Carle Health Diversity, Equity and Inclusion (DEI) department sent an email seeking team members willing to co-lead and develop the framework of the CIC groups, Colleen Sheese, MSN, RN, manager of Clinical Informatics, volunteered to serve as a co-leader for the CIC Military/Veterans Group.

This group’s purpose is to build camaraderie based on shared military experience, to serve the fellow military/

veteran community within Carle Health, and to serve veterans and their families within the community.

As an Army combat veteran, Sheese recognized the importance of veterans supporting each other and the specific needs and challenges faced by current military personnel and their families. Veterans, especially those who have faced combat, have unique experiences that are not always well understood by the general population and are hard to explain to others. They often have military/veteran friends who are grieving losses or experiencing mental health issues. Some military members and veterans have been stigmatized as being “broken or damaged goods” and can experience challenges in finding employment, even though they are generally hardworking and dedicated individuals who have served their country. Sheese also recognized that military families, especially those who might have lost a child, need support as well.

As a former emergency department nurse, Sheese has witnessed that having a shared military experience creates a special connection to other veterans. Those shared life experiences increase trust, build connection and provide a safe place to share their story. Sheese volunteered to ensure that military and veteran team members at Carle Health had a safe place to go to support one another and to provide an opportunity for them to support those living in surrounding communities.

Training was provided to both Sheese and her co-lead counterpart, another Army combat veteran, during the summer of 2022, and the group started regular meetings in August. Veterans, active military team members, and their families are invited to participate in the meetings and activities. The Human Resources department sends the co-leaders a list of new team members who have identified themselves as veterans during the onboarding process and Sheese reaches out to them to make them aware of the group’s availability.

The CIC group meets monthly and new members are always welcome. Members of the group participated in Veteran’s Day activities at their regional locations, including a flag raising ceremony led by Sheese and the Junior Reserve Officers’ Training Corps from Illinois State University.



Three leaders from Carle Eureka Hospital receive honor from the Department of Defense

On Aug. 24, Anna Laible, Carle Eureka Hospital administrator, Mark Lareau, BSN, RN, Emergency Department (ED) manager and Jennifer Hepner, MSN, RN, Medsurg-BC, nurse manager of Inpatient, Swing Bed, Clinic, Cardiopulmonary and Surgical Services, each received the Employer Support of the Guard and Reserve (ESGR) Patriot Award. This award recognizes the exceptional support they provide Carle team member and Army reservist Lt. Col. Jason Burnett, BSN, RN, a nurse in the Emergency Department at Carle Eureka Hospital.

Burnett nominated the three leaders for their unified understanding of his service commitment with the United States Army Reserves (USAR). Their consistent and aligned agreement creates the supportive environment and flexibility he needs to fulfill his duties at the hospital and when unexpectedly needed with the Reserves.

“I realized I hadn’t recognized all that my supervisor and the team that supports him have done for me and thought it’s about time,” Burnett said. “Mark and I have the most interaction because he’s my immediate supervisor, but it takes the whole team to work as smoothly as it does. They all work to find the best solution for any challenge my schedule brings, and in



fact, they embrace the challenge. My USAR commitment is seen as a blessing, never a burden.”

Burnett confides that previous employers didn’t support his commitment to the Army Reserves and the flexibility it necessitates wasn’t always as good as it has been for him at both Carle BroMenn Medical Center and Carle Eureka Hospital. “Mark has a keen interest in the job that I do in the USAR and always finds ways to utilize the unique skills that I obtained in the USAR to benefit our company. Nominating Mark and the larger support team was my way of showing my appreciation for all they do,” Burnett said.

ESGR created the Patriot Award to publicly recognize individuals who support and cooperate with their employees who serve in the Reserves or National Guard. ESGR is a volunteer agency established by the Department of Defense in 1972, spurred by the fact that the Guard and Reserves comprised 48% of the total U.S. military capability and that only 1% of the American population serves in the military, so there existed a general lack of understanding of how the military operates.

In 2016, Carle Health established a Military & Veteran Support Services department within Human Resources designed to recognize and support active and retired members of the armed forces. At this time there are more than 300 Carle team members self-identified as veterans, Reserve or Guard members. Carle Health values and celebrates the experience and skills military members and veterans bring to serving the region.

Structural Empowerment





Structural Empowerment

Involvement in professional nursing organization adds opportunity and education for Bricker



Crystal Bricker, MSN, RN, CNOR

Crystal Bricker, MSN, RN, CNOR, is a nursing professional development specialist in the Perioperative Services department at Carle BroMenn Medical Center (CBMC). Bricker has been actively involved in the Association of periOperative Registered Nurses (AORN) for many

years. Bricker's dedication to the patients of Carle Health and the nursing profession is highlighted through her professional achievements throughout the year. The impact she has made illustrates the importance of involvement in a nursing professional organization. Below, Bricker shares her story.

“Being actively involved in a professional nursing organization has always been an important element of my nursing career. It provides me with opportunities to grow as a perioperative nursing professional and give back to my nursing specialty. Since starting my

operating room (OR) career 11 years ago, AORN has been a source of support, networking, growth and professional development. I serve on national committees, am chair of the Clinical Nurse Educator Specialty Assembly (CNESA), have been on the ballot for national office and participate in networking and educational activities presented by the association.

“In March of 2022, I attended the AORN Global Surgical Conference and Expo in New Orleans, LA. At the conference I was recognized by AORN with the 2022 Outstanding Achievement in Perioperative Education, Clinical Award for the work I did partnering with Illinois Wesleyan University to facilitate a senior nursing student with the opportunity to complete their leadership clinical in the OR at CBMC. From that experience, the student was able to secure a position in an OR nurse residency program at a Chicagoland hospital right after graduation.



“In addition to receiving the recognition, I gave a podium presentation titled, Advocating for Creative Education: Balancing Time and Resources. The presentation encouraged attendees to get creative with

how education is offered while working within the constraints of time, cost and resources. Attendees were

challenged to find ways to incorporate and increase active learning strategies and hands-on experiences to their education planning strategies.

“After the conference, I was invited to present virtually to the AORN e-Chapter for their March education. The presentation was titled, Simulation: Added Perioperative Education Value. This webinar discussed the benefits of using simulation as an educational modality for the perioperative environment. The discussion went into what simulation can offer that other educational modalities cannot. There was also a discussion on what barriers there are to planning and executing simulation activities and how to navigate them. Attendees were able to gain knowledge of resources available to promote the successful incorporation of simulation into annual education plans.

“In Oct. 2022, I attended the OR Manager Conference in Denver, CO where I spoke to perioperative managers and leaders on the important roles they play in supporting hands-on educational activities. The presentation was titled, Hands-on Education to Develop Your Team: Balancing Resources and Simulation to Promote Staff Development. The presentation discussed what leaders gain from hands-on education activities and navigating the barriers faced when planning these types of activities.”

Even after this very successful year of achievement, Bricker plans to continue her involvement with AORN.

Every year she completes a volunteer form to serve on an AORN National Committee or task force. This gives her the chance to continue her involvement and work on important initiatives for the organization. Her willingness to serve has offered her many opportunities including:

- AORN Guidelines Advisory Board member.
- Clinical Nurse Educator Specialty Assembly chair.
- Annual Conference podium presenter.

Bricker said being open and willing to serve allows her a chance to continue to grow as an AORN member.

Carle Health offers support for Bricker's involvement with AORN by providing continuing education opportunities and reimbursement to support the

maintenance of her national certification as a certified operating room nurse (CNOR).

“Being involved in AORN has been a tremendous support for my nursing career,” Bricker said. “As I continue to grow as a perioperative nursing professional, I rely on the networking and tools that AORN provides their members. No matter what your nursing specialty, I encourage all nurses to get involved in the nursing professional organization that supports their practice environment.”

Carle Faith Community Nursing Network

Established in 1997 by Carle, the Faith Community Nursing (FCN) Network, formerly known as the Parish Nurse Program, has trained over 550 nurses who've found joy serving their faith communities. Through this nondenominational education curriculum, participating registered nurses receive continuing education hours, as well as the support and resources necessary to implement a Faith Community Nursing health and wellness ministry in their own faith community.

Danna Williamson, MSN, RN, NPD-BC, FCN, joined the Carle Foundation Hospital (CFH) nursing team in 2004. She searched for a role that would combine her love of nursing and service to her parish family. Williamson found that in the FCN Network and completed the training in 2010.

“The FCN program was a wonderful way for me to fill my heart's desire to serve in my parish using my nursing knowledge,” Williamson said.

Faith Community Nurses serve in their faith communities by providing blood pressure checks, health and wellness events, support groups, educational offerings, blood drives and much more.

Since completing the training in 2010, Williamson has had the opportunity to serve others through the years within her family, parish and community. As she continued in her role as a clinical nurse educator at CFH and as a volunteer Faith

Community nurse, she felt a calling to serve her community in yet a different way. Volunteering in her parish was simply not enough for Williamson. She yearned for a larger connection to others throughout her community.

“I had a longing to move out of my comfort zone and into a new role that would allow me the opportunity to impact even more people,” Williamson said. “I now have the privilege to serve as the Faith Community Health nurse coordinator in the Faith Community Health department. In this new role, I have the opportunity to extend outreach initiatives into the ever-growing Carle Health service area, including hosting health and wellness events, supporting the volunteer Faith Community Nursing Network around the country, facilitating a variety of educational programs to provide whole-person care and assisting in the coordination of the Foundations of Faith Community Nursing course.”

The Carle Faith Community Health department hosted two Foundations of Faith Community Nursing courses in 2022. There were a total of 14 nurses from Illinois, Florida and Missouri that completed the training. At the completion of both of these courses there was a formal commissioning service to dedicate the ministries of the new Faith Community Nurses and welcome them officially into the Carle Faith Community Nursing Network.

In 2022, the Carle Faith Community Nursing Network served a total of 3,186 hours for their faith communities. Faith Community Nurses reported 2,503 encounters with clients in 10 different types of settings. The FCNs also made 230 referrals to six different resource types. The volunteer Faith Community Nurses continue to serve as essential members of the integrated healthcare system and make a difference in the lives of clients across Carle Health service areas.

Registered nurses of all faiths are invited to attend a future Foundations of Faith Community Nursing training course. Upon completion of this course, you are recognized to volunteer as a Faith Community Nurse in your congregation. Interested nurses can reach out to Danna at Danna.Williamson@carle.com or by phone at (217) 902-3160.

Faith Community Nursing is generously supported by the Carle Health Center for Philanthropy.



Left to Right: Shelly Burke, Gregory Scott, Karen Thomas, Danna Williamson and Ronna Benoit

Outlook: College students receive LPN as part of Richland’s LPN to RN transition program

With the start of a new school year for most in August, Carle Richland Memorial Hospital (CRMH) nurses got out and about to present in front of first-year nursing students at places like Olney Central College (OCC), trying to recruit them to come work for CRMH. Joan Sager, RN manager, and Leesa Bradham, quality nurse specialist, spoke in front of OCC students about nursing opportunities at Carle Richland and answered their questions.

“We’re currently working with first-year students to recruit them as nursing assistants and to get them into the Carle Health system,” Sager said. “We have four LPN (licensed practical nurse) students who we’ve met with to recruit for RN jobs when they graduate in the spring. They, too, have worked as nursing assistants and will be working as LPNs when their licenses arrive. Hopefully, they’ll choose to still be here as an RN next year.”

Autumn Leaf and Kiersen Brach are two nursing assistants who patiently waited for their LPN licenses to arrive, which took about three months, and hope to continue to grow

with Carle Richland.

“While waiting, I continued to work as a CNA (certified nursing assistant), but my manager kept checking in to make sure my license was still in progress,” Brach said. “It was a long three months before I got it, but I’m grateful to have it now.”



Kiersen Brach, LPN, and Joan Sager, RN

Brach is looking forward to all the experience she’ll gain from the program as she transitions into the RN role after graduation.

“My biggest takeaway from this program is patience,” Brach said. “It takes time for all the pieces to fall in place, but the wait is worth it for the benefits you reap.”

As for Leaf, she didn’t always know she wanted to be a nurse.

“I also thought I wanted to be an elementary teacher,” she said. “My senior year of high school, I changed my mind and wasn’t sure what I wanted to do as a career. My first year into college, after my CNA course, is when I decided I wanted to be a nurse.”

For those interested in being part of the LPN program, Leaf said any given day in training is varied.

“That’s what’s so cool about this job,” she said. “Each day, you have similar tasks like head-to-toe assessments, medication passes, charting, assisting your coworkers with any tasks they need help with, etc. With that being said, having new patients each day, you see a lot of different things. Being able to make an impact on patients with the care I provide is what I love most about this job.”

Being on the med-surg floor as CNAs for the last few years has made their transition to LPNs much smoother because they now know the system and the team members, but there are a few important things they want others to know who are on the same journey in their career as them or just about to start it.

“Don’t be afraid to ask questions!” Leaf said. “Absorb as much information as you can.” Brach added that even though it’s hard, you’ll be grateful you did it in the end.

Carle Health provides support for national certification

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. With free access to these educational platforms, Carle Health nurses have an additional tool to achieve their professional development and continuing education goals.

2022 Professional Nurse Advancement Program Promotions

LEVEL III PROMOTIONS

Name and Credentials	Location
Abbie Morales, BSN, RN	CPG – Endo
Andrea Anderson, BSN, RN, CMSRN	CPG – Hospice
Andrew Quigg, RN	CFH – CT6A CVICU
Anna Levandoski, BSN, RN, CVRN–BC	CFH – CT8 Cardio–Pulmonary
Bryn McDonald BSN, RN	CFH – CT9B Neuro MedSurg
Donna Powell, RN OCN	CPG – Danville Oncology
Dustie Mitchell, BSN, RN	CPG – Patient Clinical Services
Evan Walder, BSN, RN, CMSRN	CBMC – Surgical Nursing Unit
Hunter Hettinger, BSN, RN	CFH – NT11 OB Services
Janet Ray, BSN, RN	CFH – CT8 Cardio–Pulmonary
Jenna Jacobs, BSN, RN, CMSRN	CPG – Pre–Op
Jennifer Jennings, BSN, RN, AMB–BC	CPG – Ob/Gyn Clinic
Karen Noffke, MSN, RN–BC, CMGT–BC	HA – OP Care Coordination
Katelyn Reynolds, BSN, RN, CMSRN	CBMC – Infusion/Pediatrics
Keri Lamb, BSN, RN	CPG – Danville Surgery Center
Maggie Kaniewski, BSN, RN, CMSRN	CFH – NT7 Surgical
Michelle Stichnoth, BSN, RN	CPG – Champaign Surgery Center
Molly Reed, MSN, RN	CFH – L&D
Pnesheia Foxx, MSN, RNC–OB	CFH – L&D
Rebecca Farnsworth, RN	CPG – Population Health
Rebecca Flessner, BSN, RN–BC	CPG – Rantoul Clinic
Sandra Gutierrez, MSN, RNC	CFH – NT11 OB Services
Tracy McCrae, BSN, RN, CLC	CFH – T9 NICU

LEVEL IV PROMOTIONS

Name and Credentials	Location
Teresa Novy, DNP, RN–BC, CWON	BMC– Wound Healing

2022 Nursing Extended Degree Graduates

Name and Regional Location	Degree Type
Carle BroMenn Medical Center	
Jordan Bain	Bachelor's
Sarah Brenner	Bachelor's
Cody Bryant	Bachelor's
Olivia Buchwak	Bachelor's
Jennifer Crytzer	Bachelor's
Megan Endress	Bachelor's
Sydney Frank	Bachelor's
Lauren Gilmore	Bachelor's
Ashley Hankins	Bachelor's
Lauren Harstad	Bachelor's
Whitney Huettemann	Bachelor's
Cindy Irwin	Bachelor's
Tawnya Isaacson	Bachelor's
Jenny Lai	Bachelor's
Nicole Leverett	Bachelor's
Madison Nettles	Bachelor's
Abigayle Orndorff	Bachelor's
Kaitlyn Owens	Bachelor's
Kimberly Poling	Bachelor's
Ashley Przybylski	Bachelor's
Lucy Punke	Bachelor's
Jessica Pyczak	Bachelor's
Amanda Sanders	Bachelor's
Brandi Schrader	Bachelor's
Rebecca Buchwak	Master's
Victoria Doubet	Master's
Jennifer Erlandson	Master's
David Jordan	Master's
Laura McCartney	Master's
Elisabeth McClure	Master's
Colleen Sheese	Master's
Sarah Spotts	Master's
Robert Worthen	Master's

Carle Foundation Hospital and Carle Physician Group	
Alexandra Adamek	Bachelor's
Brandy Adams	Bachelor's
Carl Steven Adaza	Bachelor's
Kristina Barragan	Bachelor's
Nidia Basilio	Bachelor's
Blayne Bayles	Bachelor's
Chelsea Blaase	Bachelor's
Kaylee Bowers	Bachelor's
Aja Bozarth	Bachelor's
Rachel Brize	Bachelor's
Jonathan Brown	Bachelor's
Karly Bruntjen	Bachelor's
Maya Brust	Bachelor's
Bailee Bui	Bachelor's
Logan Castillo	Bachelor's
Ashley Chiu	Bachelor's
Morgan Cinnamon	Bachelor's
Sarah Clapp	Bachelor's
Emily Clark	Bachelor's
Jessica Coakley	Bachelor's
Alexis Dorsey	Bachelor's
Sarah Evans	Bachelor's
Kristina Fain	Bachelor's
Sydney Fornnarino	Bachelor's
Dipti Gadgil	Bachelor's
Alexis Garretson	Bachelor's
Kristy Geier	Bachelor's
John Gorski	Bachelor's
Johanna Gray	Bachelor's
Taylor Hall	Bachelor's
Diana Heinrich	Bachelor's
Cidney Hinchman	Bachelor's
Sarah Hinds	Bachelor's
Jennifer Jennings	Bachelor's
Hanifa Eva Johnson	Bachelor's
Kenneth Johnson	Bachelor's
Sydney Kelso	Bachelor's
Diane Kouzmanoff Williford	Bachelor's
Sara Lambert	Bachelor's
Christine Leon	Bachelor's
Danielle Long	Bachelor's

Amy Masengale	Bachelor's
Kristyn McCallister	Bachelor's
Mackenzie Melton	Bachelor's
Cheyenne Miller	Bachelor's
Abbie Morales	Bachelor's
Rebekah Moutria	Bachelor's
Brooke – Linsee Moxley	Bachelor's
Olivia Nogle	Bachelor's
McKayla Norton	Bachelor's
Taylor Oldham	Bachelor's
Bailey Pierce	Bachelor's
Jamie Rucker	Bachelor's
Hannah Ryan	Bachelor's
Heather Sandefer	Bachelor's
Gregory Scott	Bachelor's
Nathaniel Shick	Bachelor's
Elena Shields	Bachelor's
Amber Shinker	Bachelor's
Debra Shoemaker	Bachelor's
Hayley Siuts	Bachelor's
Emily C. Smith	Bachelor's
Emily D. Smith	Bachelor's
Sarah Smith	Bachelor's
Page Stricklin	Bachelor's
Sheila Stricklin	Bachelor's
Emily Strutner	Bachelor's
Ebru Taskan	Bachelor's
Katie Taylor	Bachelor's
Kade Thomas	Bachelor's
Nikki Thomson	Bachelor's
Jennifer Thorne	Bachelor's
Juli Torres	Bachelor's
Jennie Wallace	Bachelor's
Alisha Wilson	Bachelor's
Jenny Yang	Bachelor's
Casey Anderson	Master's
Dena Bagnell	Master's
Carissa Benner	Master's
Amy Campbell	Master's
Gabrielle Crose	Master's
Sheila Curtis	Master's

Jodi Davis	Master's
Christine Dubble	Master's
Phnesheia Foxx	Master's
Nathaniel Gibson	Master's
Crystal Griest	Master's
Tiffany Harris	Master's
Hannah Johnson	Master's
Lindsay Knoll	Master's
Gwen Laguda	Master's
DeLee Landers	Master's
Taylor Maser	Master's
Hillary McCann	Master's
Kathryn McDaniel	Master's
Rochelle Mopera	Master's
Mairead Murphy	Master's
Keri Nadar	Master's
Haley Ogle	Master's
Molly Reed	Master's
Ellen Reynolds	Master's
Eliza Rudin	Master's
Allison Thomas	Master's
Alexis Tinervin – Curtis	Master's
Lauren Tranchant	Master's
Andreea Zaharescu	Master's
Alex O'Brien	Doctorate
Andrea Pertl	Doctorate
Carle Hoopston Regional Health Center	
Maya Clemmons	Bachelor's
Megan Crase	Bachelor's
Sarah Ellison	Bachelor's
Jennifer Masters	Bachelor's
Carle Richland Memorial Hospital	
Paige Troyer	Bachelor's
Rylynn Wyatt	Bachelor's
Elizabeth Zuber	Bachelor's
Rachel Clow	Master's
Natalie Faivre	Master's

Health Alliance	
Tracy Morris	Bachelor's
Amber Furgeson	Master's

2022 DAISY Honorees

Name and Credentials	Location and Dept./Unit
Stephanie Warstler, RN	CFH – NICU
Annie White, BSN, RN	CPG – Float Team
J'nai Wiley, BSN, RN	CFH – NT 7 (Surgical)
Brooke Shaw, BSN, RN	CPG – Windsor Clinic Geriatrics
Holley Hambleton, RN	CFH – Rogers 6 Oncology
Marla Sanford, BSN, RN	CPG – Champaign Ambulatory Surgery Center
Kelsey Reed, BSN, RN	CFH – NT6 (Observation)
Temprest Lofton, LPN	CPG – Home Care
Josh Toler, RN	CFH – CT7B Advanced Care
Cassandra Lee, BSN, RN	CPG – Patient Advisory
Karina Becerra, RN	CFH – NT 11 Postpartum
Sierra Nosler, BSN, RN	CPG – Cancer Institute, Radiology Oncology Clinic
Krista Wolfe, RN	CHRHC – Emergency Department
Jennifer Tibbs, RN	CRMH – Same Day Surgery
Casey Cruse, RN	CRMH – Emergency Department
Mary Smithenry, RN	CRMH – Extended Care
Kylee Alexander, BSN, RN, MEDSURG – BC	CEH – Inpatient Unit
Janet Chambliss, BSN, RN, CHPN	CBMC – Palliative Care
Kyle Hyland, BSN, RN, CHPN	CBMC – Progressive Care Unit
Lindsey Ethridge, BSN, RN	CBMC – Progressive Care Unit
Randi Morris, RN	CBMC – Emergency Department
Kristi Bergelin, BSN, RN	CBMC – Medical Hills
Rosemary Santonacita, BSN, RNC – OB	CBMC – L&D Mother/Baby
Magda Wyszynski, BSN, RN	CBMC – L&D Mother/Baby
Alexis Lovell, BSN, RN	CBMC – Intensive Care Unit
Ryan Gaston, BSN, RN	CBMC – Surgical Nursing Unit

2022 Professional Board Certifications

Name and Regional Location	Professional Board Certification
Carle BroMenn Medical Center	
Donna Aldrich	Certified Clinical Documentation Specialist
Joelle Felumlee	Cardiac Vascular Nursing
Mackenzie Folk	Psychiatric and Mental Health Nurse
Kyle Hyland	Certified Hospice and Palliative Nurse
Marissa Smith	Cardiac Medicine (Subspecialty) Certification
Jacob Starceovich	Acute/Critical Care Nursing (Adult)
Robert Worthen	Family Nurse Practitioner – ANCC
Jennifer Erlandson	Adult–Gerontology Acute Care Nurse Practitioner
David Jordan	Family Nurse Practitioner – ANCC
Elisabeth McClure	Family Nurse Practitioner – ANCC
Carle Eureka Hospital	
Kylee Alexander	Medical–Surgical Registered Nurse
Jennifer Hepner	Medical–Surgical Registered Nurse
Carle Foundation Hospital and Carle Physician Group	
Ann Rudolphi	Certified Pediatric Emergency Nurse
Allen Rinehart	Certified in Executive Nursing Practice
Dana Ziegler	Nurse Executive
Kristen Farney	Nurse Executive
Amanda Frye	Certified Asthma Educator
Amy Campbell	Certified Professional in Healthcare Quality
Anne Curtiss	Certified Nurse Manager and Leader
Johnalene Radek	Nurse Executive, Advanced
Krysteen Cunningham	Electronic Fetal Monitoring
Sara Hissong	Nurse Executive
Lois Hoyt	Nurse Executive
Katherine Crawford	Certified Medical–Surgical Registered Nurse
Katherine Cazacu	Certified Emergency Nurse
Jordan Propst	Certified Medical–Surgical Registered Nurse
Jean Paula Nadonga	Ambulatory Care Nursing
Vinessa Sarol	Family Nurse Practitioner – ANCC
Nathan Welsh	Certified Medical–Surgical Registered Nurse
Patricia Singer	Nurse Executive
Jennifer Wilken	Certificate for OASIS Specialist – Clinical

Evangeline Mondello	Certified Emergency Nurse
Zackary Kaiser	Certified Health Care Compliance
Hayley Siuts	Inpatient Obstetric Nursing
Brooke–Linsee Moxley	Acute/Critical Care Nursing (Adult)
Gabrielle Crose	Family Nurse Practitioner – ANCC
Annifephia Powell	Neonatal Intensive Care Nursing
Nathaniel Gibson	Certified Registered Nurse Anesthetist
Haley Ogle	Family Nurse Practitioner – ANCC
Benjamin Williams	Acute/Critical Care Nursing (Adult)
Kylee McFadden	Certified Pediatric Nurse
Alaina Kerr	Adult – Gerontology Acute Care Nurse Practitioner
Keri Nadar	Family Nurse Practitioner – ANCC
Duane Linton	Certified Emergency Nurse
Lori Lamarra	Nurse Executive, Advanced
Johanna Gray	Certified Emergency Nurse
Nimrod Carriedo	Certified Rehabilitation Registered Nurse
Jeannie Lee	Ambulatory Care Nursing
Alec Campbell	National Registry of Emergency Medical Technicians – Paramedic
Dawn Vergara	Certified Medical – Surgical Registered Nurse
Ami Meyer	Certified Emergency Nurse
Ami Meyer	Trauma Certified Registered Nurse
Irish G. Mananquil	Certified Medical – Surgical Registered Nurse
Idalia Barquin	Certified Neuroscience Registered Nurse
Holly Cook	Certified Emergency Nurse
Abigail Aden	Certified Pediatric Nurse
Melissa Spacapan	Acute/Critical Care Nursing (Adult)
Jessica Cae Lai	Acute/Critical Care Nursing (Adult)
Kris Wlosek	Adult – Gerontology Acute Care Nurse Practitioner
Sara Musulkin	Ambulatory Care Nursing
Christine Hawkknuff	Nurse Executive
Taylor Wegrich	Certified Medical–Surgical Registered Nurse
Sydney Lowry	Certified Emergency Nurse
Zachary Colbert	National Registry of Emergency Medical Technicians – Paramedic
Justin Jefferson	Adult – Gerontology Acute Care Nurse Practitioner
Jolene Tschida	Cardiac Vascular Nursing
Benedict Bendana	Oncology Certified Nurse
Ikechukwu Uzoaru Jr.	Adult Psychiatric and Mental Health Nurse Practitioner
Stephanie Horton	Adult – Gerontology Acute Care Nurse Practitioner
Christine Dubble	Family Nurse Practitioner – ANCC

Kristine Redfield	Adult – Gerontology Acute Care Nurse Practitioner
Casey Anderson	Family Nurse Practitioner – ANCC
Brenna Elston	Certified Medical–Surgical Registered Nurse
Hannah Johnson	Adult – Gerontology Acute Care Nurse Practitioner
Andrea Pertl	Family Nurse Practitioner – ANCC
Erica Butler	Certified Hospice and Palliative Nurse
Carle Hoopeston Regional Health Center	
Hannah Dignan	Certified Breast Care Nurse
Health Alliance Medical Plans	
Alicia Brown	Family Nurse Practitioner – ANCC
Fai Lowe	Certified Case Manager
Keona DuBose	Certified Case Manager
Carle Richland Memorial Hospital	
Joan Sager	Certified Nurse Manager and Leader
Amanda Bailey	Maternal Newborn Nursing
Robin Odell	Maternal Newborn Nursing
Rachel Clow	Pediatric Primary Care Nurse Practitioner
Kirstin Iglehart	Ambulatory Care Nursing
Marissa Graves	Ambulatory Care Nursing
Dusty Jacobsen	Certified in Executive Nursing Practice
Heather Buechsenschuetz	Wound Care Certified
Samantha York	Certified Emergency Nurse
Stephanie Ochs	Certified Nurse Manager and Leader
Vicki Wyatt	Ambulatory Care Nursing
Natalie Faivre	Family Nurse Practitioner – ANCC

Auxiliary Nursing Excellence Award honorees

On Jan. 27, 2022, the Clinical Recognition Council, in conjunction with the Carle Foundation Hospital Auxiliary, honored 14 dedicated nurses at a ceremony for the Auxiliary Nursing Excellence Award – formerly known as the Professional Excellence Award. The nurses nominated for this award have proven their dedication to the nursing profession through the compassion and care they show every day. They model the Carle Behavioral Standards and eagerly work to advance the mission of Carle Health.

This year, the nomination pool was the largest it's ever been, leading to stringent competition among nominees throughout Carle Health to advance to the final round. Of the 14 finalists, four honorees were selected.

We're proud to announce the honorees for the Auxiliary Nursing Excellence Award:

Sarah Harbin, BSN, RN
Rebeka Lavicka, BSN, RN, CHFNP
Teresa Novy, DNP, RN-BC, CWON
Sarah Smith, RN

Sarah Harbin, BSN, RN Health Alliance



Harbin has been a nurse for nine years and works at Health Alliance in Risk Adjustment and Medical Economics. Her philosophy of the nursing profession is a beautiful blend of science, compassion and art. She's been able to combine her love of science, medicine,

psychology and technology in a fulfilling career that spans over a decade in healthcare. In her current role in nursing informatics, Harbin ensures nursing documentation systems optimize nurses' time by having pertinent information readily available in the record, reducing duplicate

documentation and configuring safety alerts when practice patterns diverge from standard care pathways.

Rebeka (Beka) Lavicka, BSN, RN, CHFNP Carle BroMenn Medical Center



Lavicka has been a nurse for 13 years and works in Carle BroMenn Medical Center's Heart Failure Clinic. Her philosophy of nursing is patient-centered care. While her role as a heart failure nurse was established primarily to help prevent readmissions, it has morphed into a career

that allows her to improve patients' lives with knowledge of their disease process and self-care. Lavicka helps her patients feel confident by discussing their heart failure diagnosis and self-care in a way that allows them to understand all the "things" that have been or are coming their way. She believes the patient should feel his or her plan of care is being completed with them, not to them, and does so by providing tools to her patients, such as written materials, scales or pill boxes and words of support and encouragement to help them feel comfortable in their ability to care for themselves at home.

Teresa Novy, DNP, RN-BC, CWON Carle BroMenn Medical Center



Novy has been a nurse for 26 years and currently holds a position at Carle BroMenn Medical Center in the Wound Care department. Her philosophy of nursing is "do no harm, use appropriate humor, treat others as you would want to be treated and be smart

with resources." She focuses on the use of emotional

intelligence and strong clinical judgment to deliver patient-centered/holistic care, with the goal being the improvement of health outcomes. Novy displays professionalism every day by working hard to be a role model and getting to know the clinical nursing teams, technicians, managers and leaders. She's a governance executive member of the Sigma Chapter for Mennonite College of Nursing, where she supports scholarships for local nursing research. Novy is also the president of the Central Illinois Affiliate of the Wound Ostomy Contenance Nursing Society.

Sarah Smith, RN
Carle Foundation Hospital



Smith has been a nurse for 29 years and works in the Neonatal Intensive Care Unit (NICU) at Carle Foundation Hospital. Her philosophy of nursing is to “treat each baby as if they were my own.” She makes sure each baby’s physical needs are met: clear airways, feedings, diaper

changes, medications and gestational developmentally appropriate positioning. Smith goes above and beyond for families by taking “just because pictures.” For example, when a neonate is finally able to open their previously fused eyelids, she will take a picture and make a handmade card with the words “PEEK-A-BOO” on the outside. Smith is a member of the Neonatal Vermont Oxford Network Committee (VON), where she is working to improve the care of micro preemies.

The Clinical Recognition Council would like to recognize the finalists. The nominees at right completed the multistage interview process. Congratulations to all and thank you for standing out through your nursing excellence.

2021 ANEA Finalists:

Danielle Alagna, BSN, RN, TNS
 Carle Foundation Hospital

Breanna Baine, BSN, RN, CMSRN
 Carle Foundation Hospital

Lacey Berlatsky, LPN
 Carle Physician Group

Karen Blackstock, RN, CMSRN
 Carle Foundation Hospital

Kirsten Bracken, BSN, RN
 Carle Foundation Hospital

Hayle Dunham, BSN, RN, CNOR
 Carle Richland Memorial Hospital

Gregory Hays, BSN, RN, CEN, PHRN
 Carle Richland Memorial Hospital

Rebecca Leibach, BSN, RN
 Carle BroMenn Medical Center

Nicole McCoy, BSN, RN
 Health Alliance

Megan Noreiko, BSN, RN, CNOR
 Carle BroMenn Medical Center

2022 Nurse Exemplars demonstrate excellence around us

NURSE EXEMPLARS

Lisa Lowry, MSN, RN
Carle Cancer Institute Normal



Lisa Lowry, MSN, RN, is a leader and educator for peers as well as patients. She is a role model who has a consistently positive attitude at work and shows great teamwork each day. She enjoys helping our nursing students during clinicals, educating them on the specialty

of oncology. She is consistently a point of contact for her coworkers to ask questions and she assists them providing the best care to our patients.

Lisa started out as a nurse in oncology, and she has since advanced her education to receive her Master of Science in Nursing degree. She now works as a nurse navigator with newly diagnosed cancer patients. A nurse navigator coordinates the patient's care by effectively communicating with the cancer care team. Lisa guides patients through their journey with cancer whether it be surgery, radiation and/or chemotherapy treatments. She is consistently a point of contact for patients and their families to provide comfort and education. Patients are reassured by knowing they have someone to reach out to during a fearful time period.

Because Lisa is experienced and knowledgeable in oncology, she is more than helpful and kind when it comes to educating her coworkers and helping with any nursing tasks. Lisa always exhibits kindness and professionalism. She always says hello and greets patients, family members and staff as she walks by them in the building. She makes everyone feel welcome

when they come to work each day. She makes work a place people want to come to.

She has taken her knowledge about oncology to the community. Before the COVID-19 pandemic, Lisa enjoyed giving educational lectures on preventive breast cancer screenings/breast examinations and is hoping to resume this benefit to the community.

Lisa shows she truly loves her job. Whenever asked to learn a new role, such as nurse navigator for GI, breast and lung, she was more than happy to learn and implement the role. Lisa genuinely cares for her patients. She is personally invested in the treatment and outcomes of each one of the patients she encounters. When asked about a patient, she can answer the question without looking at the patient's chart. She KNOWS these patients. She cares about these patients. I am glad I get to work with someone like Lisa.

She was recently asked to train me for the breast navigator role as well as breast tumor board. Lisa has a very busy job and has not only made the time to train me but does so happily and kindly. She does a very good job at it. Starting a new job is difficult because there is so much to learn. Lisa has been so patient with me, even though at times I felt like I was constantly standing outside her office. She has never showed any frustration with me "stalking her office." She has been wonderful. I appreciate all her help. We are so fortunate to have such an outstanding nurse in our midst.

Sarah M. Cripe, BSN, RN
Orthopedics and Sports Medicine



Sarah Cripe, BSN, RN, joined the Carle Orthopedic Total Joint team in 2017. For the last five years, Sarah has been the Primary Total Joint RN in this surgical specialty. As a Carle preceptor, she has trained eight of the current RNs who assist in Total Joint. She has

also taken part in training three Ambulatory Float RNs. As the Primary Total Joint RN, Sarah coordinates with three surgeons and three advanced practice providers (APP) within the surgical specialty.

Continuity of care goal: the patient and their patient care team cooperate in ongoing health care management toward the shared goal of high quality, cost-effective medical care. Sarah Cripe is the poster nurse for continuity of care.

Sarah leads the Total Joint surgical specialty consistently and confidently. Total Joint surgical patients require a detailed preop process that involves patient/family, the Primary Care physician and the surgeon. Cardiac and insurance clearance are addressed. As the patient proceeds through initial X-rays, evaluation by the advanced practice provider and assessment of the surgeon, Sarah tracks the progress and supports the patient. She facilitates the care of these Total Joint patients through surgeons, APPs, Nursing, Patient Relations staff, surgery schedulers, medical assistants, cast techs at the ambulatory clinic location and networks daily with support services such as Case Management, Therapy, social services and community benefit programs to promote each patient's success.

As leader of the Total Joint team, Sarah encourages a positive professional attitude, supporting the surgeon throughout the procedure. Sarah's adaptability and resilience are key to her success. Sarah proactively reviews the surgical schedule for insurance, cardiac and/or medical clearance needs. She identifies potential problems and takes steps to avoid or resolve the concern.

Post-surgery, the patients require education and instruction for rehab and activity precautions. Sarah guides her patients through the whole process of recovery, coordinating their specific needs. As necessary, she guides her patients through support services like rehab, social services or Carle Medical or Home Care. Sarah knows all her patients and provides personalized, detailed answers to their questions. And her patients become familiar with their nurse, Sarah. Sarah will come in early and sometimes stay late, to benefit patients or help her peers. Her expertise is comprehensive and extensive. She became the "voice" for the outpatient Total Joint video which is mandatory viewing for all

outpatient Total Joint patients.

Her mission in Orthopedics reaches past Total Joint replacement. Sarah serves on the Hip Fracture Patient Pathway Committee that extends resources surrounding bone health planning through discharge to home and beyond. She sits in the meetings as a Nursing representative to support bone health in the patient population that suffer hip fractures. Sarah collaborates with bone health professionals to serve patients at the next level post-discharge to avoid future risk factors and improve bone quality and health at home.

When pursuing the initial 2021 DNV (DNV is the organization which accredits Carle) Total Joint Accreditation, Sarah was the logical FIRST CHOICE nursing representative to that team with her top-notch communication skills and knowledge of the subject matter to ensure success of the team. She joined the DNV Total Joint Interdisciplinary Team that meets routinely to focus on process consistencies and improvements to maintain the current second accreditation for 2022. Wait. And there's more. Sarah is currently in charge of a collaborative process for addressing hypertension throughout ambulatory care. Yes, Sarah is a lesson in continuity of care.

She is a leader and a team member. Sarah takes pride in her accurate work and stands by her clinical decision making each day. She asks questions and seeks guidance within the team. Sarah collaborates with patient/family for best outcome care. She serves as a Nursing voice within her work group for process improvement needs and collaboration.

Sarah has significantly impacted the work environment of POD 2 Total Joint / Foot and Ankle since she began five years ago. She promotes high standards through positive attitudes and behaviors. She has driven a team culture change throughout POD 2 that is felt by ALL.

Sarah's passion for nursing can be felt by watching her interactions daily with patient/family and peers. The way Sarah interacts with patients is heartfelt and compassionate. Patients respond positively to her strong clinical assessment and decision-making skills. Sarah promotes exceptional active listening skills. Her caring touch calms patients/families during their time of need.

Sarah is team driven, dedicated, trustworthy, adaptable, dependable and reliable. It is an honor to work with Sarah. And it is a joy to observe her in action as a nurse within the department.

In return, Sarah has provided the Total Joint patient population top decile quality care. She is a shining star within ambulatory ortho that we are all proud to call our teammate and our friend. A truly extraordinary nurse!

Nicole Meredith, RN Champaign Surgery Center at The Fields



Nicole Meredith, RN at the Champaign Surgery Center at The Fields, sets the example when she welcomes new staff to surgical services and creates a positive learning environment. She models best practices for the orientees to foster the most favorable patient

outcomes. Nicole encourages questions; she provides the “why” behind important concepts so they can remember them more easily. When new hires become overwhelmed, Nicole reassures them, stressing that we are a team, and we are all interested in helping them to be successful. As a charge RN, Nicole also provides support to experienced staff as a key resource when staff experience equipment problems or the department faces staffing issues.

Having been a nurse for 19 years, Nicole knows her stuff. Perioperative nursing is her game. She has a bachelor’s degree in Speech Pathology and is planning to pursue a BSN degree when she completes her national certification in perioperative nursing. She generously shares her knowledge and the particular experiences she has had during those 19 years. She views all the OR staff, both the new employees and those who have been working alongside her, as her teammates. Sharing is not just for friends but for team members.

Nicole recognizes that her success depends on the

success of the team. She serves as a key resource for the Stealth Guidance system for ENT surgeries, a system which supports surgeons while they are operating. Nicole is also knowledgeable about the Faxitron X-ray system for breast seed cases. She supports other staff to become competent in surgical practices, sharing her knowledge and helping them become skilled as well. The more a team member knows and the better they perform works to the benefit of the whole team.

Nicole always arrives smiling and confident, bringing a positive spirit to the day. She sets the tone: a cheerful nurse, comfortable in her job and ready to join in the plan for the day. Nicole leads by example. When in charge, she ensures others have had the opportunity for breaks or lunches before she takes a break for herself. When not in charge, she often relieves others when they had a late day finishing cases earlier in the week. She is scheduled for eight-hour shifts, but when scheduled for charge, voluntarily stays late to get others out.

Nicole’s passion for perioperative nursing is evident in the care she provides. She advocates for her patients, protecting them as she follows best practices with time-outs, patient positioning and surgical counts. She stays abreast of current research and AORN guidelines to guarantee the best patient outcomes. Nicole develops a quick rapport with patients and families. Nicole displays all the qualities of the surgical nurse I want caring for me or my family member. She is an asset to the Carle organization, working well with team members, leadership and providers. Positive experiences don’t just happen; they occur when people make them happen. Nicole understands that. She does her part in making each day an encouraging occurrence for everyone who walks through the doors at the Champaign Surgery Center at The Fields. She is truly an exemplary nurse, setting the bar high for others.

Briana Frichtl, RN
Carle Richland Memorial Hospital



Briana Frichtl serves as charge RN in the Emergency Department (ED) at Carle Richland Memorial Hospital. Briana has taken on this charge position for her unit after taking the preceptor course. New nurses start their learning process with her. Integrating new nurses into a small

unit takes finesse. Briana makes it seem effortless: she is friendly and approachable. Briana is also technologically savvy, adding to her preceptor assets. When the Epic trainer retired, she stepped into that role. Even before this extra training, staff and physicians would seek her out to assist with charting specifics.

Her smile leads her into the room, and even with a mask on, her eyes show her smile. Briana is a positive role model, working extra shifts and acting as a calming force in an area of high chaos. Every year she helps with mandatory training: safe patient handling, restraints and point of care education. Not only does she excel in the clinical side of the training, she connects with the staff. Other units use her as a resource for her excellent intravenous skills, calling on Briana to start IVs for the most difficult patients. Moreover, she shows them her techniques that have made her more successful with difficult sites.

Briana started in the Intensive Care Unit (ICU) as a certified nursing assistant. After becoming a licensed practical nurse, she started as an intern. As an intern she worked in the Surgery Department, Same Day Surgery, the ED, and both Surgical and Medical units. After becoming a registered nurse, she started working full time in the ED where she has been for over five years. Her extensive experience in multiple units sets her apart from other staff.

Briana has great leadership skills and Briana is currently training as a house administrator in a second position. Briana can step in and take care of critical patients of

any age because of the skills and knowledge she learned working in the ED. In her new position she passes on her knowledge and expertise to staff in the other units; her expertise is particularly valuable to newer staff. When she responds to code situations and rapid responses, Briana brings new nurses along into these experiences, so they can gain confidence in critical scenarios.

Because Briana is an active listener, she has enhanced communication skills. She can create a bridge between social services and patients who need them. When she learned about conflict among staff, she went directly to them to learn what it was about, taking a first step in creating reconciliation.

Briana believes she had a deep calling to be a nurse. The call to care for others in a selfless manner won her over. As a nurse, she connects well with patients of all ages, but she has a special connection with the pediatric population. Children go directly to her as soon as they see her even though she is a stranger. She will spend time with the pediatric patient to allay their fears, speaking directly to them.

She was brought to tears once when caring for a critical patient. The patient's family told her "This is how we know you truly care for our family member as if they were your own." Many patients and their families are touched by her caring and compassionate heart.

Briana uses her knowledge to make patients feel more at ease. She has been on the other side of the hospital bed. She takes care of each patient as if they are her family. A critical pediatric patient was brought into the Emergency Department and Briana acted efficiently with her team to stabilize the patient. The mother was distraught. Briana provided calming updates and she gave the mother tasks to keep her focus on the child. Keeping the mother calm during this situation directly helped the patient. Briana was the primary nurse and remained the steady support for the child during interventions and organizing care with radiology and lab. She spent extra time explaining the care and options for the patient as the mother needed them repeated after the physician left. As the patient was stabilized, she realized it was the patient's birthday. She went to the hospital gift shop and bought a gift for the patient. Then she gathered staff together from different departments to sing "Happy

Birthday.” The mother said she was so grateful that a nurse would go above and beyond for her child.

For Briana, this wasn’t exceptional. She is not only proficient in her nursing care, but she takes the time to be emotionally supportive. She provides exceptional care. The patient’s mother said she would never forget the care and heart that was given to her and her child.

NURSE EXEMPLAR LEADER

Holly Cook, MSN, RN
Carle Foundation Hospital



Holly Cook, MSN, RN, is director of the Emergency Department (ED) at Carle Foundation Hospital. Holly mentors the leaders who work under her as well as the staff. With her years of experience and her focus on transformational leadership, she cultivates staff, encouraging their

growth as leaders. When she does an evaluation, she acknowledges strengths and gives directives for growth. She can handle even the most difficult of conversations: telling a nurse she was not a good fit for the ED, resulting with the nurse thanking her for her directness.

Underpinning her leadership, Holly possesses a wealth of clinical knowledge in emergency nursing. She is a lifelong learner, encouraging others to be the same. Learning and sharing. Holly supports evidence-based practice and clinical advancement. “We have always done it this way” is not a part of Holly’s vocabulary. She motivates her team to best practice and to make improvements in the ED. Additionally, with Holly’s considerable experience in the Emergency Department and as a leader, she is able to leverage these assets to benefit the team.

As an agent of change, she looks outside emergency nursing for practices that can be adapted to our

environment. When she sees a good practice in another department at Carle, she brings it to the ED team, asking them how the ED may benefit by adapting the practice.

Always professional in her appearance as well as in her communication, she models good behavior and provides coaching around behavior that is not professional. She expects her team to represent the department well both inside and outside of the department and even outside of the organization.

Here is another instance of Holly’s complete leadership. One early morning, the ED received multiple patients from an emergency into an already busy department. These patients were critical. When I arrived, I sought out Holly and asked how I could help. Holly was coordinating care and the department flow, providing support in a difficult situation that was stretching resources thin. I asked why she had not asked me to come in ahead of time. She pointed out that the ED is 24/7 and if the day started this way, they would surely need my support in the evening hours that I normally worked. Holly saw the big picture. Instead of using all her resources, she planned the day even in the middle of an emergency. (Competent.) She calmed and supported staff who rarely saw so many critical patients at one time. At the same time, she was focused on the patients and working closely with the trauma team and ED doctors for plans on disposition and care. (Skilled.) She mentored the newer staff and supported the charge nurse who had never had to handle a significant situation like this. She used her experience in another Level I trauma center to help guide care that was unfamiliar to many and to approach the situation with a level head. (Secure.) She demonstrated professionalism by remaining calm and working collaboratively with all team members. She showed the heart and passion for nursing as she worked with the first responders and then the families who began to show up in the ED for these patients. When one of the patients was to be transferred via EMS, Holly volunteered to ride with the patient who required an RN escort. She rode along, providing critical care to this patient and getting them safely to their destination. She reminded everyone that these situations are exactly why we practice emergency nursing, and these are the situations we were trained to manage. She jumped right in, but without taking valuable experiences from the bedside staff. Afterwards, Holly provided opportunities

for staff to discuss what they experienced and shared EAP resources. She made it clear that it was “OK not to be OK” when dealing with these situations. She did not just finish the day and then go home without thinking of the team. She ensured that they continued to have the support they needed in the days to follow. (Considerate.) As I stayed into the evening for my shift, the staff talked about how she handled the situation. She had truly demonstrated the kind of leadership the staff want to see on our team. They commented on her knowledge and skill level, her ability to stay calm and how she had supported each of them. On that day in the ED, Holly demonstrated why she is an exemplary leader, as she demonstrates each day, even if less momentarily.

NURSE LEGACY EXEMPLAR

Sandy Ater, RNC
Carle Foundation Hospital



Sandy Ater, RNC, has been a nurse in the Carle Foundation Hospital NICU for 39 years.

Her dedication to the tiniest patients and to her fellow coworkers is immeasurable. Sandy is often looked at as the maternal, nurturing figure amongst the staff.

Sandy chooses to stay on night shift all these years so that she can teach and shape new graduates and new NICU nurses. She is a gift to all who have worked with her and will work with her.

Her most significant work is as a dedicated transport nurse for the past 17 years. With the team from the beginning, Sandy has mentored many transport nurses during that time. A transport nurse enters the region without a nurse practitioner or doctor, just herself, a respiratory therapist and a paramedic. The NICU transport RN must have the skill – and confidence – to intubate, place umbilical lines and bring the infant back on a ventilator. Sandy instills the confidence to

nurses in training for the transport team by coaching, demonstrating and slowly handing over each skill to each new transport nurse. When they are doing all the work, she tells them, “You got this.” Sandy’s gift of passing on her nursing knowledge and her extensive skill set are her legacy.

Sandy always makes herself available when there is a critical event in the NICU or a critical delivery. Standing nearby and coaching the newer staff through the event, Sandy helps the newer staff to gain experience, skill and confidence. She is routinely called upon to offer her expert opinion on an assessment, lab values or X-ray readings. She is often asked to collaborate on interventions and plan of care. She is called to many parts of the hospital to utilize her IV placement skills. Sandy is a staple in teaching staff at competency fairs, NRP classes, S.T.A.B.L.E. classes, and hands on in the unit or out in the region on a transport.

In years past, as the sole transport team member of the night shift, she has voluntarily covered thousands of hours of call. She continues to sacrifice her personal time to ensure the region has transport coverage when other team members are unavailable. She represents the Carle NICU with a kind heart, patience, knowledge and skill every time she enters a referring facility. For Sandy, a tiny 700-gram baby is a well-studied subject. Sandy has spent years perfecting and growing her clinical skills. To the referring hospital, that same 700-gram baby may be terrifying. The staff may be in a panic when she enters the room. Sandy comforts the staff with her knowledge and skill set and always leaves a lesson or two behind. She is a blessing to the baby. And she is a blessing for Arrow ambulance crews, AirLife crews and the regional hospitals as she cares for these most fragile and critical patients.

I would like to share this story. Sandy came in during a day shift to transport a baby to another hospital for surgery. I was caring for the baby, who was critically ill and was born with some complication that made his survival chances slim. Sandy came in to cover this critical transport because her experience was required. Sandy could have been rushed and hurried to get the baby and go but as she recognized the situation, she joined me in my care and we involved the mother in everything we were doing. Sandy helped me create some footprints for

memories, and we got a special blanket for the baby's transport so that blanket could be given to the mother as a memory. Next Sandy had the mother come close to her and lifted the baby into her arms and hold the baby while Sandy "got the transporter ready." Of course, the transporter was already ready but now mom was instantly part of the team caring for her baby. Those moments are the moments that need to last a lifetime for a mother who will most certainly lose her baby within the next 24 hours. I took pictures and afterwards, Sandy and I created a memory book from the pictures and sent the book to the family. Her strength and compassion provided the family with some positive, loving memories that they were able to hold on to after their baby died. The family expressed their thanks to Sandy and had moments of smiles and pride with their tiny baby because Sandy knows what the meaning of being a nurse really is.

She teaches us all that nursing is not only the work we do at the bedside but our continued engagement and support of the patients we serve outside of these walls. This is her legacy.

Mary Beth Scherer, BSN, RN
Carle Richland Memorial Hospital



Mary Beth Scherer, BSN, RN, has been with the Carle for 43 years. She started as a candy striper in high school. As a nurse, she initially worked on the surgical floor, then the Intensive Care Unit (ICU), then the Emergency Department (ED). Mary Beth has also worked in the vascular

lab and in obstetrics. Currently she works in the nursing office as house administrator.

Proficient in the intensive care unit, the Emergency Department, and obstetrics, Mary Beth has mentored many, many nurses. She is patient beyond measure, calm and kind. Staff are eager to learn from her.

Mary Beth greets new staff and assists with procedures along with the preceptors. There are few staff more welcoming and inclusive than Mary Beth. She teaches from her past experiences, bringing her knowledge about assessing patients, understanding patients' diagnoses and reading the environment surrounding the patients. She walks the students through what she has done: what worked and what didn't work and why. She takes her time in teaching nursing skills and encourages staff to call on her when they need help.

Mary Beth teaches Pediatric Advanced Life Support, using current evidence-based practice and updating her knowledge as required. Mary Beth is called when there is a critical pediatric patient. She shares her composure, her confidence and her knowledge with the staff. She knows the staff are strong and encourages them as they work for the best outcome. She helps to stabilize the pediatric patient prior to transferring them to a higher level of care, assisting in bedside care, transport services and social services for the family. Mary Beth's care plan for this patient went beyond basic nursing care; it included managing staff with different skill sets and different goals. All directed to achieving a successful outcome for the patient.

Once, working with Mary Beth while we were nursing a trauma patient, I told her I was overwhelmed. She told me we will get through this together, and we did. Together we created a care plan: assessing, planning and implementing everything needed to stabilize the patient. As she was educating me, she educated the family as well.

She listens; she doesn't judge. She builds trust so that patients as well as staff are comfortable listening to her, because she listens to them. If a patient is attempting to sign out against medical advice, Mary Beth explains, in a way they can understand, what may happen if they leave. She connects with the individual in order to bring about a solution to an issue that would allow the patient to stay and continue appropriate care. I remember a specific patient that was going to sign out against medical advice. After talking to a primary nurse and the physician, they wanted to leave anyway. Mary Beth came to talk to the patient and they ended up staying. She spent hours with them, hearing them out. The patient had to believe they were working together for the best outcome.

During the COVID-19 pandemic, when there were many restrictions about visitors, Mary Beth spent hours with a dying patient and the patient's family, tending to their needs. She helped facilitate communication with the physician and obtaining orders for a DNR and comfort care. She coordinated the family's ability to rotate visitors in and out of the room, allowing immediate family to see the patient while still maintaining some restrictions for everyone's safety.

Staff recognize Mary Beth has a passion for nursing. Each year Mary Beth leads the Nurses Week experience to make it special for each of the staff. Her love for nurses and their work extends to retired nurses as well, assisting with luncheons that recognize their contributions.

She teaches bedside nursing skills and nursing management skills. Good nursing extends past bedside nursing. Good nursing is more than completing competencies. For example, good patient outcomes can depend on managing difficulties with patients and with families. A patient can be prescribed the right medicine but not be compliant about taking it. A patient returns home and needs therapy sessions; no one gets him to all his therapy sessions. Good patient outcomes depend on directing staff during a crisis, directing who does what. Good patient outcomes in critical situations depend on knowing who can do what, how to give direction and how to manage the circumstances. Mary Beth does this very well. She is an Exemplar.

She encourages nurses to seek management positions. Her mission extends to encouraging nurses to "up their game." Mary Beth is part of Carle's past, but she is also investing in Carle's future.

FRIENDS OF NURSING

Leslie Gordon, CMA Carle Link Team



The Carle Link Team has the responsibility to obtain prior authorization for external referrals for those patients who have Health Alliance insurance. Leslie Gordon, CMA, is a part of this team.

Previously, it was the primary care nurse's responsibility to obtain the prior authorizations for the external referrals. (An external referral is a request from one health professional to another asking for help in a diagnosis or treatment of a patient.) This was tedious and time consuming, taking the nurse away from acute patient care. It could sometimes take weeks to a month to get approval. Now, the task of insurance prior authorization is Leslie's responsibility.

Leslie is a compassionate caregiver, just as the nurses are. When she reviews the referral process, she contacts families to explain the approvals or the denials. Denials can be challenging; Leslie explains options for parents to appeal or seek care at another facility. The Carle Link Team assists with the Health Alliance covered patient referrals but when another organization is important for continuity of care and treatment, regardless of insurance payer, Leslie follows through. She will offer suggestions for external locations that may be better covered for the patient or that have shorter wait times. In Pediatrics, families want their children seen by the best provider as soon as possible.

It is important to have a patient seen promptly by a specialist; but there are financial and emotional stressors that traveling hours away with a child to see a specialist can place on a family. We had a child who sustained a substantial burn. They were seen in the Emergency Department (ED) and needed to see a burn specialist. The closest option offers highly specialized burn care. The patient's insurance wanted them to travel to Chicago instead because they considered the other location a

“lateral” transfer of care and not a higher level of care. Since the referral was ordered by the ED, this case would not default to Leslie to manage. However, the mother contacted our pediatric office, and we asked Leslie for help. Leslie stayed late to submit the prior authorization and saved this family hours of travel as well as avoiding the financial impact of not getting insurance approval.

Leslie went above her job responsibilities to help our office submit a few specialty medication requests with Health Alliance this past year. The medication Synagis is used for premature or medically complex infants who are at higher risk for RSV during the fall/winter. This is the only medication the nurses in pediatrics must submit authorizations for, but we cannot use the Health Alliance portal. Three children needed approval. We asked Leslie. Leslie and the nurse walked through the needed information to submit the prior authorization. In under 48 hours, the medication was approved. It would have taken so much longer for one nurse to get the permission to access the correct website to submit the medications for approval.

A pediatric patient presented to Convenient Care. Tragically, the child has possible cancer. Convenient Care arranged for the child to be referred to a hospital in a large city. We, as the primary care office, were not notified of this new diagnosis and were not part of the referral process. On a Friday, we received a call from the hospital notifying us that the patient was scheduled for a biopsy on Tuesday morning. After several calls, we learned that this child had several visits for the next week and would require authorization for all of them. We immediately placed the needed orders and notified Leslie of the urgency. She submitted the referrals by end of day Friday (4:58 p.m. to be exact). She submitted authorization requests for other testing that had been ordered for the following week, involving still more providers than what we were told initially. By 9:15 a.m. on Monday morning, Leslie got approval for all the testing and provider visits. The child did not need to reschedule their visits. Leslie also sent a copy of the approvals; the parents had a copy (via MyCarle) that they could show to anyone who needed it while they were at the other hospital. A few weeks later, Lurie reached back out to us about getting approvals for this same patient to begin chemotherapy. Leslie assisted the other hospital in submitting their own request through Health Alliance

since they would be the rendering provider. With her help, this child’s testing and visits took place as ordered and the family’s stress was minimized.

Leslie is a partner in patient care. Not all patient care is hands-on. She is as important to patients’ healing as are the nurses. We thank you, Leslie.

Elizabeth Rieke, MSW Hospice Team



Several of us on the Hospice team share the nomination of the extraordinary Elizabeth Rieke, MSW (Master of Social Work). The work she has done over the past year has touched and improved the quality of life for countless patients and families. We are

sharing some insight into the work she has done.

The needs of hospice patients can be complex. Although they have signed on to hospice, many patients and families still need help and support in making the decision to become DNR (do not resuscitate). Sometimes a patient doesn’t have a caregiver. Elizabeth will facilitate admission to a skilled nursing facility (SNF) or sometimes she finds a solution that allows the patient to stay in their home. Elizabeth has crucial conversations about the goals of end-of-life care in a way that allows our patients and families to feel supported. She is the best!

Elizabeth participates in our weekly interdisciplinary care conferences. If we are talking about a patient she isn’t assigned to, she may offer an idea for a solution to a problem or bring up a possible resource that nobody else had thought about.

Because she cares.

Our first story is about one of our patients who was in denial about his prognosis. He had accepted all hospice offered services but then he declined further social

work and chaplain visits. The patient and his spouse had not made funeral arrangements and as the time got closer it was evident that they were not going to have the financial means to pay for a funeral or a cremation. Elizabeth went to work. She remembered him briefly mentioning a church in town. She reached out to a crematory for cost and then contacted this church. The pastor responded to Elizabeth by reaching out to the parishioners. They contributed the funds to honor the patient's wishes.

Because she cares through acts of caring.

Elizabeth has gone to a nursing facility after work hours to help a patient get moved and adjusted to the new surroundings.

Because she cares, she acts.

We recently worked together caring for a gentleman who lived alone and was completely estranged from his family. He had some friends, but no one who would be able to be a caregiver. He had a very aggressive disease. His condition was likely to change rapidly, and we would need a safe plan for him when he was no longer able to care for himself. Elizabeth and I worked closely together with the patient to come up with a plan. Elizabeth made sure that everything was in place for him to be able to transfer to a skilled nursing facility when his condition worsened. When he died, Elizabeth and I had provided this patient a supported, peaceful death.

Because she cares, she supports us all.

We had a very challenging patient situation. Elizabeth and I did joint visits frequently to manage the stressful situations that this family was facing. Elizabeth collaborated with the entire hospice team to provide services and resources for this patient and their family. Elizabeth visited this patient every week, provided support to the family, and even helped this patient move to a nursing facility. There seemed to be challenge after challenge with this situation and Elizabeth did not get frustrated or disheartened. She just worked that much harder to find solutions that would benefit the patient and family.

Elizabeth also gives support to nurses who are caring for complex hospice patients. We look to her when

we are feeling overwhelmed or unsure about a patient situation. She cares about and supports us all. Thank you, Elizabeth.

New award to highlight exceptional new nurses in the Carle Nurse Residency Program

In early 2021, while reviewing nominations for a nursing award, the Clinical Recognition Council members noticed many nominees were graduates of the Acute Nurse Residency Program at Carle Foundation Hospital. This prompted the council members to consider the development of an award to specifically recognize those new to the nursing profession.

The Rookie of the Year award was created as an opportunity to elevate and recognize new nurses who started or have continued their nursing career through one of the multiple nurse residency programs at Carle Health.

The recipients of this award are expected to meet these eligibility requirements:

- Be a registered nurse in the nurse residency program during the designated timeframe.
- Be in good standing both within their nurse residency program and within their current leadership team.
- Display confidence, adaptability and exceptional communication and nursing skills and to be open to constructive feedback and willing to make changes.
- Display the Carle Health Values and Behavior Standards of Excellence, Integrity, Inclusivity, Compassion and Accountability in their everyday work.

Rookie of the Year award candidates may be nominated by any of their nurse preceptors, leadership team members or a clinical coach through the submission of a nomination form.

Rookie of the Year award recipients are honored at a

ceremony with a certificate, baseball card created with their picture and individual nursing statistics, badge charm and a small gift basket. The awardee is also featured in a nursing blog post and on the Carle Health nursing website.

In 2023, the Rookie of the Year award will expand further to include two additional residency programs within the Carle Health system: the Ambulatory Nurse Residency Program in Champaign-Urbana and the Inpatient Nurse Residency Program at Carle BroMenn Medical Center.

Congratulations to the 2022 Rookie of the Year awardees:

- June 2022: Gianna Sigala BSN, RN, (CFH-CT8).
- Dec. 2022: Carl Adaza BSN, RN, (CFH-CT8).



Carle Health Center for Philanthropy 2022 Scholarship Recipients

Phyllis Wickert-Rogers Nursing Scholarship		
Whitney Simlin	HCT	CFH
Malyssa Moore	BSR	CFH
Carle Advancing Professional Excellence (CAPE) Nursing Scholarship		
Emily Smith	CFH - NICU	Dr. Jan G. Houston Nursing Scholarship
Mindy Farrar	CRMH - ICU	Ritz Family Nursing Scholarship
Kathryn Hartman	CPG - Population Health (ACO Clinical Improvement)	Dr. Jan G. Houston Nursing Scholarship
Jody Goodin	CPG - Pediatric Specialties	Dr. Jan G. Houston Nursing Scholarship
Melissa Rees	CFH - North Tower 6	The dRAgonfly Fund
Abbie Knight	CPG - CCIN/Infusion	Douglas and Bridget Miller Memorial Scholarship
Branda Hardig	CRMH - Ambulatory	Dr. Jan G. Houston Nursing Scholarship
Jessica Amaya	CFH - NT11-OB Services	Dr. John Mason Family Scholarship
Alyson Zarate	CFH - Operating Room	Ritz Family Nursing Scholarship
Brittney Nowaczyk	CFH - OB/NT11	Ritz Family Nursing Scholarship
Dixie Sexton	CPG - Maternal Fetal Medicine	Ritz Family Nursing Scholarship
Jordan Thomas	CFH - CT8	Ritz Family Nursing Scholarship
Vonzille Williams	CFH - OBS 2	Ritz Family Nursing Scholarship
Baylee Tackitt	CFH - North Tower 6	Ritz Family Nursing Scholarship
Samantha Mahaffey	CPG - Orthopedics Sports Medicine/Carle Tower 8	Dr. Jan G. Houston Nursing Scholarship
Christina Goode	CPG - Genetics	Edward and Mary Hays Family Scholarship
Kasie Winland-Bean	CFH - Labor and Delivery	Nurse Education
Dennis Hillard	CBMC - ED	Nurse Education
Jaime Johnson	CFH - Advanced Care/EMU CT7B	Nurse Education
Marion Compton		
Charlie Hawkknuff	CFH – Director of Clinical Education	
Serena Curler	HAMM – NP, Risk Adjustment and Medical Economics	

External recognition

LOCAL NEWSPAPERS

Four nurses from Carle BroMenn Medical Center (CBMC) and two nurses from Carle Physician Group (CPG) were nominated to appear in a Nurses Week showcase for their local newspapers in a feature entitled “Nurses: the heart of healthcare.” Carle is honored to celebrate this recognition with them and the rest of the team.

The newspapers received numerous nominations, but these six nurses were hand-selected by a panel of judges to represent the many contributions of the nursing profession.

The CBMC nurses were in the Bloomington newspaper, The Pantagraph, and included: Kevin Irwin, RN, service line coordinator, Day Surgery; Angelica Riley-Taylor, RN, SANE, Emergency Department case manager; David “Tater” Kieser, APRN at the Emergency Department; and Beka Lavicka, BSN, RN, CHF, Heart Failure Clinic.

“These are four very deserving nurses,” said Lori Harper, MSN, BS, RN, NE-BC, CBMC director of nursing practice and clinical administration. “It’s apparent in the way they interact with each patient that they want to deliver the best care.”

Laurie Round, MS, BSN, RN, NEA-BC, CBMC vice president and chief nursing officer, was proud to have four nurses featured.

“I’m inspired by the dedication of our nurses to our patients, families, community and each other,” Round said. “I’m proud of the opportunity to work among such a talented nursing team. During National Nurses Week, we recognize and celebrate the outstanding work of our nurses who deliver expert, compassionate care and the difference they make in the lives of every patient we serve. Congratulations to our nurse honorees chosen to be in The Pantagraph. Keep up the amazing work.”

The Mattoon Journal Gazette & Times-Courier honored and recognized two local Carle nurses for their contributions to the nursing profession including Kristin Hamilton, RN, from Carle Mattoon Primary Care, and Kim Peters, BSN, RN, South Region patient care manager.

Lesly Whitlow, DNP, MBA, RN, NEA-BC, vice president of ambulatory care and care management, believes these nurses are truly deserving of recognition.

“Kristin and Kim are amazing nurses who are both such strong advocates for their patients,” Whitlow said. “Some of life’s biggest moments are spent with a nurse – from when we’re born to when we pass away – as well as the many ups and downs in between. They are compassionate, kind and caring. They represent the profession of nursing so very well.”

Peters was chosen as the People’s Choice Honoree, one of nine honorees hand-selected by the newspaper’s readers.

“This is an honor, and we value having nurses with a heart and passion for their patients,” said Jaymie Green, MSN, RN, NE-BC, director of clinical excellence programs. “It doesn’t stop at the door of Carle, it goes well beyond that. We’re incredibly proud of all six nurses honored here.”

AMERICAN RED CROSS

On June 13, 2022, Maggie Kaniewski, BSN, RN, NT7 surgical nurse at Carle Foundation Hospital, was presented with a certificate of merit for her actions in assisting a young man in need. The certificate of merit is a prestigious award presented by the American Red Cross when heroic actions are taken that save or improve a person’s life.

Nursing’s Clinical Recognition Council submitted a nomination to the American Red Cross for Kaniewski



Maggie Kaniewski, BSN, RN, and Deb Smith, American Red Cross Divisional Nurse Leader

after hearing of her heroic efforts on Easter Sunday, April 4, 2021.

On a virtual conference call, the American Red Cross team, along with several members of the Carle nursing team, celebrated Kaniewski as she received this distinguished award.

A representative of the American Red Cross thanked Kaniewski for taking action by “stepping up when there was a potentially dangerous situation and someone desperately needed your help. We are so grateful you took your training and expertise to make a decision to act.”

“It is with honor and great appreciation that we award you the Certificate of Merit from the American Red Cross. Together we thank you for going above and beyond what anybody would be expected to do in similar circumstances. A heartfelt thank you for acting when it wasn’t required,” the presenter said.

Deb Smith, American Red Cross divisional nurse leader said, “Responding to these types of situations is extremely difficult when you are outside the comfort of the four walls of your organization.”

Smith also came to Carle Foundation Hospital on June 30 to personally present the award to Kaniewski on NT7, where she was surrounded by her friends and colleagues.

Career within reach for education award recipients

A nursing career requires a commitment to education and professional development. At Carle Health, we recognize that to build racial diversity in nursing, having support to overcome barriers is an important component to success.

Thanks to a grant from the Women’s Legacy Circle, the Diversity, Equity and Inclusion (DEI) department distributed \$9,000 in education awards for Black team members interested in pursuing nursing. Tyeonia Jake, Emergency Department (ED) healthcare technician (HCT), was one of 11 team members selected as recipients.

“The award recipients have demonstrated their commitment to education and professional development,” Demario Turner, DEI specialist, said. “Through their personal stories, connections and experiences of what attracted them to a nursing career, they have a clear vision of the goals they hope to achieve and the impact their diversity will have within the nursing profession and to patient care.”

Tyeonia Jake



A career in nursing may seem inevitable for someone like Tyeonia Jake, who has numerous family members working in nursing and nursing-adjacent roles. But her desire to pursue the career arose out of a much more personal experience.

“I had the opportunity to be at the bedside of my 99-year-old grandmother who suffered a stroke,” Jake said. “I was able to provide periodic care and comfort to her until her final time with us.”

This experience instilled in her a deep appreciation of caring for others and led her to the healthcare field.

“I’ve learned the importance of compassionate care and service for patients and families in the most vulnerable moments of their lives,” Jake said. “There’s no greater intrinsic reward than being able to see them go home better than they came in and knowing my contributions made even the slightest difference.”

Working in the ED, Jake enjoys the fast-paced environment and immediate care patients receive. She starts her nursing program in the fall of 2023 with the aim of advancing her nursing career in the ED. As a recipient of the Building Racial Diversity in Nursing Staff education award, that goal just became a little easier.

“This helps me in managing the associated costs of tuition and childcare as a single parent of two,” Jake said. “It also gets me one step closer in the advancement of my nursing education and my ultimate career goals.”

Jake is grateful to work for an organization that recognizes the need for this award and has an eye on diversity in nursing.

“This will have an impact on culturally competent care,” Jake said. “When minority patients see or are cared for by someone who looks like them and who can relate to their experiences, they are likely to be more open, transparent and trusting.”

Jake also anticipates this will help address some of the undisclosed barriers minority groups face in pursuing advanced patient care careers.

“I hope my role inspires other minority groups to pursue a career in nursing for the very purpose of reflecting the community that we serve,” Jake said. “With a more diverse nursing staff, enhanced patient care, service and experiences will follow.”

BroMenn nurses and providers help with Special Olympics

In 2012, the nurses and providers of the Carle West Physician Group (CWPG) began partnering with Special Olympics to bring the MedFest Program to McLean County. This program offers free physical examinations to athletes prior to participation in the Special Olympics sports programming. The MedFest screening consists of multiple stations where the medical history is taken, height, weight and vital signs are obtained and a physical exam is completed by a provider. In 2022, physicians, physician assistants, nurse practitioners, certified medical assistants and nurses from CWPG volunteered their services to support this annual event. Administrative volunteers also provided help with registration and escorting athletes to the medical stations.

“It is a fun and rewarding experience for both the volunteers and the athletes. Athletes, coaches, and parents are so appreciative of the service,” said Jamie Kilpatrick, administrative director of CWPG.

Lisa Reining, RN at the Carle BroMenn Medical Center Family Health Clinic, has been volunteering for MedFest every year since she joined the BroMenn team in 2016. She shared how heartwarming it is to see these athletes grow from children into adults. “I find their enthusiasm especially contagious,” she said. “One young man told me he was going to Germany to compete in tennis for the Special Olympics World Games. I smiled when he said to me, ‘Can you believe it? I’ve never been to Germany!’ His eyes lit up when I told him how proud I was of him and his accomplishment.”

Athletes range in age from children to older adults. If abnormal or worrisome findings are discovered, follow-up appointments can be made for the athletes. Kilpatrick shared how Jennifer Lanz, cardiology APRN, a volunteer at this year’s event, provided exceptional care to a gentleman who needed follow-up. She took extra time to talk with him and help him relax to try to reduce his blood pressure. She even made a follow-up appointment for him with the Cardiology office. In spring of 2022, volunteers were able to provide free physical examinations to around 20 athletes.

Along with MedFest, Reining also enjoys being a part of the Special Olympics of Illinois (SOIL) summer games at Illinois State University (ISU) where athletes come from all over the state to compete.

“My daughter lives in southern Illinois where she teaches dance to individuals with special needs. Her students come to ISU to compete every summer in cheerleading and dance with SOIL. Parents and coaches are always appreciative of volunteers and athletes are typically generous with their hugs,” Reining said. “Overall, I just



Carle BroMenn Medical Center MedFest Volunteers

really love to share in the joy of the athletes. It's such a great experience for everyone and I love having the opportunity. I will volunteer for Special Olympics any chance I get!"

As a medical volunteer, Reining has assisted in a wide variety of needs, everything from applying sunscreen, to first aid and even serious medical situations. Her time and talents have been a great benefit to the Special Olympics participants.

The Carle BroMenn Medical Center commitment to community involvement



Theresa Prosser, MSN, RN, NE-BC, CMSRN, Medical-Surgical and Behavioral Health nursing director, volunteers for two complementary roles within the McLean County United Way program. She is a volunteer member of Women

United, comprised of local professional women who support the community through fundraising, mentoring and role modeling. Prosser also volunteers as a Workforce 180 mentor for a group of local Heartland Community College nursing students.

"Volunteering and being an active member of my community has always been important to me," Prosser said. "When I was asked to participate in Workforce 180, I could not have dreamed of a better fit. Nurses mentor literally every day – both formally and informally – and I feel like it's our responsibility to leave our profession well-equipped for the next generation. This program allows me to do just that and helps these students overcome challenges that may have otherwise got in the way of them achieving their goal."

The primary goal of Workforce 180 is to help decrease poverty and create a workforce pipeline for local

employers. This is accomplished by providing direct support and mentorship by professionals currently working in the community. Workforce 180 offers cohorts to help local community college students who are pursuing education in business, welding and healthcare roles, including emergency medical technician, certified nursing technician and nursing. Students apply or can be nominated to participate in the program. Participating community members are those who are established in the local workforce, have the skill set to be able to teach and support students and who are willing to volunteer their time to mentor and guide students during the entire time they are in the program to help ensure their success.

Once accepted, the student meets regularly with their Heartland Community College counselor and Workforce 180 mentors. Students must be willing to share grades with both the counselor and mentors as part of the accountability and support process.

Mentors, like Prosser, provide accountability through monthly meetings with students, help students stay on track and provide decision-making support. If additional support is needed, they can set up meetings with financial coaches, success coaches and tutors. They help reduce student stress by functioning as a resource, but also work to instill accountability and professionalism.

As volunteers, Prosser and her co-mentor meet monthly in person with their seven students, who are all prenursing majors at Heartland Community College. As a mentor, Prosser helps eliminate barriers that would hinder the student from being successful. All the students have low incomes and a lack of resources and all, but one, are first-generation college students, and many are from single parent homes.

"As a former nontraditional nursing student, I personally met some of the same challenges that these students face. There were people along the way that provided me with support to help make my dream and goal of becoming a nurse possible. This program allows me to not only give back, but to also share my passion for nursing. Nursing, in general, is all about servanthood – this is just another way I can 'care' for others," Prosser said.

At the monthly meetings, student progress is reviewed and barriers to success, discussed. Gas cards and food

items are often provided to support the students with their ability to get to class and provide nutrition for themselves and their families. Financial barriers often threaten student success. Students are connected with financial planning mentors and provided assistance with testing costs. If one of Prosser's mentees needs tutoring, she can provide resources to help them. Prosser will maintain a relationship with her mentees until graduation.

Employment programs, such as Workforce 180, that provide career counseling, jobs and educational opportunities to low-income and underemployed populations, may help more people find and keep paid work. The students are given the opportunity to be productive citizens who can help others and not rely on public sources of support.

Carle BroMenn Medical Center (CBMC) supports Prosser's volunteer efforts by allowing her to attend meetings during her normal work hours.

"I feel incredibly supported by CBMC leadership to pursue these efforts. Community involvement, and representing Carle as we do, has always been something that has been promoted and encouraged," Prosser said. "This support has made my involvement with Workforce 180 easier from a time constraint perspective and shows how those of us that work at Carle can make an ongoing impact even outside our organization's walls."

Through Theresa's enthusiasm for the program, she has been able to recruit additional Carle colleagues to volunteer, as well.

Forty years of nursing and Magnet, too: Jenny Messier has lived it all



Jenny Messier, Magnet Program Coordinator

Jenny Messier knows nursing because she's lived it as a registered nurse for 40 years.

She knows Magnet® because she's been the Magnet program coordinator for the Carle Health Central Region for nine years. The central region includes Carle BroMenn

Medical Center in Normal, Carle Eureka Hospital in Eureka, Carle Cancer Institute in Normal and the region's physician group offices.

Messier is retiring this May, giving her an opportunity to reflect on her service, the nursing profession and Magnet. Messier agreed to share her reflections, keeping the focus on the nursing profession and Magnet rather than herself.

Laurie Round and Lori Harper aren't surprised. Round is vice president for patient care services and chief nursing officer at Carle BroMenn and Carle Eureka, and Harper is director of nursing at both hospitals. They know Messier would rather focus on her work.

"The Magnet coordinator role is pivotal in attaining Magnet designation," Harper said. The Magnet designation and redesignation process is intense and detailed "and Jenny is very detail-oriented. She makes sure we're all rowing in the same direction," Harper said.

"I'm going to miss her," Harper said. "She has great project management skills and that's what Magnet is. We work well together."

"Her role is complex and diverse but she is self-motivated, she is detail-oriented and she is very good at facilitating discussion," Round said. "She identifies barriers to remove and helps drive the momentum so we can meet our goals."

Growing up, Messier enjoyed caring for people and was encouraged to pursue nursing by an aunt who was a

nurse. Messier graduated from Mennonite School of Nursing in 1983. She worked as a surgical nurse at St. Joseph Medical Center in Bloomington, at a surgeon's office in Gibson City, in the surgical intensive care unit at Mercy Hospital in Champaign, then at Carle Foundation Hospital in Urbana as an ICU nurse.

After five years at Carle, she spent 21 years at Provena Covenant (formerly Mercy), rising to director of case management.

In 2006, she came to what was then called BroMenn Regional Medical Center and soon was promoted to manager of case management. In 2014, she was named Magnet program coordinator.

Magnet is a designation from the American Nurses Credentialing Center (ANCC) for nursing and organizational excellence.

"I tell people that it is the highest recognition that nurses can achieve," Messier said. Facilities that receive Magnet designation are providing extremely high care and their nurses are involved with decision-making, Harper said.

Messier said "It is highly focused on improving patient outcomes and supporting and elevating nursing practices."

"Within Magnet, there are over 100 standards we need to meet," Harper said. As Magnet program coordinator, Messier has had to submit 107 examples every four years demonstrating that BroMenn meets Magnet requirements. When that happens, a site visit follows.

Some documents must be submitted annually. That includes documentation of nurses' education level, certifications, job satisfaction and turnover. Messier also meets with nursing leaders and bedside nurses to encourage them to find ways to measure success.

"The reason I like the Magnet designation is because it pushes us to be better," Messier said. "Magnet increases the requirements every time you make a submission."

"We are focused on improving outcomes and evidence-based practices," she said. "Magnet wants to know, 'Does the knowledge change the outcome?'"

To nurses, Magnet is important because it requires organizations to have structures, such as professional development, in place to support nurses, while requiring organizations to give nurses shared governance, Messier said.

Magnet designation is one way to attract and retain nurses.

"A lot of nursing students want to work for Magnet organizations believing 'If they meet those standards, they must be doing something right for their organization and their patients,'" Harper said.

For patients, one Magnet stipulation requires that institutions' patient satisfaction outperforms national benchmarks.

To both nurses and patients, Magnet is a symbol that the facility provides great patient care, Harper said.

"We're always looking for a way to say 'How can we make your care better and improve your outcomes?'" she said.

With Messier as program coordinator, BroMenn achieved Magnet designation in 2017 and was redesignated in 2021. Meanwhile, Carle Foundation Hospital achieved designation in 2009 and was redesignated in 2015 along with Carle Physician Group and both were redesignated in 2019.

"I was hired in 2014 to do the initial designation, and we rode hard as a nursing organization, and we achieved it. We celebrated and were incredibly excited because it was a lot of hard work.

"I am ever prouder of our second designation in April 2021," Messier said. COVID-19 hit in 2020, meaning that Messier was ordered to work from home on March 16, 2020.

"I was home for 3½ months, on my laptop with no printer. I am a clinically trained nurse who was just sent home and my colleagues are overwhelmed and that's also when we were merging with Carle," Messier said.

But she and her colleagues persisted, submitted the Magnet redesignation documentation on time and were awarded redesignation.

“Our team, although it was painfully hard, kept working, pulled together and got it done,” she said.

Round said “She (Messier) was at the center of all the work.”

Nursing turnover rates increased during the COVID-19 pandemic, so Magnet added two new requirements: institutions need to show what they are doing to reduce nursing turnover and to improve nurses’ well-being.

“They are paying attention to the environment and raising the bar,” Messier said. “That makes us better.”

When asked how nursing has changed in 40 years, Messier highlighted four areas:

- “Technology has changed a lot of things. We did all handwritten notes when I started. Now we have electronic medical records, which we can see from multiple places.”
- “I see nursing autonomy growing. Physician respect for nursing has improved.”
- “I have seen a lot of silos coming down. We had ED nurses and rehab nurses and addiction recovery nurses. ...I see more collaboration among different areas.”
- More surgeries are being done outpatient and that has implications for nursing staffing.

After 40 years, Messier said it’s time to retire on May 25. She plans to move from her home in Normal to Monticello, where she will be closer to her grandchildren.

Debbie Rickard has been named to replace Messier and joined Carle Health in March so she and Messier can collaborate on the transition. She has been a registered nurse for 40 years and has experience in a variety of roles, including in nursing leadership, most recently in the OSF HealthCare system, Harper said.

What are Messier’s thoughts on how Carle Health and other healthcare organizations can retain nurses?

“Retention has to do with feeling a part of something bigger than you are, feeling valued and included,” Messier said. “Shared decision-making is a part of that. For nurses to stay, they need to feel they are a part of something. It’s not about money, it’s about feeling cared-for as a person.”

Nurses can help with retention by giving themselves breaks. “We’re not good at that because we take care of others, so we let ourselves be pushed,” Messier said. “Post-COVID, nurses are getting better at saying ‘I need a break,’” Messier said.

What is her advice to young nurses?

“To be successful as a good nurse long-term, you need to invest as much in relationships with your colleagues as you do in your skill set,” Messier said. “You can’t survive without surrounding yourself with good people. Relationships matter.”

Exemplary Professional Practice





Exemplary Professional Practice

Putting more tools in your toolbox

At Carle Health, we're committed to excellence - to being the very best in all we do. But what does "best" look like? Could your achievements today be surpassed tomorrow? To improve and develop professionally, many Carle Health advanced practice nurses (APRN) have pursued furthering their education.

For APRNs, having an advanced degree, such as a Master of Science in Nursing (MSN) is required. However, many of the APRNs at Carle have continued beyond that level, pursuing doctoral-level degrees, such as a Doctor of Nursing Practice (DNP) to expand their knowledge and skill sets.

"APRNs who achieve a doctorate are more adept at merging evidence-based practice into patient-centered care, which will translate into improved quality of care for the patient," Advanced Practice Provider (APP) Council Chair Amy O'Dell, DNP, APRN, said. "Further, as APRNs receive the highest level of education in their field, they contribute to Carle Health's vision to 'improve health by providing highly accessible, world-class care and service.'"

Connie Catron, DNP, APRN, Family Medicine, who received her doctoral degree in 2021, has gained a greater appreciation for the value of research and its role in patient care.



Amy O'Dell DNP, APRN



Connie Catron DNP, APRN

"The research component of a DNP emphasizes evidence-based practice and that is what patient care should be based on," Catron said.

Seeing her DNP scholarly project, "A Stroke Educational Plan for Middle School Students," come to fruition was a point of pride for Catron, who at times had second-guessed her decision to pursue the degree but was determined not to give up.

"I've always taught my children that if you start something, you finish it," Catron said. "Getting my scholarly research project data collected and running the analysis was the point when I knew that the end was near, and I would achieve my goal."

While some might prefer to put off getting an advanced degree until they have more time, Catron had realized that the time would pass regardless and that you might never find a perfect time.

“Whether you’re considering pursuing an advanced degree, certificate or other training, expanding your education helps ensure you are keeping current on new evidence and technology, and it keeps your mind curious and engaged,” Catron said. “Knowledge provides you the ability to have more tools in your toolbox to make changes for the better and is worth every step along the way.”

Carle Health provides tuition assistance benefits to team members pursuing a degree or certification program that is directly related to their current position or a position that they can be promoted to within Carle.

Patient-focused initiative impacts those with pacemakers needing MRIs

Carle Foundation Hospital, in collaboration with Medtronic, implemented a new technology to reduce wait times for pacemaker patients needing magnetic resonance imaging (MRI), paving the way to a significant improvement in patient access and shortening inpatient stays.

For patients with Medtronic pacemakers, these devices can now be programmed more easily and conveniently with the SureScan™ app. Now specially trained nurses can utilize the app to program the devices themselves, unlike earlier when the Medtronic pacemaker representative needed to be physically present during the process. Previously, patients were allotted spots depending primarily on the pacemaker representative’s availability, but now the new system depends mostly on nursing staff and MRI availability. This has resulted in more scans being completed than ever before, and in a much timelier fashion.

Talks began in early 2022 on how to improve the scheduling turnaround time for patients with pacemakers needing an MRI. Developing and getting clearance on protocols for how patients were to be monitored was a hurdle in implementing the new initiative. Additionally, nurses and technologists needed to adjust their workflow to allow the time slot previously held for one pacemaker

patient to accommodate two patients instead. This technology has also allowed greater flexibility to schedule patients into time slots not previously available.

“As a staff nurse, we are able to have these patients come in no more than 30 minutes early which allows us enough time to connect with them, create a trusting relationship, and ensure them they will be safe with the specially trained RN who will be with them throughout the duration of their scan,” Samia Woodward, BSN, RN, Level III, said. “This decreases how many interactions the patient has to have for one appointment and eliminates the wait time for the Medtronic representative to be available to set and unset the pacemaker. The patient is the nurse’s only focus for the duration of their visit. Patients have been known to have to wait up to over an hour before and/or after their MRIs to have their pacemaker set or reset by the Medtronic representative. Now it is immediate and their appointment takes no longer than any other MRI.”

Carle was one of the first 16 hospitals in the country to participate in this MRI programming app that allows nurses and technologists to perform MRIs without the company representative present.

“When we started working on improving access for patients with pacemakers we were scheduling five months out,” JoAnn Creek, BSN, RN, Radiology Supervisor, Carle Foundation Hospital, said. “After implementing this new technology, we have been able to decrease wait time to less than a month with most scans being completed in about two weeks.”



Samia Woodward, BSN, RN, Level III, Radiology at Carle Physician Group

The patient's implanted pacemaker gets programmed using the SureScan technology into MRI safe mode right before the scan. Once the scan is over, the app automatically resets the device back to their prescan settings. The patients are continually monitored by nurses with vitals documented every five minutes while they are in the MRI scanner.

"Using the app was a successful challenge for myself and my coworkers," Woodward said. "We all went through in-depth training through Medtronic and learned so much about pacemakers and defibrillators. We know so much more about the actual settings and the expectations during the safe mode operation. I only wish now we were able to do it for all MRI device brands, not just Medtronic."

SureScan looks at the patient's history and, based on an algorithm, determines how the patient's pacemaker programming should be modified for their MRI. These programming changes only occur if the app doesn't detect any problems with the pacemaker implant or leads.

"This technology has made a huge impact on scheduling patients and we are now able to get them in so much faster," Creek said. "It is a great patient satisfier, especially for the patients who have to wait on scan results before surgeries. Nurses being able to program the pacemaker into MRI safe mode plays such an important role in creating opportunities to improve patient access."

Patients with older Medtronic or other pacemakers, which are MRI-conditional, can still have their scan; it just requires the pacemaker representative be present to complete the programming. Currently only cardiac MRIs can be done on patients with nonconditional pacemakers since a cardiologist is present.

According to Creek, since implementing this initiative patients are highly appreciative of the fast and easy experience. "With the new technology in place, patients have been experiencing reduced wait time of over 80%," she said. "This project incorporated a lot of collaboration between nurses and company representatives, but it is very exciting to see the positive impact it has on our patients."

Mobile Health Clinic to reach more kids thanks to second phase of federal grant



The Carle Mobile Health Clinic (CMHC) is one of only 20 health services across the U.S. that received an additional \$25,000 in grant money to expand its work in promoting children's health. On Feb. 10, 2022, the U.S. Department of Health and Human Services through the Health Resources and Services Administration announced the grant recipients.

Prompted by concern over COVID-19 impacting a decline in routine pediatric immunizations and well-child visits, the award through the Promoting Pediatric Primary Prevention (P4) Challenge, is a competition in which Carle Mobile Health Clinic is one of 50 programs to first receive a \$10,000 grant along with a challenge to develop a proposal for an additional \$25,000 grant.



Kelly Parker, MSN, RN

Kelly Parker, MSN, RN, nurse manager, Mobile Health Services, took on the task of writing the grant application and oversaw Phase I and Phase II of the P4 Challenge. Parker worked closely with the Carle marketing team to develop the corresponding [video](#).

"We are so proud we met the grant challenge and as a result many more children and families who live in Champaign, Vermilion and McLean counties will have easier

accessibility to the healthcare they need,” Parker said.

Since the CMHC first began operations in 2018, it has served thousands of patients. In the month of August alone, close to 800 students were seen as they prepared for the new school year.

The CMHC had six months to develop its proposal for the \$25,000 grant. Winners include health centers, pediatric clinics, children’s hospitals and community organizations. A panel of expert judges reviewed and evaluated applications based on the approach to increasing well-child visits, increasing vaccinations and reducing disparities among populations.

The CMHC was able to utilize the grant funding to begin expanding services. They now offer services at the Martens Center in Champaign and added two extra “Back to School” events for local school districts. The CMHC was also able to hire additional staff to increase patient access during regular operational days.

Hundreds of children climbed aboard the 40-foot-long CMHC for immunizations and well-visits right in their own neighborhoods. The clinic is part of Carle’s Community Health Initiatives effort of delivering healthcare to community members in innovative ways and reducing health disparities throughout the region.

Due to the overwhelming response in the McLean region, a second Carle Mobile Health Clinic is being built to serve McLean County schools and residents. This new clinic is set to begin services in late spring 2023.

Look for the Carle Mobile Health Clinic, which makes stops in Danville, Bloomington, Rantoul and the Champaign-Urbana area. Practitioners in the clinic have experience in pediatrics, family medicine and women’s health and pregnancy. The large vehicle is wheelchair accessible and everyone will receive care, even with an inability to pay. Families with questions may call (217) 365-7928, or send an email to Mobile.HealthClinic@carle.com.

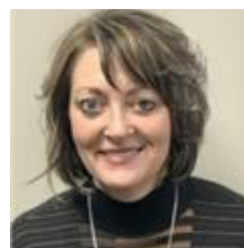
Carle’s Mobile Health Clinic is also supported through generous donations from the Carle Health Center for Philanthropy.

CRMH patients can now get wound care close to home

Carle Richland Memorial Hospital (CRMH) Surgical Services Clinic launched wound care services in Oct. 2022. Patients can now get the wound care they need without leaving town. The new Carle Wound Care Services is conveniently located at Carle Surgical Services in Olney. The shared space helps ensure continuity of care between the wound specialist and surgeons.

After completing a thorough review of services, the CRMH leadership team identified a way to shift wound care from the shoulders of the surgeons to a new service line. This shift contributed to multiple benefits, including increasing the surgeons’ office time for surgical patients, improving access of care for patients and expanding the role of the service line dedicated for outpatient and inpatient wound care.

Kim Wirth, MSN, RN, AMB-BC, NE-BC, patient care manager, Specialty Services, spearheaded the team to develop the wound care service line. Wirth collaborated with Leigh Kauwell, MSN, RN, CWON, ACHRN, Carle Foundation Hospital nurse manager of the Wound Healing Center and Inpatient Rehabilitation Unit, and that team to better understand the workflow and procedures offered for inpatients and outpatients at other Carle Health locations.



Kim Wirth, MSN, RN, AMB-BC, NE-BC

“We were excited to have Kim come to the CFH campus to walk through wound processes and workflow. This collaboration will truly help with the expansion of services in the Olney area,” Kauwell said.

“Leigh and her team welcomed our Richland wound care service line with open arms to collaborate in person at their site,” Wirth said. “We collaborated on how to adjust process and documentation needs for Richland specificity. Our teams continue to communicate frequently to ensure we are providing excellent care, as we both believe in being committed to being the very best in all we do.”

When the wound care provider position was posted, Mackenzie Zuber, APRN-C, with over 20 years of broad patient care experience including home health, saw an opportunity to expand her professional scope and skills. After accepting the position, Zuber connected with Kauwell and her team to maximize the CRMH service line.



Mackenzie Zuber, APRN-C

“I am so excited to be a wound care provider at CRMH with my many years of valuable experience,” Zuber said. “With CRMH I have gained the knowledge and capability to make this clinic the best it can be. I have had great support from Carle Foundation Hospital

as well as Carle BroMenn Medical Center with this journey. I look forward to serving the community and surrounding counties in this exciting endeavor.”

Zuber has since completed her certification as a wound care specialist and in the first three months of serving patients, has successfully healed 25 wounds.

In addition to wound care, Zuber and her team provide vascular evaluations, lymphedema management, compression wrapping and ostomy services. Patients can contact Carle Richland Surgical Services at (618) 392-1731 to schedule an appointment.

New Knowledge, Innovations and Improvements





New Knowledge, Innovations and Improvements

BroMenn opens new, fully integrated catheterization lab

The Cardiac Catheterization lab at Carle BroMenn Medical Center (CBMC) is a full-service lab caring for heart, vascular, stroke, neuro and interventional radiology patients. Since 2016, lab procedure volume has grown by over 42% and procedures performed in the prep and holding area grew by 78%. Much of this growth has been due to process improvement efforts and improved efficiencies in patient care.

Along with the increase in procedure volumes, staff were challenged by space constraints and aging equipment that frequently needed repair. The need to utilize old technology and an increase in effort of the staff impacted the patient experience. Nurse leaders Laura McCartney, MSN, RN, CNOR, director of Cardiovascular Services at CBMC and Becky Buchwak, MSN, RN, CV-BC, patient care manager cath lab at CBMC, recognized this cramped environment and old technology were affecting the staff and patient experience. They worked closely with finance partners and were key partners in developing a business plan to acquire \$12 million in funding needed to replace the equipment and improve the space in these areas.



Once approval was received, McCartney and Buchwak were intimately involved in the design of the space and acquisition of needed equipment. They helped guide decisions to ensure the new space would be an enjoyable place to work and enable the best patient care.



Laura McCartney, MSN, RN, CNOR

“As nurses, we bring a perspective to the table that is patient-focused,” McCartney said. “We look to design spaces, within the constraints of funding, that can provide the best safety measures and experience for our patients. We also consider human factors and ergonomics for the health of our team members.”

This nursing perspective is evident in many design elements of the space, including a prep/recovery area with larger rooms, improved nursing stations and at-the-elbow equipment essential to patient care and ease of use for team members. Within the prep/recovery area, three large procedure rooms were also added to provide a “one stop” experience in which the patient is prepped, the procedure is performed at bedside, and the patient is recovered and finally discharged from the same room. This has contributed to a significant improvement in the patients’ experience.



Becky Buchwak, MSN, RN, CV-BC

“With patients and team members as our main focus, we were able to lead the design team and complete the two-year construction project with great success,” Buchwak said.

Indeed, many positive results have come out of this project. Patient satisfaction scores have improved significantly with a specific emphasis on positive comments in experience in the prep and holding area. Staff engagement scores have improved and turnover in this area has dropped to zero. In addition, through new radiation reduction software, harmful radiation exposure to the team and patients is greatly reduced and imaging quality and visualization has improved. Also, inventory costs have declined due to the improved space for storage and management of inventory and necessary equipment.

“Although it has been a challenging process, we are very excited to see the fruit of our labor in the smiles of our patients and team members,” McCartney said.



Ajeet Gordhan, MD, Interventional Neuroradiologist, and Nicole Kerfoot, Radiology Tech

BroMenn nurses look toward the future with VR



DeWeese assists Jenny Messier with the VR headset.

The digital age continues to shape the way we learn and work. Nurses at Carle BroMenn Medical Center (CBMC) are trialing virtual reality (VR) as another way to leverage technology to improve their skills.

Angelia DeWeese, MSPH, CHSE, CSM, MOT, simulation education specialist at CBMC, and Lori Harper, director, nursing practice at CBMC, are partnering with Carle BroMenn Medical Center Endowed Professor Marilyn Prasun, PhD, CCNS, CNL, CHFN, FAHA, Mennonite College of Nursing, on a pilot program to learn more about the benefits of VR and how it can be effectively incorporated into training clinicians. This involves a training module where nurses complete a sepsis patient scenario through VR. The launch team also includes Nursing Professional Development Generalists Stephanie Fuller, Angela Harrison and Scott Schaefer.

The training uses software produced by Oxford Medical Simulation. The software is programmed to align with the hospital’s sepsis protocols so the experience is true to life.

According to DeWeese, the nurse walks into the patient’s room and begins interacting with the virtual patient to make an assessment. The use of VR for sepsis learning hones critical thinking skills and hardwires application of knowledge and practice.

This pilot included a group of 31 participants comprised of Emergency Department nurses and ICU charge nurses.

“This technology is not meant to replace current training methods,” DeWeese said. “It is an additional modality for staff professional development. Ultimately, we want to improve patient outcomes for sepsis.”

The healthcare industry is predicted to experience a huge jump in VR for learning. According to Forbes magazine, the market for augmented reality and virtual reality in healthcare is expected to more than triple in the next five years, reaching a value of nearly \$9.7 billion.

“By studying and trialing VR, we can begin to determine best practice uses for our staff,” DeWeese said. “Additionally, VR companies are beginning to create VR for patient education, rehabilitation and treatment. Success in VR training for staff may eventually lead to success in the use of VR for patients.”

Dedicated Education Units welcome new students

During the fall semester of 2022, Carle BroMenn Medical Center (CBMC) welcomed 16 new Dedicated Education Unit (DEU) nursing students from the Illinois State University Mennonite College of Nursing (MCN). A Dedicated Education Unit is an innovative approach to nursing education, partnering with academic institutions to prepare the nursing workforce of the future.

“The DEU program provides an immersive experience, allowing the student a ‘real life’ clinical nursing experience,” Teresa Novy, DNP, RN-BC, CWON at CBMC and clinical faculty at Mennonite College of Nursing, said.

Clinical experiences for nursing students are done by immersing them in one hospital unit and exposing them to the culture and system of CBMC throughout their nursing education. Students are integrated into the workplace in a way that allows them to be an integral part of the workflow, so they experience a realistic picture of nursing practice.

“Students spend an extended period, roughly three semesters, at our facility. They gain a deeper understanding of our team, standard procedures, and the culture at Carle BroMenn Medical Center,” Laurie Round, MS, BSN, RN, NEA-BC, VP and CNO of Carle BroMenn Medical Center and Carle Eureka Hospital, said.

The DEU model departs from the traditional clinical model, where nursing students complete clinical hours at several short-term locations. The longer-term placement allows students to develop strong relationships with their preceptors and the hospital team. Nurse preceptors are bachelor’s-prepared, unit-based nurses who provide clinical mentorship, teaching and supervision for the nursing students. The clinical faculty member is responsible for formative and summative evaluations, and there is an ongoing collaboration between the clinical faculty member and the clinical preceptor.

“Each student becomes part of the unit or the team and is pushed to meet the demand of their seasoned preceptor within the student’s scope of practice. Prior to this partnership, the preceptor is prepared to understand the MCN curricular objectives. This relationship, honest feedback, incorporation of course objectives and trust building results in a very strong level of confidence and inclusivity,” Novy said. “The support of each preceptor allows the nursing students to develop their own nursing practice foundation through the role modeling of each Carle BroMenn DEU nurse they engage with. This program elevates nursing practice and empowers students to have the best start to their nursing career.”



Illinois State University Mennonite College of Nursing Students Participating in DEU Clinical Experience with Kate Potts (Center)

“The DEU provides an opportunity for clinicians to stay fresh and motivated in their roles as mentors and role

models, and a way for faculty to remain grounded in current clinical reality,” Round said.

A DEU model bridges the education-practice gap, tackling the faculty shortage, allowing more students to be admitted to nursing programs, and easing the new graduate transition from education to practice. It also offsets onboarding expenses and connects potential nurse employees while they are still in their nursing programs.

“When it comes to nursing school, hands-on clinical experience is an invaluable tool to allow future nurses to flourish and grow. The DEU clinical at Carle BroMenn Medical Center is an opportunity that every nursing student should be afforded,” Kate Potts, MCN student nurse, said. “This experience allows a magnified look into what it is truly like to be a nurse, work different shifts, become part of the team, allow time to connect with patients and expand upon the knowledge of a traditional clinical model. Because of this experience, I feel more at ease and confident in my ability to work in this field and am truly grateful to Carle for allowing me this experience.”

Nursing Experts:

Translating the Evidence

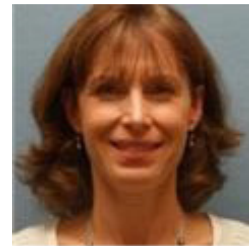


The NEX+ website and learning modules have been developed by a multisite team of nurses and librarians funded by a National Libraries of Medicine (NLM)/ National Institutes of Health (NIH) grant. This website provides a series of modules and tools for the full evidence-based process of asking clinical questions, searching, appraising and applying best evidence. The project is led by the University of Illinois at Chicago (UIC) College of Nursing and UIC libraries in collaboration with selected clinical sites. Frances Drone-Silvers,

MS, biomedical information specialist, and Lori VanWingerden BSN, RN, NPD-BC, provide expertise and perspective about translation of evidence within clinical environments. Much of the content and the acute and ambulatory case studies were modeled after Carle Health evidence-based practice (EBP) strategies.



Frances Drone-Silvers, MS



Lori VanWingerden, BSN, RN, NPD-BC

The NEX+ project is currently in phase 5 with continuing support from the National Library of Medicine and the National Institute of Health. This funding, together with generous participation of the partner organizations, allow the website and learning materials to be free-of-charge with open access by smart phone, tablet or computer. Phase 5 is expanding the content to equip a wider variety of healthcare disciplines serving public health. The ability to translate best evidence is required in all practice settings. The program goals align closely with the Carle Health mission and vision to be a trusted partner in healthcare decisions and to improve health by providing highly accessible world-class care and service.



Charlie Hawknuff, MSN, APRN, NE-BC

Carle Clinical Education, led by Director Charlie Hawknuff, MSN, APRN, NE-BC, will provide joint accreditation for continuing education for the collaborative program beginning in early 2023. Participants can earn seven contact hours by completing the learning modules and exploring the tools within the website.

Accomplishments:

- At least 200 Carle Health nurses have participated in the learning program.
- The Carle virtual EBP Internship incorporates the NEX+ learning modules.
- Selected as top-rated Region 6 NLM project.

- Selected for NLM national podcast – featuring Dena Sauder, MSN/Edu, CMSRN, SCRN, CCRN – Carle nurse practice specialist.
- Podium presentation at 2022 Magnet/Pathway Conference in Oct. 2022 by Lori VanWingerden, BSN, RN, NPD-BC, and Krista Jones, DNP, Director, UIC College of Nursing – Urbana. “A Collaboration to Provide Open-Access Instruction in Evidence-based Practice.”
- Manuscript accepted for publication in the Journal of Continuing Education in Nursing. Due for publication in 2023.

2022 Internal Poster and Podium Presentations

Title	RN Presenters	Dissemination Site	Date
Recognition and Treatment of Neonatal Hypoglycemia in the Emergency Department (Poster)	Marilyn Nelson, RN, CEN, CCRN, TNS (CBMC) Justyna Koscielniak, BSN, RN, TCRN, CCRN, CEN, TNS (CBMC) Sherri Pearson, BSN, RN, TNS (CBMC) Keli Sidebottom, MSN, RNC-OB (CBMC) Alicia Allen, MSN, RN, BC (CBMC) Marilyn Prasad, PhD, CCNS, CNL, CHFNP (Carle ISU Endowed Professor)	Carle BroMenn Virtual Poster Event to Carle Health System	May 2022
Thermomechanical Device Usage During IV Insertions (Poster)	Tracy Sondag, BSN, RN, CMSRN (CBMC) Angela Turner, MSN, RN, CMSRN, ONC (CBMC)	Carle BroMenn Virtual Poster Event to Carle Health System	May 2022
Reduction of Surgical Site Infections in Post-Operative Gynecologic Patients (Poster)	Crystal Bricker, MSN, RN, CNOR (CBMC) Toni Tortorella (ISU Student Nurse)	Carle BroMenn Virtual Poster Event to Carle Health System	May 2022
Pasteurized Donor Human Milk (Poster)	Angela Philpott, BSN, RNC-LRN (CBMC) Denise Hammer, DNP, RNC-NIC (CBMC) Norrene Love, BSN, RNC-CBC (CBMC) Lisa Gilmore-Riess, BSN, RNC-LRN (CBMC) Alison McCarty, BSN, RN (CBMC)	Carle BroMenn Virtual Poster Event to Carle Health System	May 2022
Home Sleep Apnea Testing (HSAT) for Hospitalized Patients with Atrial Fibrillation (Poster)	Maneesha Joseph, FNP, DNP (CWPG) Marilyn Prasad, PhD, CCNS, CHFNP, FAHA (Carle ISU Endowed Professor) Teresa Novy, DNP, RN (CBMC) David Koh, MD (CWPG)	Carle BroMenn Virtual Poster Event to Carle Health System	May 2022
Inter-Professional Security Issue Resolution (Poster)	Jennifer Singley, BSN, RN, CRNO (CBMC) Toni Winks, BSN, RN-BC (CBMC) Melanie Evelsizer, RN, CHRN (CBMC)	Carle BroMenn Virtual Poster Event to Carle Health System	May 2022

Improving Emergency Department Teamwork During Trauma Resuscitation: A Quality Improvement Project (Poster)	Justyna Koscielniak, BSN, RN, TCRN, CCRN, CEN, TNS (CBMC) Marilyn Prasun, PhD, CCNS, CNL, CHFN, FAHA (CBMC) Karen Lamb, DNP (CBMC) Alisha Betka, DNP, MSN/Ed, RN, CHSE (CBMC)	Carle BroMenn Virtual Poster Event to Carle Health System	May 2022
Delirium Prevention (Poster)	Alicia Allen, MSN, RN, BC (CBMC) Hannah Denault, RN, BSN (CBMC) Shelly Hillary, MSN, RN, NE-BC (CBMC)	Carle BroMenn Virtual Poster Event to Carle Health System	May 2022
Effect of COVID on Cardiac Rehab (Poster)	Kim Crutcher, BSN, RN (CBMC) Marilyn Prasun, PhD, CCNS, CHFN, FAHA (Carle ISU Endowed Professor)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Promoting Vaginal Birth (Poster)	Keli Sidebottom, MSN, RNC-OB, CBC (CBMC)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Standardizing Care of Late Pre-term Infants (Poster)	Pamela Smith, MSN, RN (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Music in Peri-Op Setting (Poster)	Julie Beatty, MSN, RN, CPAN (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Home Visits During COVID (Poster)	Ashley Polnitz, MSN, RN, CLC (CFH) Sarah Spotts, BSN, RN (CWPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Faith Community Nurse Survey (Poster)	Krista Jones, DNP, RN, PHNA-BC (University of Illinois Academic Partner)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Research Study Coordination – Genetics (Poster)	Christina Goode, RN (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Nursing Recognition Efforts (Poster)	Ashley Holmes, BSN, RN (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Improving Patient Experience (Poster)	Alayna Taylor, RN (CFH) Chris Wetzel, MSN, DNP, RNC-NIC, IBCLC (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022

Inquiry Resources (Podium)	Frances Drone-Silvers, MS (Librarian) (CFH) Lori VanWingerden, BSN, RN, NPD-BC (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
EBP Internship/Project Overview (Podium)	Lori VanWingerden, BSN, RN, NPD-BC (CPG) Frances Drone-Silvers, MS (CFH) Jeff Williams, PhD, RN-BC, FAACM (Academic Partner UIC) EBP Interns (CBMC)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Nurse Burnout Study (Podium)	Morgan Blankenship, BSN, RN (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
P.A.I.N. Icon Study (Podium)	Dena Sauder, MSN/Edu, RN5, CMSRN, SCRN, CCRN (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
NICU Research Update (Podium)	Chris Wetzel, MSN, DNP, RNC-NIC, IBCLC (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Sepsis: Virtual Reality Education (Podium)	Angelia DeWeese, MSPH, CHSE, MOT, CSM (Simulation Specialist) (CBMC)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
CLABSI & VAE Reduction in ICUs (Podium)	Erika Swango, MSN, RN, CCRN, CNL (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Stroke Recognition (Podium)	Lindy Drollinger, MSN, APRN, NP-C (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Pediatric Asthma (Podium)	Sheila Curtis, MSN, RN-NIC, CPHQ (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Maternal Health Deserts (Podium)	Lori Folken, BSN, RNC-OB, C-EFM (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Perinatal Equity Efforts (Podium)	Elizabeth Munoz, DNP, CNM, FACNM (CPG) Lisa Siegwald, MSN, RNC-OB, NE-BC (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Colorectal Screening (Podium)	Tara Ganley, BSN, RN, AMB-BC, CPHQ (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022

Care Transition Communication (Podium)	Heather Tucker, MSN, RN-BC, NEA-BC (CHRHC)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Manualized Therapy – Behavioral Health (Podium)	Bradley Thompson, APRN, PMHNP-BC (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Moderate Sedation Dashboard (Podium)	JoAnn Creek, BSN, RN (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Pre-Surgical/Procedural Fasting (Podium)	Megan Bakaitis, MBA, CPHQ, LSSBB (Performance Improvement Specialist) (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Chemotherapy Infusion Reaction Protocol (Podium)	Hope Michael, BSN, RN, OCN (CFH)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Home Blood Pressure Monitoring (Podium)	Colleen Bross, LPN (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Infestation Policy (Podium)	Angela Davis, RN (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022
Faith Community Nursing Documentation (Podium)	Danna Williamson, MSN, RN, NPD-BC (CPG)	Carle Foundation Hospital Virtual Clinical Inquiry Conference	December 2022

2022 External Poster and Podium Presentations

Title	RN Presenters	Dissemination Site	Date
Advocating for Creative Education: Balancing Time and Resources	Crystal Bricker, MSN, RN, CNOR (CBMC)	Association of periOperative Registered Nurses (AORN) Annual Global Conference New Orleans, LA	March 2022
Advocating for Creative Education: Balancing Time and Resources	Crystal Bricker, MSN, RN, CNOR (CBMC)	Association of periOperative Registered Nurses (AORN) – Virtual eChapter Meeting	March 2022
Incidental Finding of Autosomal Recessive Juvenile Parkinson Disease-2 in Chromosome 17q12 Microduplication Female Infant (Poster)	Dawn Webb, RN (CPG) Kristi McNamara, RN (CPG) Mary Beth Henry, RN (CFH) (Interdisciplinary Collaboration with Nejmun Hussain, MD (CPG), David Sharpe (CFH) and Zohra Shad, MD (Locum from TCU and UNTHSC))	American College of Medical Genetics and Genomics (ACMG) Annual Meeting Nashville, TN	March 2022
Stroke Education in Middle School Students	Connie Catron, DNP, APRN, CME, FNP-C (CHRHC)	Illinois State Mennonite College of Nursing Annual Virtual Symposium (Virtual)	March 2022
Blood Transfusions and the Impact on the Neonatal Microbiome & Raising Nurse Awareness with the eNEC Tool (Poster)	Chris Wetzel, DNP, RNC-NBIC, IBCLC (CFH) Alissa MacDonald, DNP, RN (CFH) (Collaboration with University of Illinois and University of South Florida)	Illinois State Mennonite College of Nursing Annual Virtual Symposium (Virtual)	March 2022
Evidence-Based Practice in Faith Community Nursing & Writing for Publication	Gregory Scott, MS, RN, PHRN, TNS (CPG) (Collaboration with Joan Appleton, Faith Community Nursing, TX)	Caring for the Human Spirit Virtual International Conference	March 2022
Faith Community Health: Connecting You & Your Faith Community to Needed Healthcare & Wellness Support	Gregory Scott, MS, RN, PHRN, TNS (CPG) Danna Williamson, MSN, RN, NPD-BC (CPG)	Illinois Baptist State Association “Priority” Conference Springfield, IL	April 2022

Stroke Education in Middle School Students	Connie Catron, DNP, APRN, CME, FNP-C (CHRHC)	Midwest Nursing Research Society Annual Conference Schaumburg, IL	April 2022
Hands On Education to Develop Your Team: Balancing Resources and Simulation to Promote Staff Development	Crystal Bricker, MSN, RN, CNOR (CBMC)	OR Manager Conference Denver, CO	October 2022
Bundled Approach to Improve Inpatient Stroke Recognition and Time to Treatment	Lindy Drollinger, DNP, APRN, NP-C (CPG)	ISAPN Midwest Conference Naperville, IL	October 2022
A Collaboration to Provide Open-Access Instruction in Evidence-based Practice (EBP)	Lori VanWingerden, BSN, RN, NPD-BC (CPG) (Collaboration with Krista Jones, DNP, RN, PHNA-BC (UIC College of Nursing))	Magnet/Pathway Conference Philadelphia, PA	October 2022
Promoting Vaginal Birth Through Best Practice (Poster)	Keli Sidebottom, MSN, RNC-OB, CBC (CBMC) Jessica Baker, BSN, RNC-OB (CBMC) Stephanie Wollenberg, MSN, RNC-OB (CBMC) Teresa Boyle, BSN, RNC-OB (CBMC) Holly Massey, BSN, RNC-OB (CBMC) Karen Travis, BSN, RNC-OB (CBMC) Laura Lawson, MSN, CNM (CBMC)	Illinois Perinatal Quality Collaborative 10th Annual Conference Lombard, IL	October 2022
Faith Community Nursing: A Survey of Role, Needs, & Experiences (Poster)	Gregory Scott, MS, RN, PHRN, TNS (CPG) Danna Williamson, MSN, RN, NPD-BC (CPG) (Collaboration with Krista Jones, DNP, RN, PHNA-BC (UIC College of Nursing))	American Public Health Association Annual Meeting and Expo Boston, MA	November 2022

Evidence-Based Practice Virtual Internship 2022

The purpose of the Evidence-Based Practice (EBP) Internship is to develop leaders with knowledge and skills in all steps of the EBP process along with team facilitation and communication skills. Over 200 Carle nurses have participated since 2009. Growth in the Carle Health system and advances in virtual technology led to a redesign of the program in 2022. Eight individuals or partnered teams were accepted into the internship in August of 2022 and began the mentored EBP process.

The challenge of EBP lies not only in the time it takes to search the professional literature and read articles, but also with confidence in critical appraisal of the literature and professional networking for clinical expertise. Translation involves partnering with other team members and patients to determine the best practices to produce the best outcomes. Participation in this program provides in-depth instruction and practical experience in EBP processes and leadership skills.

Program faculty includes Frances Drone-Silvers, MS, biomedical info specialist, Lori VanWingerden, BSN, RN, NPD-BC, research nurse specialist and Jeff Williams, PhD, RN-BC, FAACM, academic partner. Faculty provide teaching and mentoring through a Microsoft Teams site which allows for online posts, meetings, file sharing and web links. The Carle EBP Libguide and NExT EBP Modules provide self-study assignments and resources.

Components of the internship:

- Selecting and developing a searchable practice question.
- Searching professional literature for research evidence and best practices.
- Selecting and appraising the most relevant literature.
- Summarizing the evidence and determining implications.
- Communicating results to practice area team and leadership.
- Initiating a journal club in the area of practice.
- Leading a project team toward implementation of evidence into practice.
- Supporting, measuring and evaluating the change process.

- Disseminating results of the translation into practice within Carle and/or externally.

Interns completed the literature summary for their practice question during the fall. Each intern presented their topic and implications for practice changes at the Nursing Clinical Inquiry Conference on Dec. 6, 2022. The implementation and dissemination phases of the internship will continue throughout 2023.

Poster Presentations from 2022

Healthy Beginnings – Nurse Home Visits during COVID-19 pandemic

Sarah Spotts, BSN, RN Ashley Polnitz, MSN, RN, CLC

¹Department of Community Health Initiatives Home Visiting – Carle Health System

Background

In March of 2020, when the COVID-19 pandemic severely restricted non-emergent healthcare operations, Community Health Home Visiting was switched to a virtual-only platform for care delivery. In May of 2020, staff expressed a great concern about our highest risk patients and the need for in-person visits to resume.



Goal

Resume the ability to offer in-person, in-home nurse home visits for clients identified as highest risk or need while protecting patients and employees from COVID-19 transmission or infection.

Evidence Summary

American College of Obstetricians and Gynecologists (ACOG) states, "All women should have contact with maternal care provider within the first 3 weeks postpartum and the comprehensive visit should include a full assessment of physical social and psychological well-being." (ACOG, 2018). Staff reported postpartum clients are amongst those with the highest need both medically and socially. Mental health needs were rising and more reports of interpersonal violence (IPV) within the homes of clients we serve were reported and staff identified those patients as those of higher risk who could not effectively be managed via a virtual platform. There was no existing evidence to show that these clients were of higher need, but decisions were made based on nursing judgment. Current CDC recommendations for pre-screening and social distancing were implemented to ensure safe practice (CDC, 2020)

COG Committee Opinion No. 736: Optimizing Postpartum Care. (2018). *Obstetrics and gynecology*, 131(5), e140–e150.

5/23/23

Plan / Implementation

- 3-Tiers created based on staff and leadership-identified patient acuity.
- Safety review with Carle Infection Prevention regarding current CDC guidelines.
- Implementation start May 2020 (Progression through tiers was determined by the leadership team based on community transmission rates).

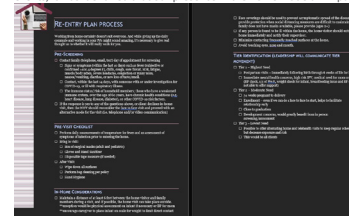
- Tier 1 – highest need patients--All visits are in person (offered)**
 - Anyone not in this tier receives virtual visits only
 - Postpartum visits – immediately following birth through 6 weeks of life for infant.
 - Immediate mental health concerns, high risk IPV, medical need for mom or baby (BP check, s/s of Pre E, weight check for infant, breastfeeding issue and BF clinic not able to offer support).
 - Tier 2 – moderate need--All visits for Tier 1 and 2 clients are now all offered in person**
 - Any client not in Tier 1 or 2 remains all virtual at this time
 - 34 weeks pregnant to delivery.
 - Enrollment – even if we can do 1 face to face to start, helps to facilitate relationship early.
 - Close to graduation.
 - Development concerns, would greatly benefit from in person screening/assessment.
 - Tier 3 – lowest need**
 - Offer 1 in home visit, 1 telehealth to keep regular schedule but decrease exposure and risk.
 - This would be all clients.
- All staff screen the day of the visit and will not enter a home without a screening completed.
- All staff wear surgical masks the entire time they are in a visit
- We provide and enforce mask wearing for all members within 6 feet of the visit that are over age 2.
 - All staff wear a face shield or approved goggles as well per our infection prevention team.
 - Maintain as much social distance as possible.
 - Use barrier mats for floor/ bag, and if they are sitting on a surface that is not able to be cleaned before and after they sit (ex- couch).

Results / Analysis

From May to December 2021, using the tiered approach, we were able to provide 817 in-person visits to our clients. At that time, we were the only home visiting program in Champaign County providing home visits. We were also the only known Nurse-Family Partnership (NFP) site nationally to provide in-home visits to clients. Subsequently, throughout the pandemic in 2021 we provided a total of 2,676 in-person visits.

CDC Personal Protective Equipment (PPE) guidelines were followed. There were zero COVID-19 infections to staff as a result of home visiting and zero known cases of transmission to clients from staff.

Although there was not a method for formal data collection for major events, it was identified that our presence in the home made an impact.



Discussion / Limitations / Conclusion / Implications

One limitation was that there was no evidence available to determine the necessity of maternal-child home visiting as a voluntary service in the midst of a pandemic. Development of the tier system was based on nursing judgment and previous experience from staff and leadership. Staff concerns regarding infection and transmission posed another limitation, however, this was mitigated with proper training and education regarding safety precautions and transmission risk.



The Impact of COVID-19 on Patients in Cardiac Rehabilitation Phase II

Kimberly Crutcher, RN, BSN,¹ Harrison Krebs, RN, MSN,² Yan Su, RN, PhD,² & Marilyn A. Prasun, PhD, CCNS, CHF, FAHA^{1,2}
Carle BroMenn Medical Center¹ and Mennonite College of Nursing at Illinois State University²

Introduction and Background

In 2020 a deadly and contagious virus, SARS-CoV-2, spread worldwide.¹ In efforts to mitigate the spread of this contagious and deadly virus, places where groups of people could gather were closed. These closures included those offering outpatient cardiac rehabilitation (CR), which is a central resource for patients recovering from cardiovascular disease.

CR is a structured exercise and health education program for patients with heart disease.² Established diagnosis such as myocardial infarction and/or a cardiac procedure serve to qualify patients for the Phase II program. The program typically lasts 12 weeks, with patients attending sessions 3 times per week.

The CR program at Carle BroMenn closed for 6 weeks during the initial shutdown due to the pandemic. They reopened by establishing 5 single exercise stations with 4 pieces of exercise equipment. The stations were distanced and cleaned between classes.

Purpose

The aim of the study was to examine the impact of COVID-19 on Cardiac Rehabilitation (CR) Phase II clinical outcomes.

Methods

A single-site retrospective chart review of patients enrolled in CR Phase II and who completed 12 or more visits during 2019 (Pre-COVID) or 2020 (During COVID) qualified for this study. Outcome measures were collected pre- and post-CR.

- Demographic data was collected at baseline.
- Functional Capacity was measured by the six-minute walk distance (6M) and metabolic equivalents (METs).
- Quality of Life (QoL) was measured by the Ferrans & Powers Quality of Life Index, cardiac version.
- Depression was measured using the PHQ-9.

Descriptive and linear mixed methods were used to analyze the data.



Results

Table 1. Demographic and Related Characteristics N = 212

Variable	Pre-Covid (n=140)	During COVID (n=72)	P
Age in years M (SD)	67.09 (11.38)	65.24 (9.69)	0.24
Gender n (%)			0.84
Female	42 (30%)	23 (31.9%)	
Male	98 (70%)	48 (66.7%)	
Ethnicity n (%)			0.60
White	129 (92%)	64 (89%)	
Black	7 (5%)	2 (2.8%)	
Other	4 (2.8%)	5 (7.0%)	
BMI M (SD)	30.78 (6.49)	30.71 (5.79)	0.94
Dietary M (SD)	50.17 (8.97)	47.96 (9.77)	0.12
Comorbidities M (SD)	3.15 (1.3)	3.53 (1.1)	0.03

Note. Comorbidities are the sum of cardiovascular (TIA or CVA), coronary artery disease, diabetes, heart failure, hypertension, hyperlipidemia, myocardial infarction, obesity, peripheral vascular disease, and renal disease. M = Mean, SD = Standard deviation, p = significant at 0.05.

Figure 1. Six Minute Walk Distance

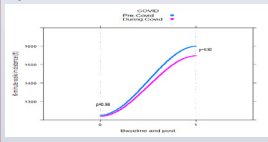


Figure 2. Six Minute Walk MET Level

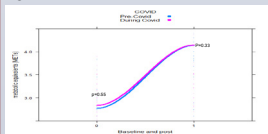


Figure 3. Perceived Quality of Life

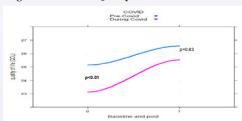


Figure 4. Perceived Depression

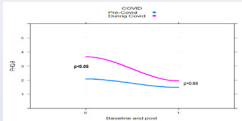


Table 2. Summary of the Mixed Linear Model with Distance, METs, QoL, and PHQ9 as Dependent Variables

Distance as DV	b	SE b	95%CI
COVID	-5.97	55.03	-114.33, 102.42
Pre-post	331.45	18.19	295.62, 367.36
METs as DV	b	SE b	95%CI
COVID	0.16	0.16	-0.16, 0.49
Pre-post	1.79	0.12	1.55, 2.03
QoL as DV	b	SE b	95%CI
COVID	-1.23	0.60	-2.41, -0.05
Pre-post	1.46	0.33	0.81, 2.12
PHQ9 as DV	b	SE b	95%CI
COVID	1.59	0.68	0.25, 2.92
Pre-post	-0.62	0.36	-1.34, 0.09
COVID*Pre-post	-1.46	0.68	-2.81, -0.13

Note. DV = Dependent variable, b = coefficient, SE b = Standard error of the coefficient, CI = Confidence interval, METs = Metabolic equivalent task, QoL = Quality of Life index, PHQ-9 = Patient health questionnaire-9.

Discussion

- There was no significant difference in demographic characteristics except the number of reported comorbidities.
- Patients in both groups were compliant with attending CR (99%).
- Between groups, walking distance and MET level were similar.
- Within the Pre-COVID and COVID groups, improved patient outcomes included distance walking, MET level, and QoL.
- Patients in the COVID group reported poorer perceived QoL and higher depression scores than the Pre-COVID group.
- There was a significant interaction between the COVID group and Pre-Post for depression (b = -1.46, 95% CI).
- For the COVID group, there was a significant treatment effect for depression; for the Pre-COVID group, the effect was not significant.
- With the alterations made during the pandemic, CR maintained and demonstrated benefits.
- Limitations of this study include a single site, retrospective, missing data, and small sample size. Results must be interpreted cautiously.

Conclusion

All four outcomes improved significantly in the COVID group following CR. Similarly, in the Pre-COVID group, outcomes improved significantly except for depression scores. Significant differences existed between the groups' reports of perceived QoL and depression at enrollment. Continued research is warranted to further examine outpatient CR and the impact of COVID.

References

- Xu Y. Timeline - COVID-19. Events from the first identified case to 15 April. *Social Alternatives*, 2020; 39(2): 60-63.
- Tooker J, & Bordon B. Cardiac Rehabilitation. *StatPearls [Internet]*. 2022. <https://www.ncbi.nlm.nih.gov/books/NBK337196/>

We would like to acknowledge the staff at Carle BroMenn for their diligence and creativity during the pandemic to ensure patients could engage in outpatient cardiac rehabilitation following their cardiac event.



Nursing Clinical Inquiry Conference 2022

This year marked the 13th annual Nursing Clinical Inquiry Conference at Carle Health and focused on nursing evidence-based practice (EBP) and research. The conference is coordinated by the Clinical Inquiry and Innovation Council – part of the nursing professional governance structure. All Carle nurses were invited to register, free of charge, to receive the Zoom link and participate by smartphone, tablet or computer. The virtual format allowed nurses across the healthcare system to learn about clinical inquiry and share their best practices. Nursing academic partners and nursing students were also invited to participate.

The full day conference on Dec. 6 offered poster sessions, general and breakout sessions. The keynote speaker was Nancy Albert, PhD, CCNS, CHFNP, CCRN, NE-BC, FAHA, FCCM, FHFA, FAAN. Dr. Albert is associate CNO – Office of Nursing Research and Innovation, Cleveland Clinic Health System. She shared her expertise and inspiration toward growth in nursing evidence-based practice and research.

Other agenda highlights included:

- Overview of Carle web-accessible resources for clinical inquiry including the new EBP Libguide.
- Showcase of the new EBP Internship program and current intern projects.
- Marilyn Prasun, PhD, CCNS, CHFNP, FAHA, Carle BroMenn endowed professor, Illinois State University – Mennonite College of Nursing, shared past and current clinical inquiry expertise and collaborations.
- Live presentations and posters on current nurse-led research and evidence-based quality improvement projects by Carle nurses.
- Interactive dialogue with poster presenters including literature reviews by University of Illinois Chicago, Urbana regional students and Illinois State University's Mennonite College of Nursing student nurses.

A total of approximately 160 nurses and nursing students from across the Carle Health system and region participated, receiving up to 6.75 contact hours for professional development. These contact hours apply to RN and APN relicensure and certification requirements.

2022 Nursing Research Studies

Nursing Research Study Title	Study Status	Carle Health Site	Name(s) of Organization's Nurse Principal Investigator (PI), Co-PI and/or Site PI for Each Study
Nursing Confidence in Evidence-Based Practice Survey	Completed/ Closed – Oct. 2022 Publication Accepted	Carle Health	Lori VanWingerden, BSN, RN, NPD-BC (CPG)
Evaluation of an Advanced Practice Provider (APP) Preceptor Program and Onboarding Process: Phase II	Analysis Phase	Carle Foundation Hospital	MaryBeth Voights, APRN, MS, TNS, TCRN (CFH)
Auditory Exposures for Preterm Infants	Ongoing	Carle Health	Carey Gaede, APRN (CPG) Sara Drysdale, APRN (CPG) Lisa Davis, APRN (CPG) Audra Armstrong, APRN (CPG) Julie Wetmore, APRN (CPG) Ambrosia Boothe, MSN, RN (CFH) (Interdisciplinary Collaboration with Derrick Rollo, DO, FAAP) (CPG)
Testing the Road to Birth Application in Clinical Practice	Ongoing	Carle Physician Group - Urbana	Ellen Solis, DNP, CNM (CPG) Elizabeth Munoz, DNP, CNM (CPG)
COVID-19 Impact on Outcome Measures of Patients Participating in Cardiac Rehabilitation Phase II	Ongoing – Manuscript Development	Carle BroMenn Medical Center	Kim Crutcher, BSN, RN (CBMC) and Marilyn Prasun, PhD, CCNS, CNL, CHFNP (ISU/Carle Endowed Professor)
Testing of the Implementation of the Perceived-Assessed-Intervened-Notation (P.A.I.N.) Icon	Ongoing	Carle Foundation Hospital	Dena Sauder, MSN/Edu, RN V, CMSRN, SCRNP, CCRN (CFH) Interdisciplinary Collaboration with Principal Investigator - Michael Aref, MD (CPG)

Long-term Effects of Different Types of Milk and Fortifiers in the Neonatal Intensive Care Unit on the Modulation of the Fecal Microbiota and Health Outcomes of Children born Prematurely	Ongoing	Carle Foundation Hospital	Chris Wetzel, DNP, RNC-NBIC, IBCLC (CFH) Alissa MacDonald, DNP, RN (CFH) Lisa Davis, MSN, NNP-BC (CPG) (University of Illinois Collaboration)
The Health of the Health Care Worker: A Sensor-Based System to Predict, Identify and Respond to Nurse Burnout	Ongoing	Carle Foundation Hospital	Morgan Blankenship, BSN, RN (CFH) (University of Illinois Collaboration)
Quasi-Experimental Study of Nurse-Family Partnership (NFP) Effectiveness Among Multiparous Women Enrolled as Part of the Multiparous Formative Study (Previous Study on Primiparous Women)	Ongoing	Carle Health	Julianna Sellett, DNP, MBA, RN, CQH, CENP (CFH) Jonathan Woods, MSN, RN (CFH) Sarah Spotts, BSN, RN (CWPG) Ashley Lingafelter, MSN, RN (CFH) Kristin Farney, MSN, RN (CFH) (University of Colorado Collaboration)
Improving Healthy Homes Outcomes through Partnerships between Healthy Home Evaluators and Health Providers	Ongoing	Carle Health	Julianna Sellett, DNP, MBA, RN, CQH, CENP (CFH) Jonathan Woods, MSN, RN (CFH) Kristin Farney, MSN, RN (CFH) Haley Ogle, MSN, RN (CFH) (University of Illinois Collaboration)
The Impact of Intubation Timing on Clinical Outcomes Among Patients Diagnosed with COVID-19	Ongoing	Carle BroMenn Medical Center	Marilyn Prasun, PhD, CCNS, CNL, CHFN (ISU/Carle Endowed Professor) Mitch Corlas, BSN, RN (CBMC)

CFH = Carle Foundation Hospital; CBMC = Carle BroMenn Medical Center; CPG = Carle Physician Group; CWPG = Carle West Physician Group

2022 Nursing Publications and Presentations

Names in **bold** represent Carle Health nurses.

Prasun, M.A. (Marilyn Prasun) is a Carle BroMenn Endowed Professor/ Mennonite College of Nursing, Illinois State University.

NURSING PUBLICATIONS

Aguilar-Lopez, M., **Wetzel, C., MacDonald, A.**, Ho, T., & Donovan, S. M. (2022). Metagenomic profile of the fecal microbiome of preterm infants consuming mother's own milk with bovine milk-based fortifier or infant formula: a cross-sectional study. *The American Journal of Clinical Nutrition*, 116(2), 435–445.

Crutcher, K., Krebs, H., Su, Y. A., & **Prasun, M. A.** (2022). The Impact of Covid-19 on Patients in Cardiac Rehabilitation Phase II. *Circulation*, 146(Suppl_1), A12722-A12722.

Drollinger, L., & **Prasun, M. A.** (2022). Bundled Approach to Improve Inpatient Stroke Recognition and Time to Treatment. *The Journal of Neuroscience Nursing: Journal of the American Association of Neuroscience Nurses*, 2023 Feb 1;55(1):18-23.

Hammer, D., Sidebottom, K., Drury, B., Philpott, A., & Tay, L. (2022). Keeping families close: a hospital-sponsored boarder program that facilitates parents' presence at the infant's bedside. *Neonatal network: NN*, 41(3), 150–158.

Shad, Z., Sharpe, D., Hussain, N., **Henry, M.**, Webb, D., & McNamara, K. (2022). eP241: Incidental finding of autosomal recessive juvenile Parkinson disease-2 in chromosome 17q12 microduplication female infant. *Genetics in Medicine*, 24(3), S153.

PRESENTATIONS

Bricker, C. Simulation: Added Perioperative Education Value. Webinar presentation for AORN eChapter on March 30, 2022. Available from AORN eChapter Enduring Library: <https://echapter.org/enduring-ce-library>.

Additional Work by Marilyn Prasun, Carle BroMenn Endowed Professor/Mennonite College of Nursing, Illinois State University

Blakeman, J. R., Kim, M., & **Prasun, M. A.** (2022). Exploratory and confirmatory factor analysis of the ACS-Response Index in adults without diagnosed heart disease. *Journal of Nursing Measurement. J Nurs Meas.* 2022 Jun 20;JNM-2021-0047.R1.

Blakeman, J. R., & **Prasun, M. A.** (2022). Perceived personal risk and vulnerability in recognizing and responding to symptoms of acute coronary syndrome: an integrative review. *European Journal of Cardiovascular Nursing*, 21(5), 405–413.

Panicker, L., **Prasun, M. A.**, Stockmann, C., & Simon, J. (2022). Evaluation of chronic, noncancer pain management initiative in a multidisciplinary pain clinic. *Pain Management Nursing*, 23(2), 122–127.

Prasun, M. A., Blakeman, J. R., Vuckovic, K., Kim, M., Albert, N., Stamp, K. D., Jaarsma, T., & Riegel, B. (2022). Perceptions of changes in practice patterns and patient care among heart failure nurses during the COVID-19 pandemic. *Heart & Lung*, 52, 152–158.

Prasun, M. A., Blakeman, J. R., Vuckovic, K. M., Stamp, K. D., & Albert, N. M. (2022). Nurses' personal perceptions of clinical work adaptation during COVID-19. *Heart & Lung*, 56, 175–180.

Stamp, K. D., **Prasun, M. A.**, McCoy, T. P., & Rathman, L. (2022). Providers' accuracy in decision-making with assessing NYHA functional class of patients with heart failure after use of a classification guide. *Heart & Lung*, 54, 85–94.

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*, 51, 87–93.

Empirical Outcomes





Empirical Outcomes

Richland completes first annual DNV accreditation survey

DNV completed its first annual survey of Carle Richland Memorial Hospital (CRMH). Three surveyors arrived on Tuesday, Feb. 8 and spent a total of three days surveying CRMH and its associated clinics.

In the wrap-up meeting, surveyors spoke very highly of the CRMH staff and facilities, noting that typically for a first survey, it's normal to have an average of 25 nonconformities. They were pleased to announce that in their survey of CRMH, only 16 minor nonconformities were found.

The follow-up process to address these nonconformities includes a written report provided by DNV within 10 business days of the survey. CRMH leaders who had nonconformities identified in their areas will then have 10 calendar days to respond with action plans for addressing the issues found during the survey.

“This being our first survey, we were pleasantly surprised with the process,” Sarah Fehrenbacher, quality director for CRMH said. “It sounds odd to say, but the surveyors really made it a positive experience, very collaborative, and worked with us to understand where we are and what our goal is and how to reach that goal.”

Likewise, the surveyors were very complimentary of the staff and facilities at CRMH. It was noted that it is very difficult to clean and maintain a building built in 1953, but the CRMH facilities and EVS staff do a phenomenal job of doing just that. They were also very impressed with the culture at CRMH and made a comment noting that surveying a place like this is “a gift to the surveyor.”

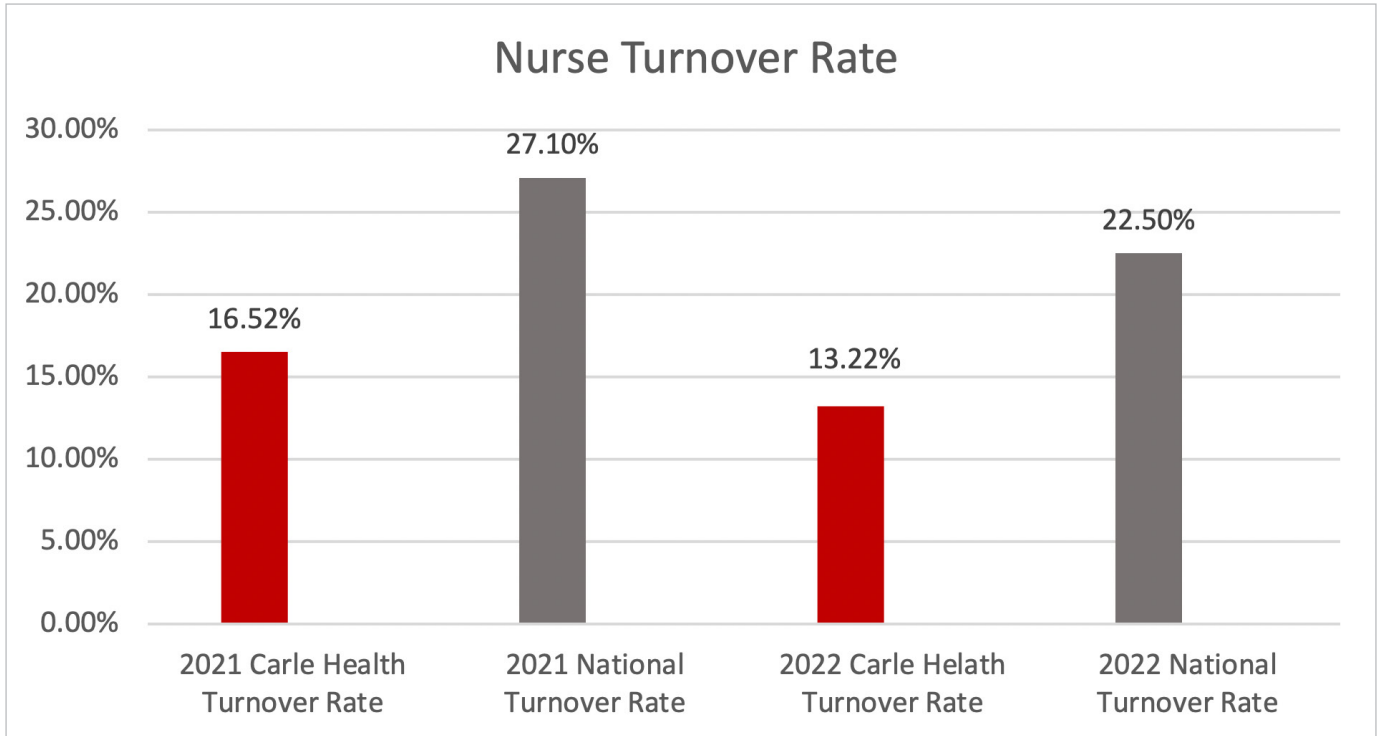
Going forward CRMH will continue its focus on areas such as medical record documentation, ensuring Epic is set up to appropriately document the care being given, document control and it will take a system approach to accreditation.

“Moving forward with system accreditation means that this first year we will have two surveys by DNV so that from now on all DNV visits for Carle Health will be held at the same time. We are in a good place and I look for that second survey to go just as smoothly as our first,” Fehrenbacher said.

Fehrenbacher went on to note she was very proud of the CRMH team and their willingness to assist the surveyors and speak with them transparently.

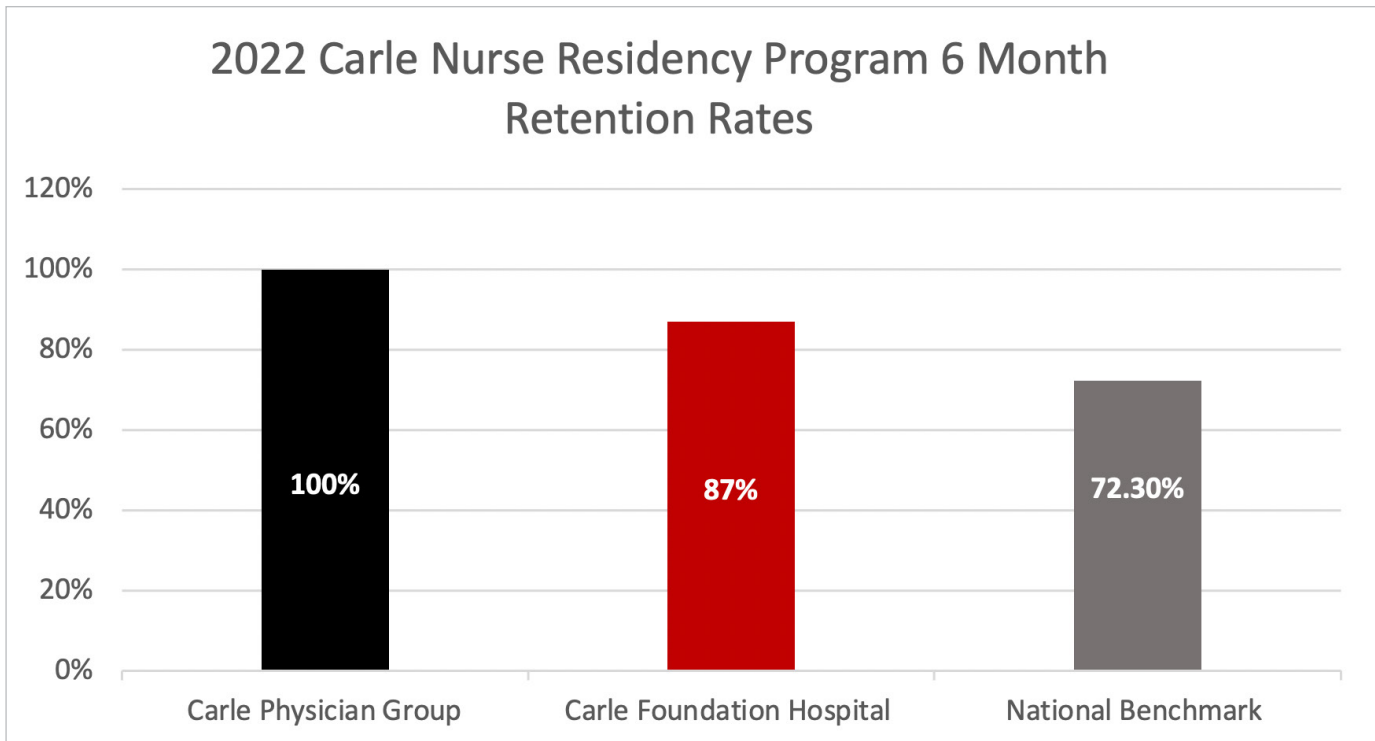
“It was a good three days. I'm extremely proud of our team.”

Turnover Rates, Carle Health and National



Carle Foundation Hospital and Carle Physician Group Nurse Residency Programs

Nurse residency programs help the new graduate successfully transition from the academic world to practicing as a registered nurse. With the added support of clinical coaches, nurse residents build competence and confidence in clinical decision-making. These programs have proven to reduce attrition of new nurses and ease their transition to practice.

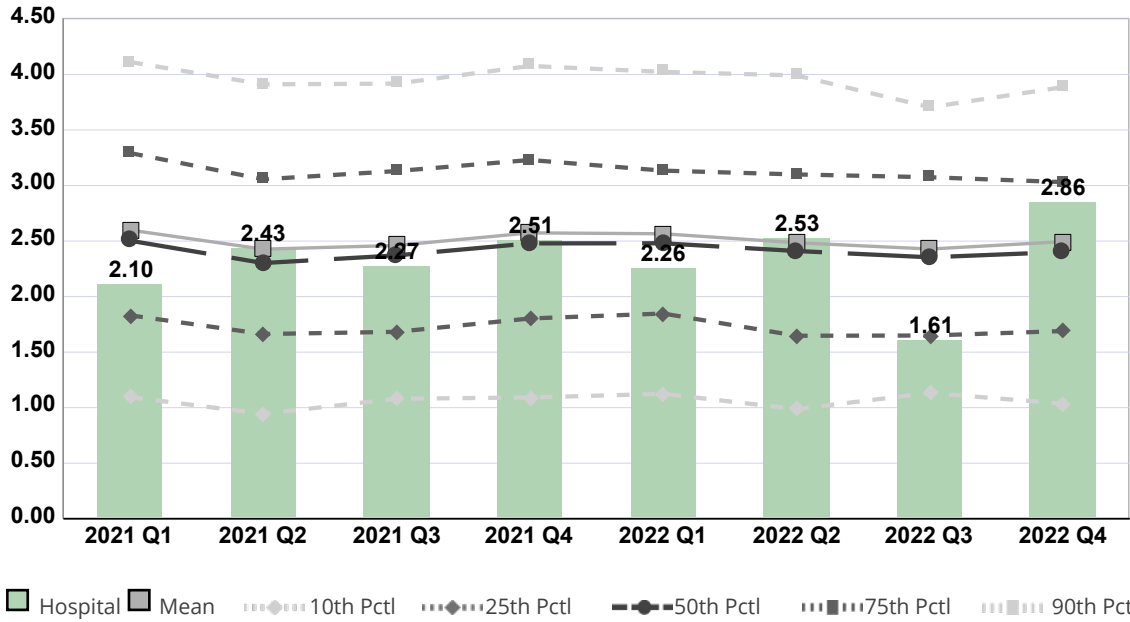


Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Total Patient Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	2.10	2.43	2.27	2.51	2.26	2.53	1.61	2.86	2.32
Mean	2.60	2.43	2.46	2.57	2.57	2.49	2.43	2.49	2.50
Standard Deviation	1.28	1.25	1.24	1.23	1.20	1.25	1.18	1.33	1.24
10th Percentile	1.10	0.94	1.08	1.09	1.12	0.99	1.13	1.04	1.06
25th Percentile	1.83	1.66	1.68	1.80	1.85	1.65	1.65	1.69	1.73
50th Percentile (Median)	2.50	2.30	2.37	2.48	2.48	2.41	2.35	2.40	2.41
75th Percentile	3.29	3.06	3.13	3.23	3.13	3.10	3.07	3.03	3.13
90th Percentile	4.11	3.91	3.92	4.08	4.02	3.99	3.71	3.89	3.95
# Hospitals	657	663	666	654	661	658	661	651	658.88

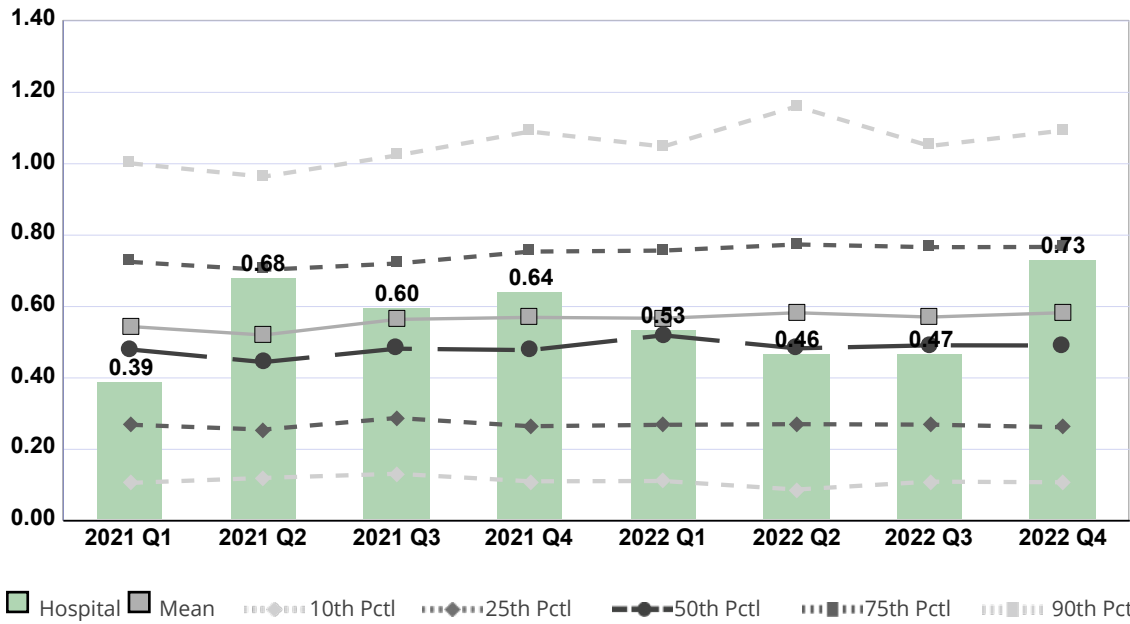
If the number of hospitals is less than five, comparison data are suppressed to maintain confidentiality. If the number of hospitals is less than 20, comparison data may vary substantially over the time period and should be used with caution. For additional information, please refer to NDNQI reference documents.

Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Injury Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.39	0.68	0.60	0.64	0.53	0.46	0.47	0.73	0.56
Mean	0.54	0.52	0.56	0.57	0.57	0.58	0.57	0.58	0.56
Standard Deviation	0.45	0.41	0.51	0.50	0.43	0.51	0.47	0.58	0.48
10th Percentile	0.11	0.12	0.13	0.11	0.11	0.09	0.11	0.11	0.11
25th Percentile	0.27	0.26	0.29	0.26	0.27	0.27	0.27	0.26	0.27
50th Percentile (Median)	0.48	0.44	0.48	0.48	0.52	0.48	0.49	0.49	0.48
75th Percentile	0.73	0.70	0.72	0.75	0.76	0.77	0.77	0.77	0.75
90th Percentile	1.00	0.96	1.02	1.09	1.05	1.16	1.05	1.09	1.05
# Hospitals	657	663	666	654	661	658	661	651	658.88

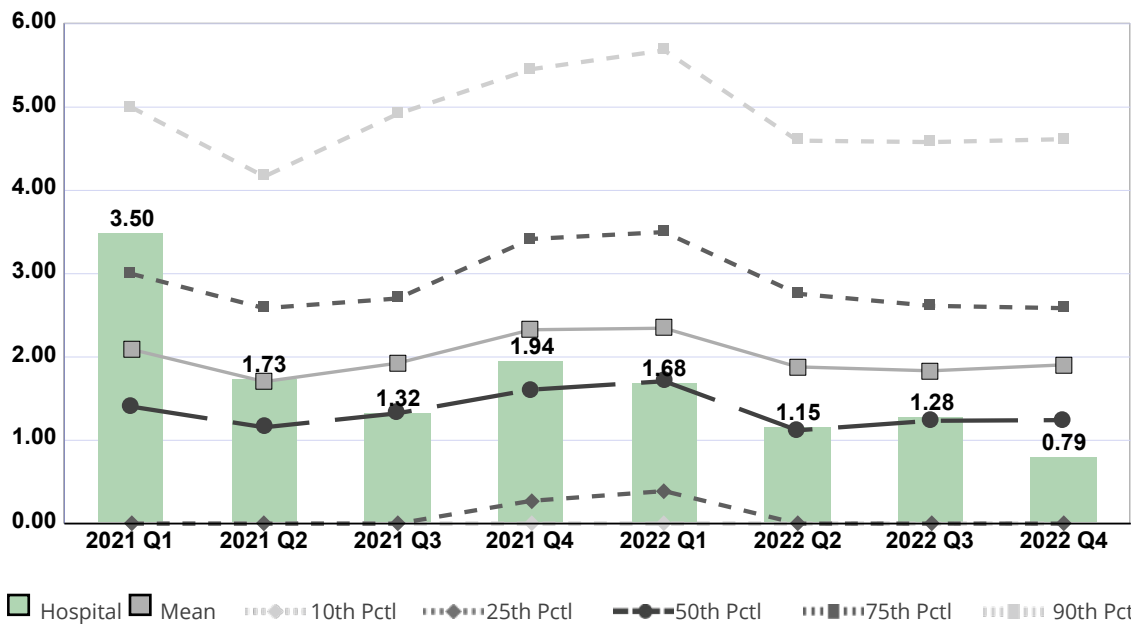
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Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	3.50	1.73	1.32	1.94	1.68	1.15	1.28	0.79	1.67
Mean	2.09	1.70	1.93	2.33	2.35	1.88	1.83	1.91	2.00
Standard Deviation	2.44	1.96	2.38	2.79	2.52	2.41	2.17	2.60	2.41
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.27	0.39	0.00	0.00	0.00	0.08
50th Percentile (Median)	1.41	1.16	1.32	1.61	1.71	1.12	1.23	1.24	1.35
75th Percentile	3.00	2.59	2.70	3.42	3.50	2.76	2.61	2.59	2.90
90th Percentile	5.00	4.17	4.92	5.45	5.68	4.60	4.58	4.62	4.88
# Hospitals	582	610	575	572	599	612	598	601	593.63

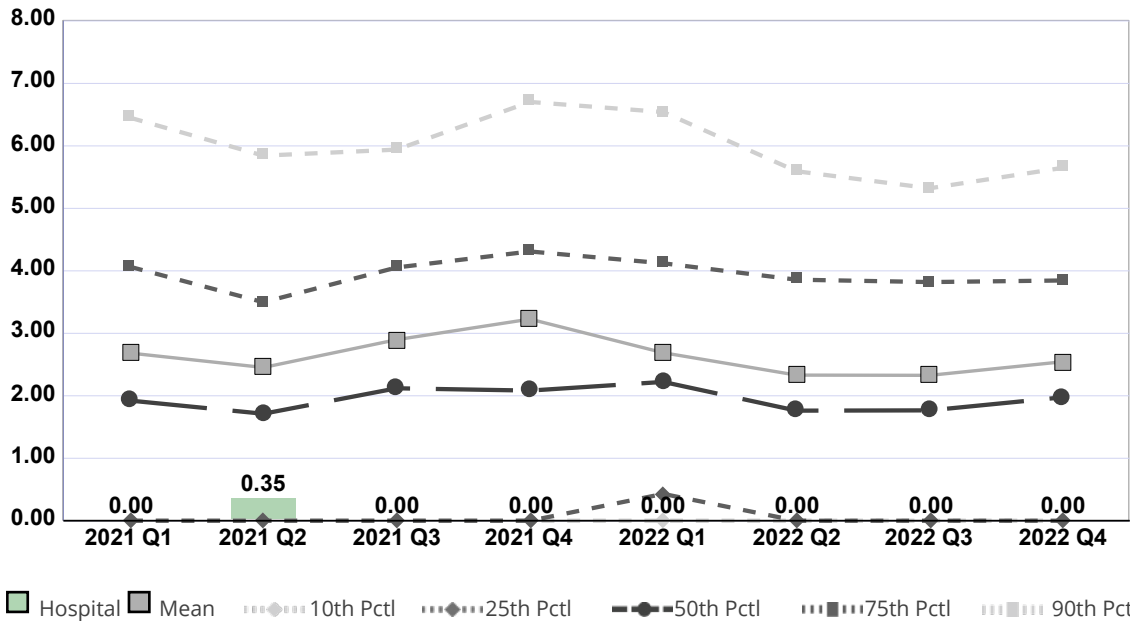
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Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Percent of Patients with Physical Restraints (Limb and/or Vest)



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.04
Mean	2.68	2.45	2.90	3.23	2.69	2.33	2.33	2.55	2.64
Standard Deviation	2.88	3.62	5.30	6.86	2.60	2.35	2.26	2.90	3.60
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.43	0.00	0.00	0.00	0.05
50th Percentile (Median)	1.92	1.71	2.12	2.08	2.22	1.76	1.77	1.98	1.95
75th Percentile	4.07	3.50	4.05	4.31	4.12	3.86	3.82	3.85	3.95
90th Percentile	6.45	5.84	5.94	6.70	6.54	5.59	5.32	5.65	6.01
# Hospitals	501	516	494	492	501	505	493	491	499.13

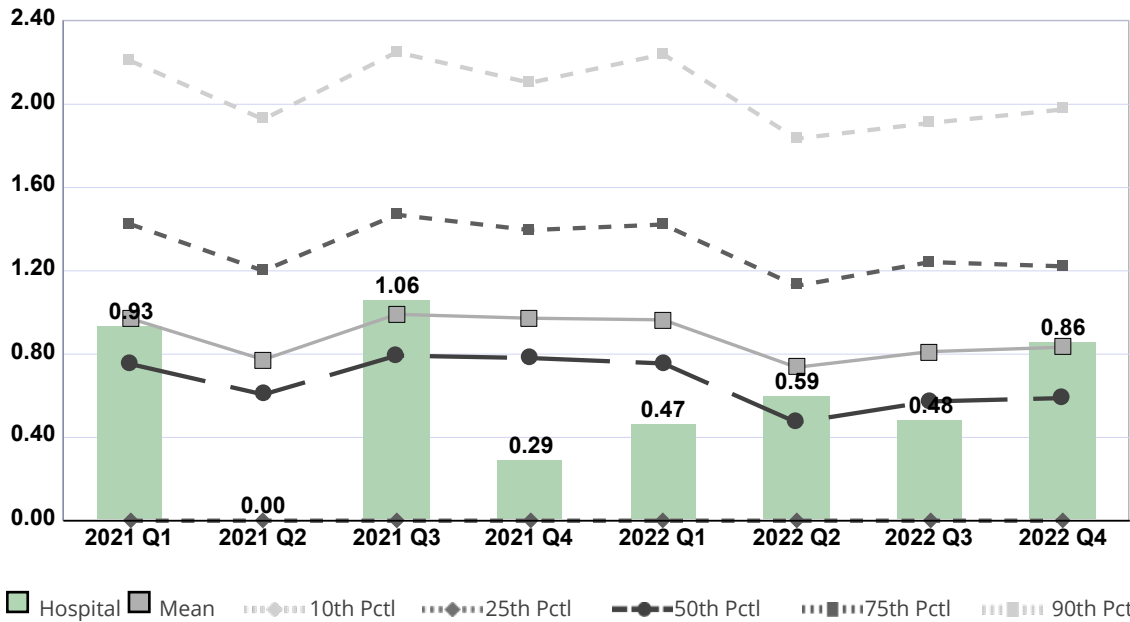
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Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.93	0.00	1.06	0.29	0.47	0.59	0.48	0.86	0.58
Mean	0.97	0.77	0.99	0.97	0.96	0.74	0.81	0.83	0.88
Standard Deviation	1.06	0.88	1.03	1.04	1.06	0.99	1.04	1.24	1.04
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.75	0.61	0.79	0.78	0.76	0.47	0.57	0.59	0.67
75th Percentile	1.42	1.20	1.47	1.40	1.42	1.13	1.24	1.22	1.31
90th Percentile	2.21	1.93	2.25	2.10	2.24	1.83	1.91	1.98	2.06
# Hospitals	539	552	553	552	568	566	578	568	559.50

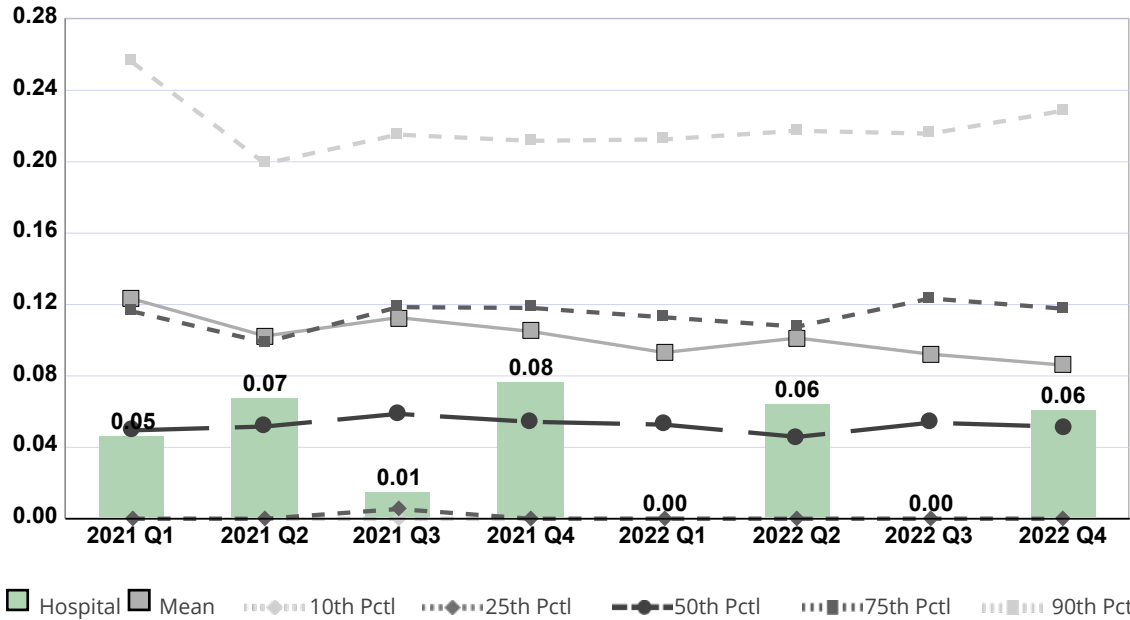
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Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Injury Falls Per 1,000 Patient Visits/Cases



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.05	0.07	0.01	0.08	0.00	0.06	0.00	0.06	0.04
Mean	0.12	0.10	0.11	0.10	0.09	0.10	0.09	0.09	0.10
Standard Deviation	0.36	0.28	0.28	0.24	0.15	0.27	0.13	0.11	0.23
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.05	0.05	0.06	0.05	0.05	0.05	0.05	0.05	0.05
75th Percentile	0.12	0.10	0.12	0.12	0.11	0.11	0.12	0.12	0.11
90th Percentile	0.26	0.20	0.22	0.21	0.21	0.22	0.22	0.23	0.22
# Hospitals	396	400	403	401	421	427	443	428	414.88

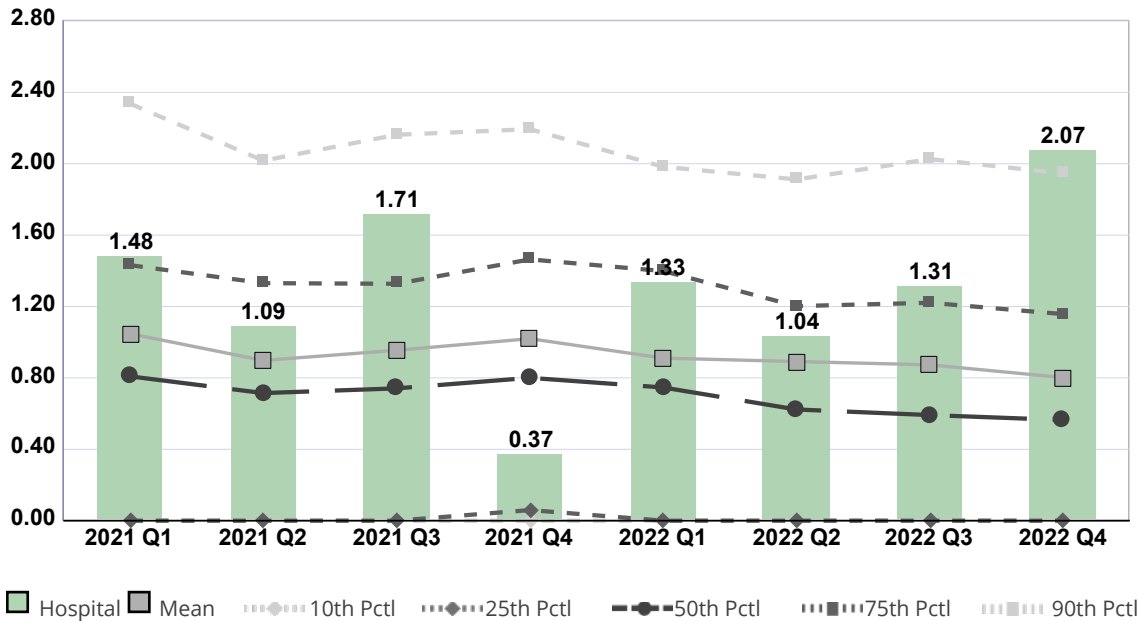
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Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	1.48	1.09	1.71	0.37	1.33	1.04	1.31	2.07	1.30
Mean	1.05	0.90	0.95	1.02	0.91	0.89	0.87	0.80	0.92
Standard Deviation	1.22	0.97	1.15	1.18	0.99	1.45	1.15	1.06	1.15
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.01
50th Percentile (Median)	0.81	0.71	0.74	0.80	0.75	0.62	0.59	0.56	0.70
75th Percentile	1.43	1.33	1.33	1.46	1.40	1.20	1.22	1.16	1.32
90th Percentile	2.34	2.02	2.16	2.19	1.98	1.91	2.03	1.95	2.07
# Hospitals	543	555	561	556	571	569	583	570	563.50

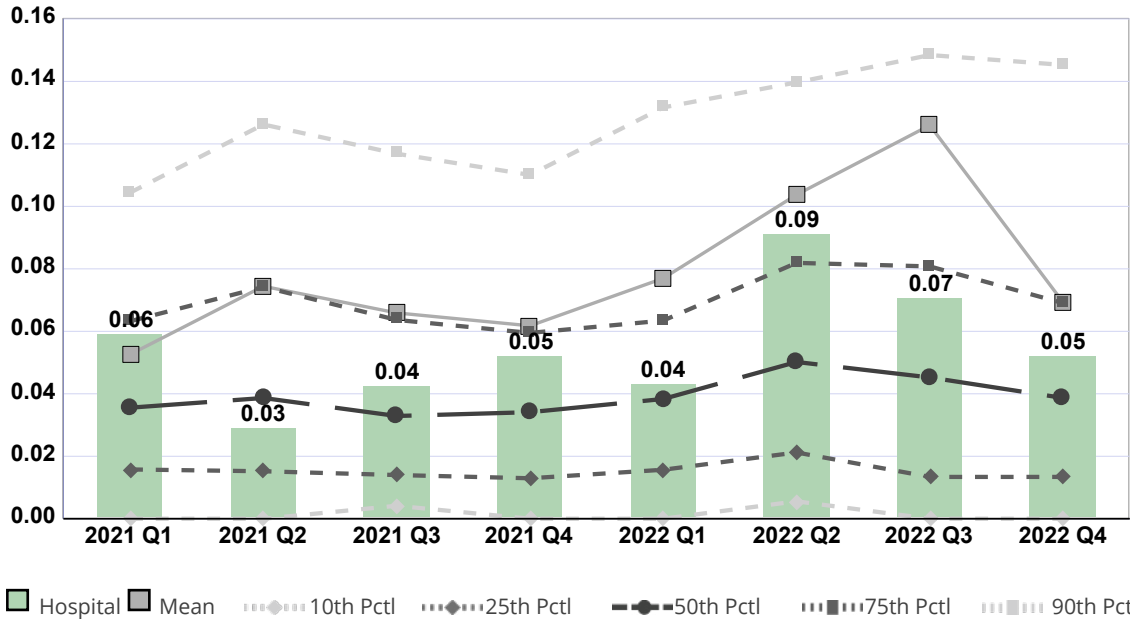
If the number of hospitals is less than five, comparison data are suppressed to maintain confidentiality. If the number of hospitals is less than 20, comparison data may vary substantially over the time period and should be used with caution. For additional information, please refer to NDNQI reference documents.

Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Total Assault on Nursing Personnel Rate



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.06	0.03	0.04	0.05	0.04	0.09	0.07	0.05	0.05
Mean	0.05	0.07	0.07	0.06	0.08	0.10	0.13	0.07	0.08
Standard Deviation	0.07	0.17	0.15	0.13	0.18	0.45	0.79	0.12	0.26
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
25th Percentile	0.02	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.02
50th Percentile (Median)	0.04	0.04	0.03	0.03	0.04	0.05	0.05	0.04	0.04
75th Percentile	0.06	0.07	0.06	0.06	0.06	0.08	0.08	0.07	0.07
90th Percentile	0.10	0.13	0.12	0.11	0.13	0.14	0.15	0.15	0.13
# Hospitals	169	165	166	170	187	190	202	196	180.63

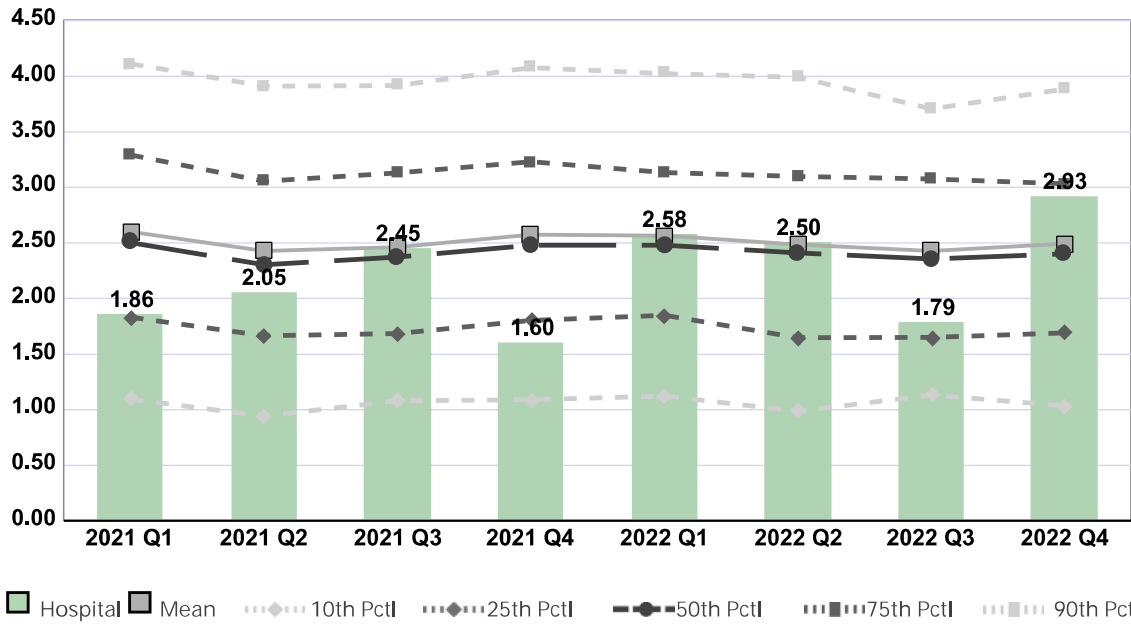
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Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Total Patient Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	1.86	2.05	2.45	1.60	2.58	2.50	1.79	2.93	2.22
Mean	2.60	2.43	2.46	2.57	2.57	2.49	2.43	2.49	2.50
Standard Deviation	1.28	1.25	1.24	1.23	1.20	1.25	1.18	1.33	1.24
10th Percentile	1.10	0.94	1.08	1.09	1.12	0.99	1.13	1.04	1.06
25th Percentile	1.83	1.66	1.68	1.80	1.85	1.65	1.65	1.69	1.73
50th Percentile (Median)	2.50	2.30	2.37	2.48	2.48	2.41	2.35	2.40	2.41
75th Percentile	3.29	3.06	3.13	3.23	3.13	3.10	3.07	3.03	3.13
90th Percentile	4.11	3.91	3.92	4.08	4.02	3.99	3.71	3.89	3.95
# Hospitals	657	663	666	654	661	658	661	651	658.88

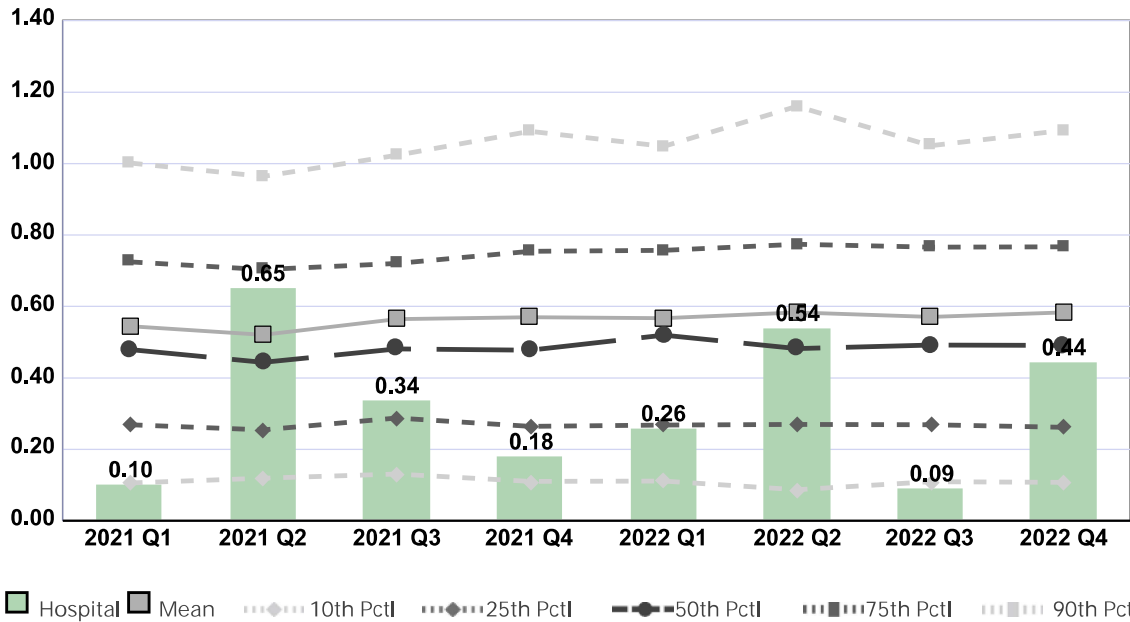
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Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Injury Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.10	0.65	0.34	0.18	0.26	0.54	0.09	0.44	0.32
Mean	0.54	0.52	0.56	0.57	0.57	0.58	0.57	0.58	0.56
Standard Deviation	0.45	0.41	0.51	0.50	0.43	0.51	0.47	0.58	0.48
10th Percentile	0.11	0.12	0.13	0.11	0.11	0.09	0.11	0.11	0.11
25th Percentile	0.27	0.26	0.29	0.26	0.27	0.27	0.27	0.26	0.27
50th Percentile (Median)	0.48	0.44	0.48	0.48	0.52	0.48	0.49	0.49	0.48
75th Percentile	0.73	0.70	0.72	0.75	0.76	0.77	0.77	0.77	0.75
90th Percentile	1.00	0.96	1.02	1.09	1.05	1.16	1.05	1.09	1.05
# Hospitals	657	663	666	654	661	658	661	651	658.88

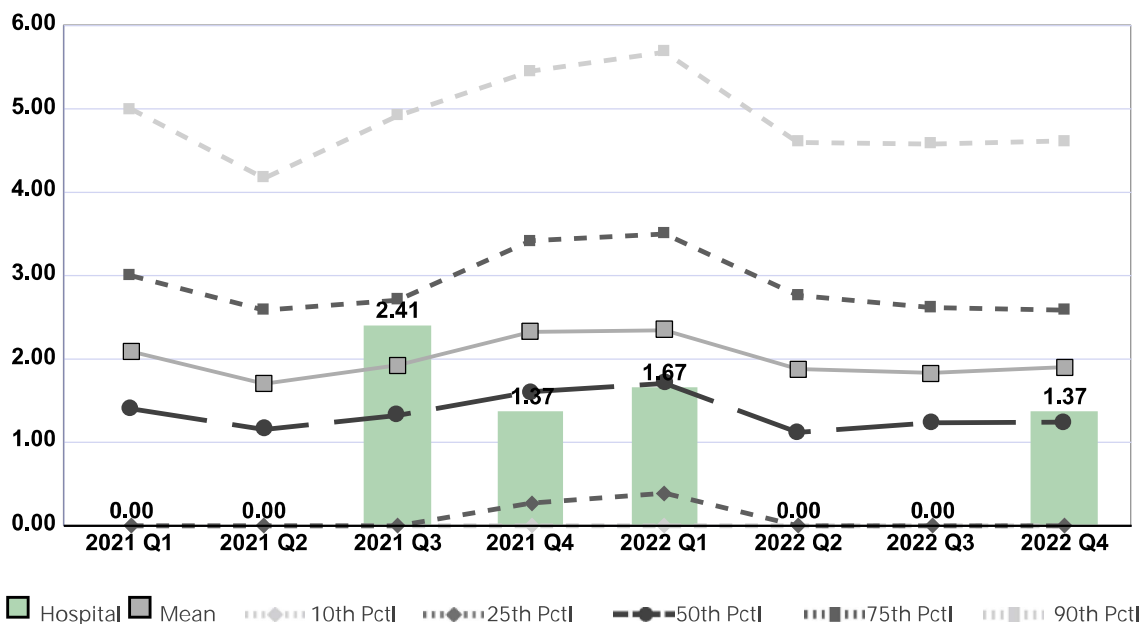
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Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	2.41	1.37	1.67	0.00	0.00	1.37	0.85
Mean	2.09	1.70	1.93	2.33	2.35	1.88	1.83	1.91	2.00
Standard Deviation	2.44	1.96	2.38	2.79	2.52	2.41	2.17	2.60	2.41
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.27	0.39	0.00	0.00	0.00	0.08
50th Percentile (Median)	1.41	1.16	1.32	1.61	1.71	1.12	1.23	1.24	1.35
75th Percentile	3.00	2.59	2.70	3.42	3.50	2.76	2.61	2.59	2.90
90th Percentile	5.00	4.17	4.92	5.45	5.68	4.60	4.58	4.62	4.88
# Hospitals	582	610	575	572	599	612	598	601	593.63

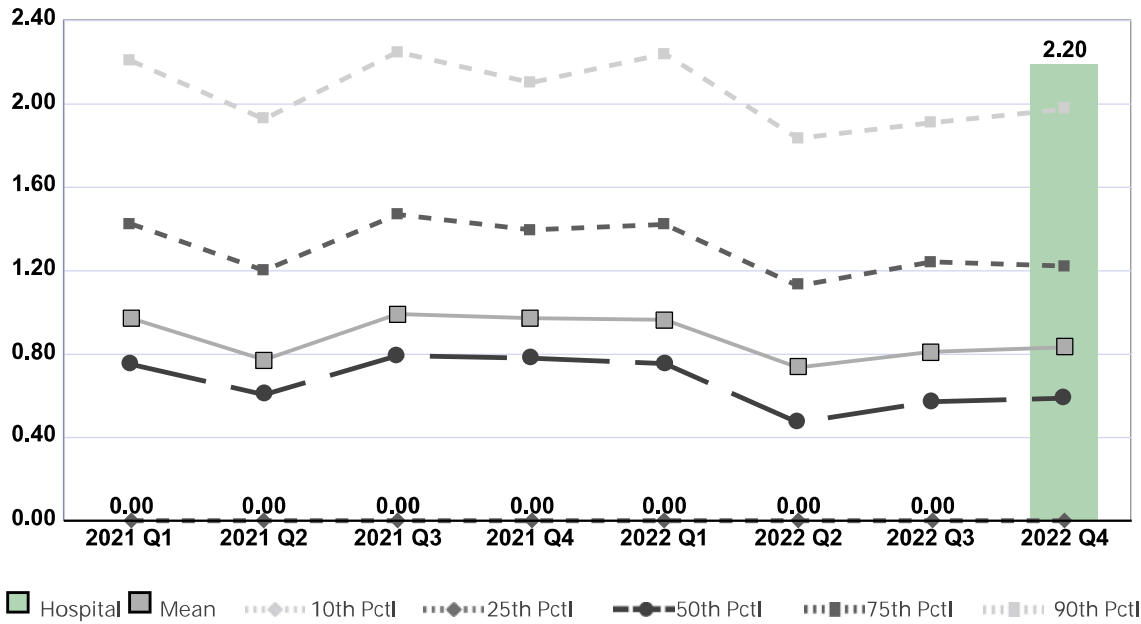
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Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.20	0.27
Mean	0.97	0.77	0.99	0.97	0.96	0.74	0.81	0.83	0.88
Standard Deviation	1.06	0.88	1.03	1.04	1.06	0.99	1.04	1.24	1.04
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.75	0.61	0.79	0.78	0.76	0.47	0.57	0.59	0.67
75th Percentile	1.42	1.20	1.47	1.40	1.42	1.13	1.24	1.22	1.31
90th Percentile	2.21	1.93	2.25	2.10	2.24	1.83	1.91	1.98	2.06
# Hospitals	539	552	553	552	568	566	578	568	559.50

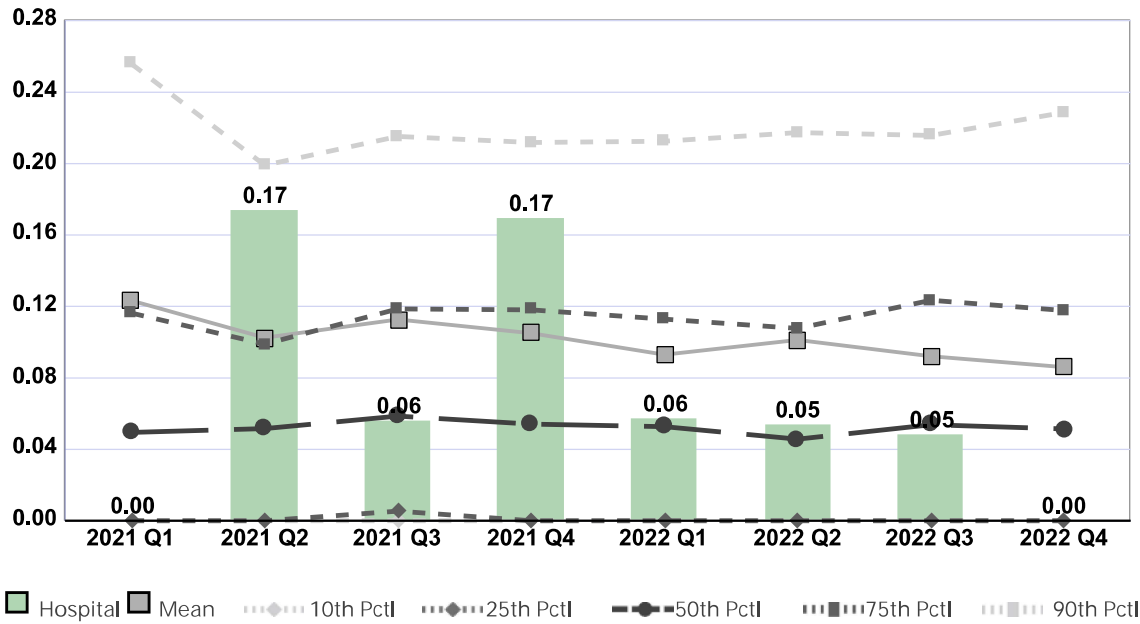
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Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Injury Falls Per 1,000 Patient Visits/Cases



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.17	0.06	0.17	0.06	0.05	0.05	0.00	0.07
Mean	0.12	0.10	0.11	0.10	0.09	0.10	0.09	0.09	0.10
Standard Deviation	0.36	0.28	0.28	0.24	0.15	0.27	0.13	0.11	0.23
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.05	0.05	0.06	0.05	0.05	0.05	0.05	0.05	0.05
75th Percentile	0.12	0.10	0.12	0.12	0.11	0.11	0.12	0.12	0.11
90th Percentile	0.26	0.20	0.22	0.21	0.21	0.22	0.22	0.23	0.22
# Hospitals	396	400	403	401	421	427	443	428	414.88

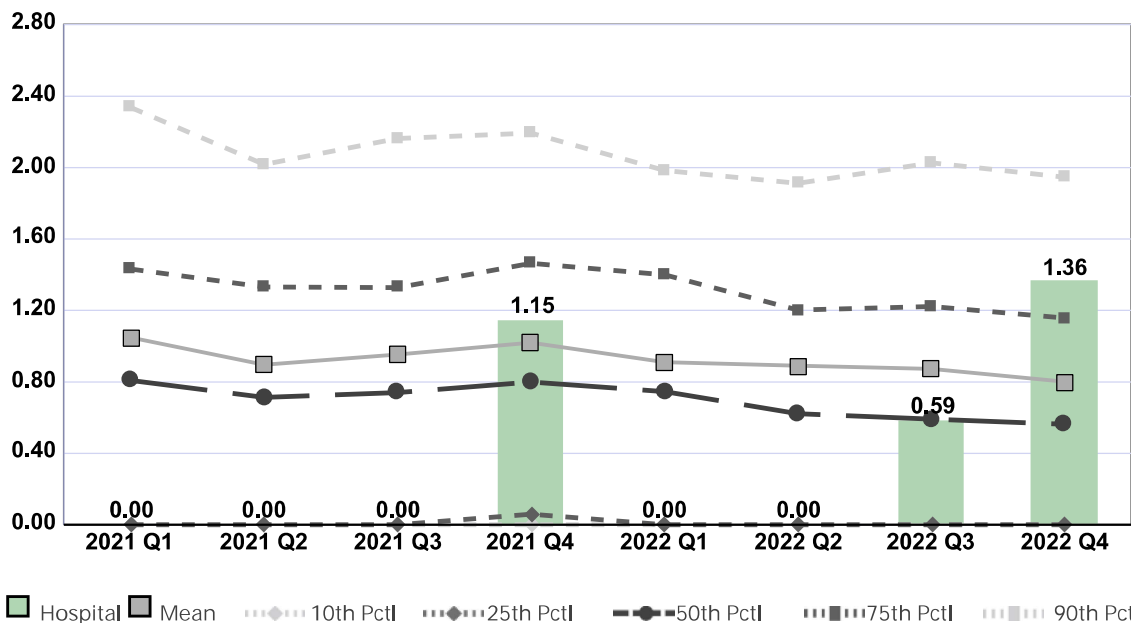
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Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	1.15	0.00	0.00	0.59	1.36	0.39
Mean	1.05	0.90	0.95	1.02	0.91	0.89	0.87	0.80	0.92
Standard Deviation	1.22	0.97	1.15	1.18	0.99	1.45	1.15	1.06	1.15
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.01
50th Percentile (Median)	0.81	0.71	0.74	0.80	0.75	0.62	0.59	0.56	0.70
75th Percentile	1.43	1.33	1.33	1.46	1.40	1.20	1.22	1.16	1.32
90th Percentile	2.34	2.02	2.16	2.19	1.98	1.91	2.03	1.95	2.07
# Hospitals	543	555	561	556	571	569	583	570	563.50

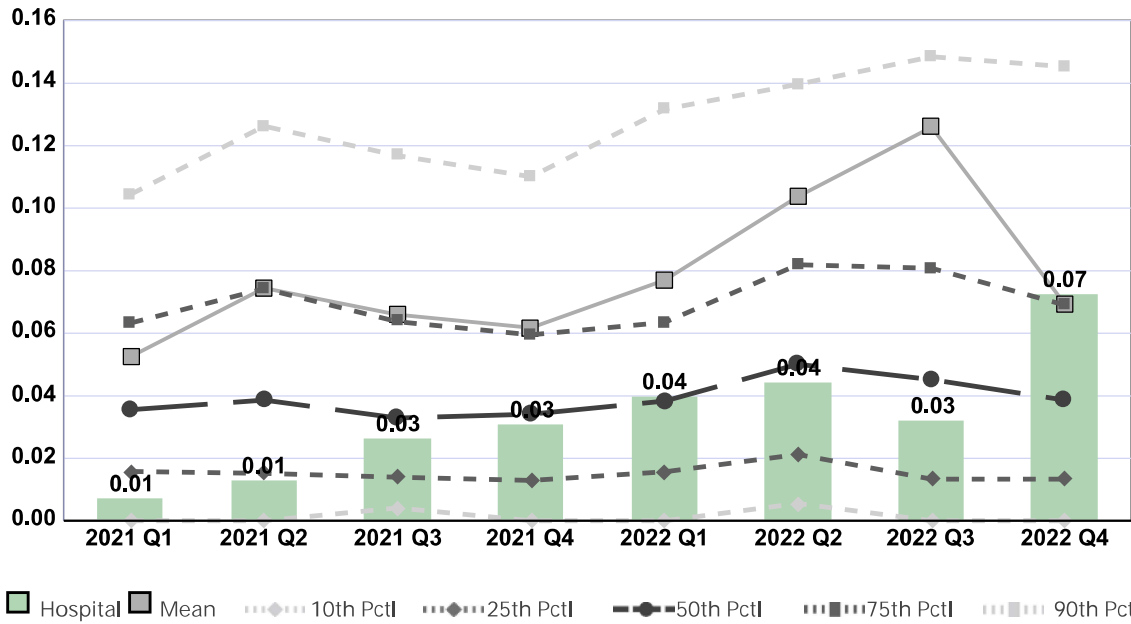
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Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Total Assault on Nursing Personnel Rate



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.01	0.01	0.03	0.03	0.04	0.04	0.03	0.07	0.03
Mean	0.05	0.07	0.07	0.06	0.08	0.10	0.13	0.07	0.08
Standard Deviation	0.07	0.17	0.15	0.13	0.18	0.45	0.79	0.12	0.26
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
25th Percentile	0.02	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.02
50th Percentile (Median)	0.04	0.04	0.03	0.03	0.04	0.05	0.05	0.04	0.04
75th Percentile	0.06	0.07	0.06	0.06	0.06	0.08	0.08	0.07	0.07
90th Percentile	0.10	0.13	0.12	0.11	0.13	0.14	0.15	0.15	0.13
# Hospitals	169	165	166	170	187	190	202	196	180.63

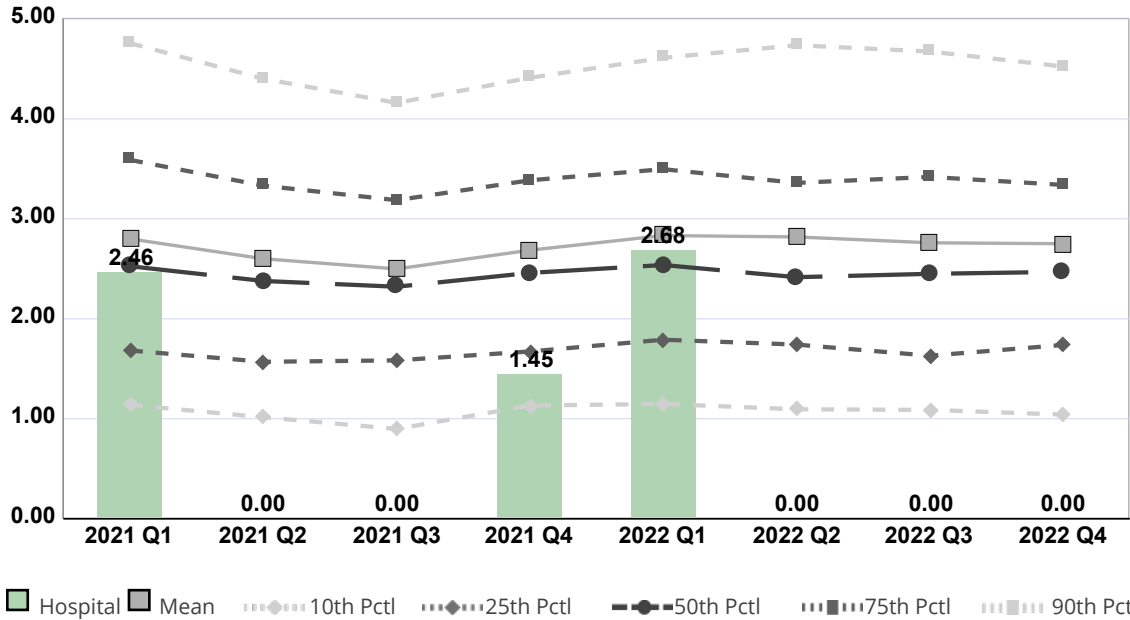
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Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Total Patient Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	2.46	0.00	0.00	1.45	2.68	0.00	0.00	0.00	0.82
Mean	2.80	2.60	2.50	2.69	2.83	2.82	2.76	2.75	2.72
Standard Deviation	1.81	1.58	1.45	1.58	1.80	2.41	2.18	2.34	1.89
10th Percentile	1.14	1.02	0.90	1.13	1.15	1.09	1.09	1.04	1.07
25th Percentile	1.68	1.57	1.58	1.67	1.79	1.74	1.63	1.74	1.68
50th Percentile (Median)	2.53	2.38	2.32	2.46	2.54	2.42	2.45	2.47	2.45
75th Percentile	3.59	3.33	3.19	3.39	3.50	3.36	3.42	3.34	3.39
90th Percentile	4.76	4.40	4.16	4.41	4.61	4.74	4.67	4.52	4.53
# Hospitals	923	927	928	911	940	943	938	909	927.38

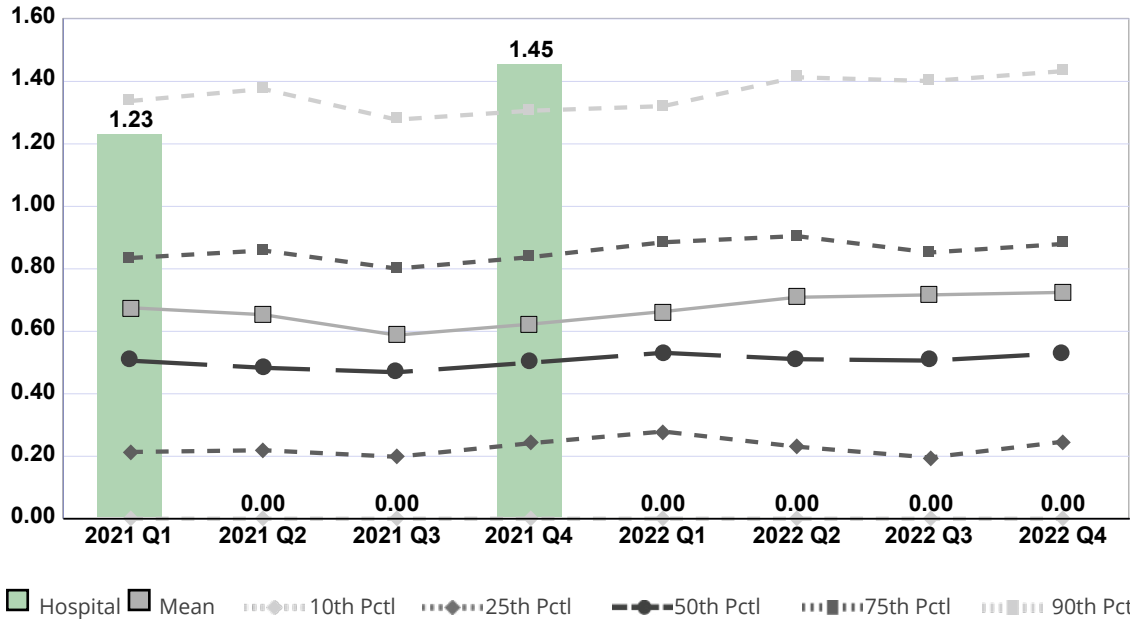
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Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Injury Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	1.23	0.00	0.00	1.45	0.00	0.00	0.00	0.00	0.34
Mean	0.68	0.65	0.59	0.62	0.66	0.71	0.72	0.72	0.67
Standard Deviation	1.02	0.71	0.57	0.59	0.65	1.08	1.68	1.16	0.93
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.21	0.22	0.20	0.24	0.28	0.23	0.20	0.25	0.23
50th Percentile (Median)	0.51	0.48	0.47	0.50	0.53	0.51	0.51	0.53	0.50
75th Percentile	0.83	0.86	0.80	0.84	0.89	0.90	0.85	0.88	0.86
90th Percentile	1.34	1.38	1.28	1.31	1.32	1.41	1.40	1.43	1.36
# Hospitals	923	927	928	911	940	943	938	909	927.38

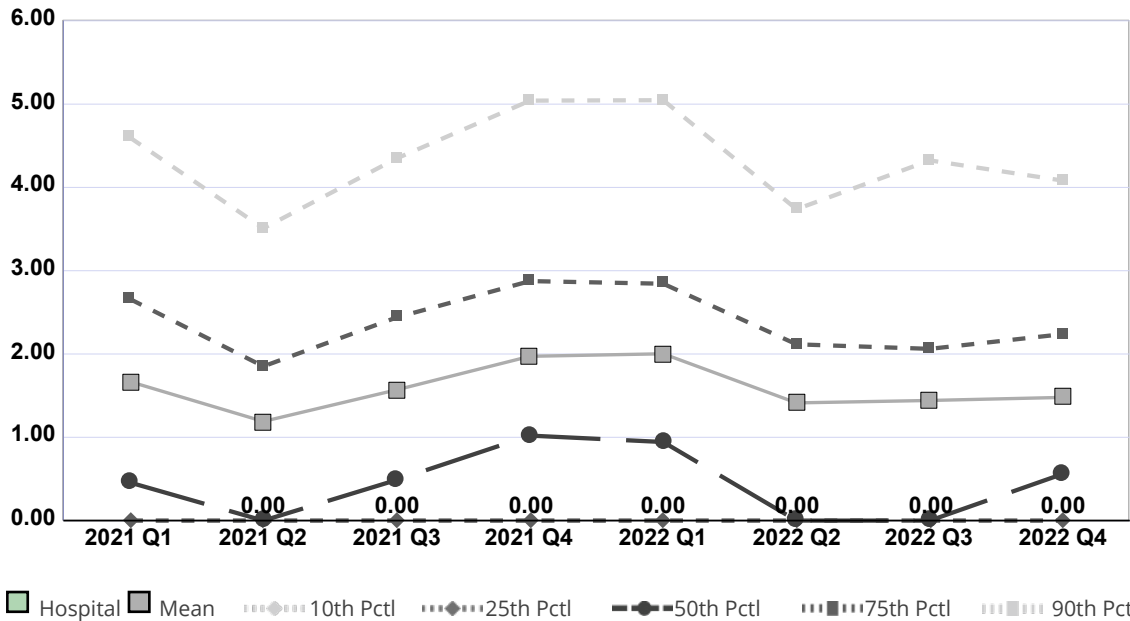
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Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	No Data	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	1.67	1.19	1.57	1.97	2.00	1.41	1.44	1.48	1.59
Standard Deviation	2.58	2.12	2.43	3.66	3.76	2.40	2.40	2.26	2.70
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.46	0.00	0.49	1.02	0.94	0.00	0.00	0.56	0.43
75th Percentile	2.66	1.85	2.44	2.88	2.84	2.12	2.06	2.24	2.39
90th Percentile	4.60	3.51	4.35	5.04	5.05	3.74	4.32	4.08	4.34
# Hospitals	775	788	735	731	780	821	810	797	779.63

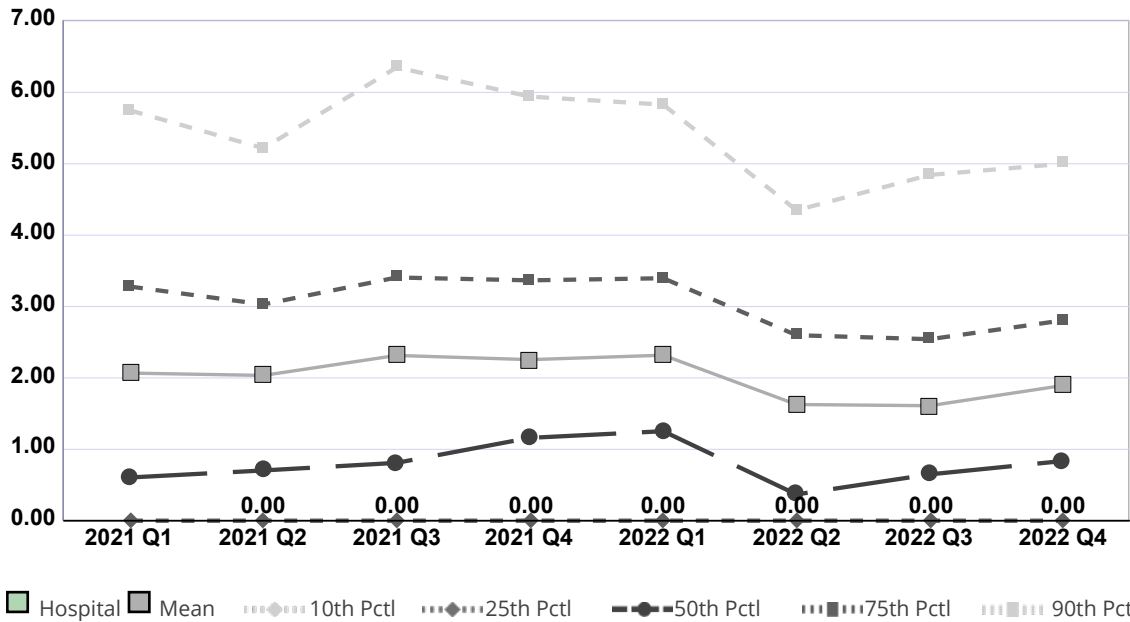
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Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Percent of Patients with Physical Restraints (Limb and/or Vest)



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	No Data	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	2.07	2.04	2.32	2.26	2.32	1.63	1.61	1.90	2.02
Standard Deviation	3.15	4.33	4.91	3.20	3.60	2.75	2.22	2.91	3.38
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.61	0.70	0.81	1.16	1.25	0.37	0.65	0.84	0.80
75th Percentile	3.28	3.03	3.41	3.37	3.40	2.60	2.54	2.81	3.05
90th Percentile	5.75	5.22	6.35	5.94	5.83	4.35	4.84	5.00	5.41
# Hospitals	635	647	595	605	636	640	630	608	624.50

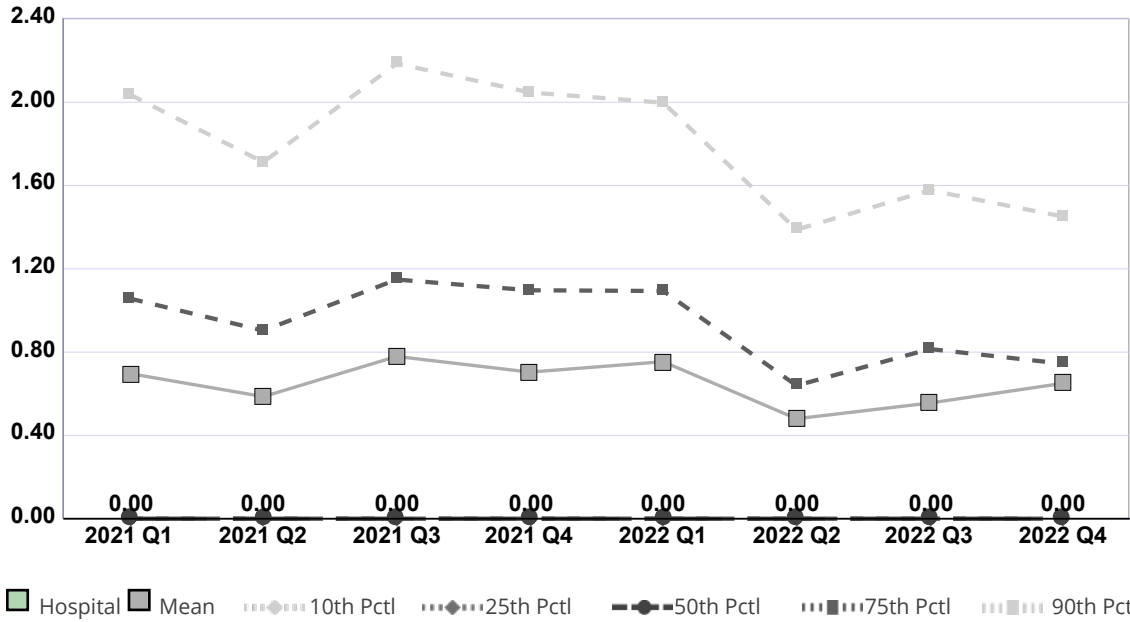
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Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.70	0.59	0.78	0.70	0.75	0.48	0.56	0.65	0.65
Standard Deviation	1.29	1.22	1.29	1.14	1.67	1.30	1.07	5.24	1.78
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	1.06	0.90	1.15	1.10	1.09	0.64	0.81	0.74	0.94
90th Percentile	2.04	1.71	2.19	2.05	2.00	1.39	1.58	1.45	1.80
# Hospitals	773	769	772	770	796	805	787	761	779.13

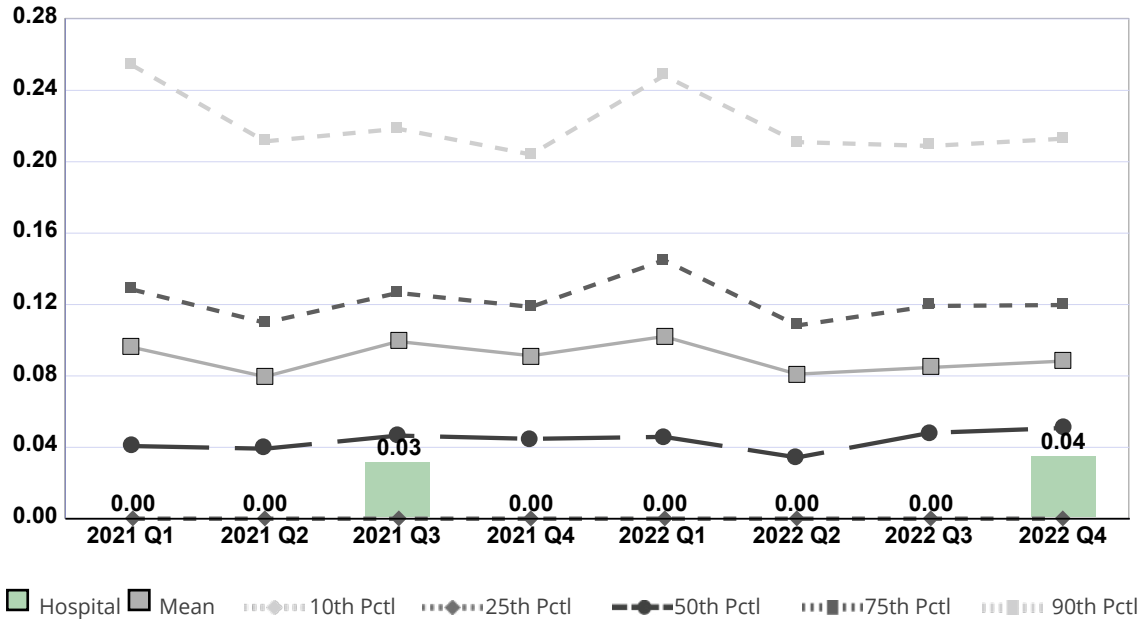
If the number of hospitals is less than five, comparison data are suppressed to maintain confidentiality. If the number of hospitals is less than 20, comparison data may vary substantially over the time period and should be used with caution. For additional information, please refer to NDNQI reference documents.

Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Injury Falls Per 1,000 Patient Visits/Cases



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.04	0.01
Mean	0.10	0.08	0.10	0.09	0.10	0.08	0.08	0.09	0.09
Standard Deviation	0.16	0.14	0.20	0.21	0.18	0.19	0.14	0.16	0.17
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.04	0.04	0.05	0.04	0.05	0.03	0.05	0.05	0.04
75th Percentile	0.13	0.11	0.13	0.12	0.14	0.11	0.12	0.12	0.12
90th Percentile	0.25	0.21	0.22	0.20	0.25	0.21	0.21	0.21	0.22
# Hospitals	539	538	544	549	588	584	587	574	562.88

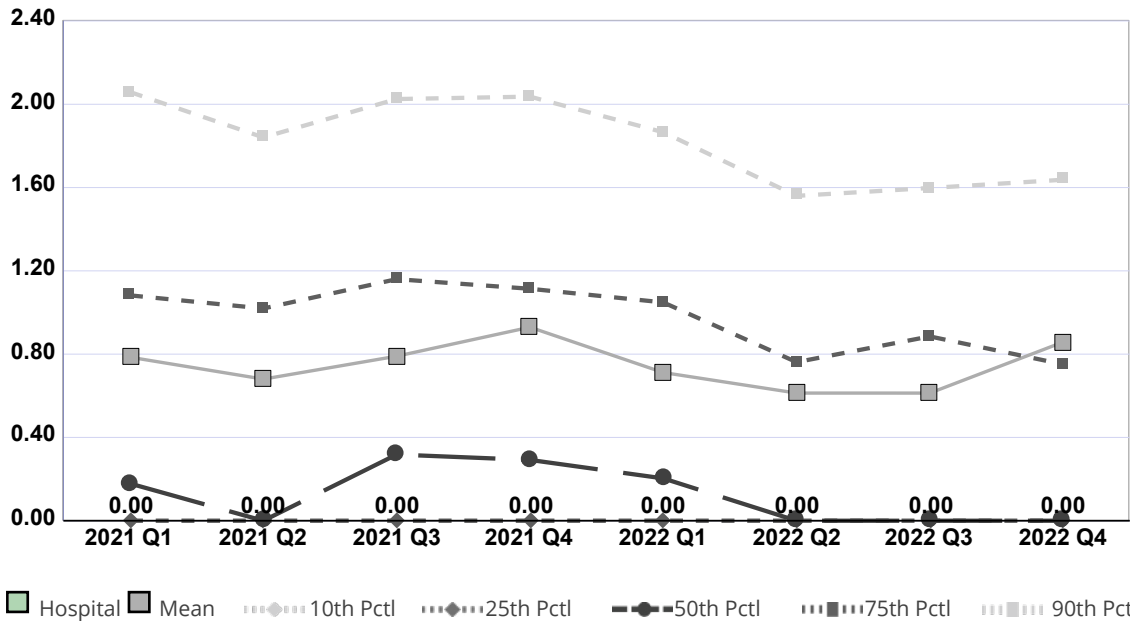
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Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.79	0.68	0.79	0.93	0.71	0.61	0.61	0.86	0.75
Standard Deviation	1.53	1.25	1.24	4.63	1.41	1.88	1.37	7.34	2.58
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.18	0.00	0.32	0.29	0.20	0.00	0.00	0.00	0.12
75th Percentile	1.08	1.02	1.16	1.11	1.05	0.76	0.89	0.75	0.98
90th Percentile	2.06	1.84	2.03	2.04	1.87	1.56	1.60	1.64	1.83
# Hospitals	778	779	779	774	802	807	788	767	784.25

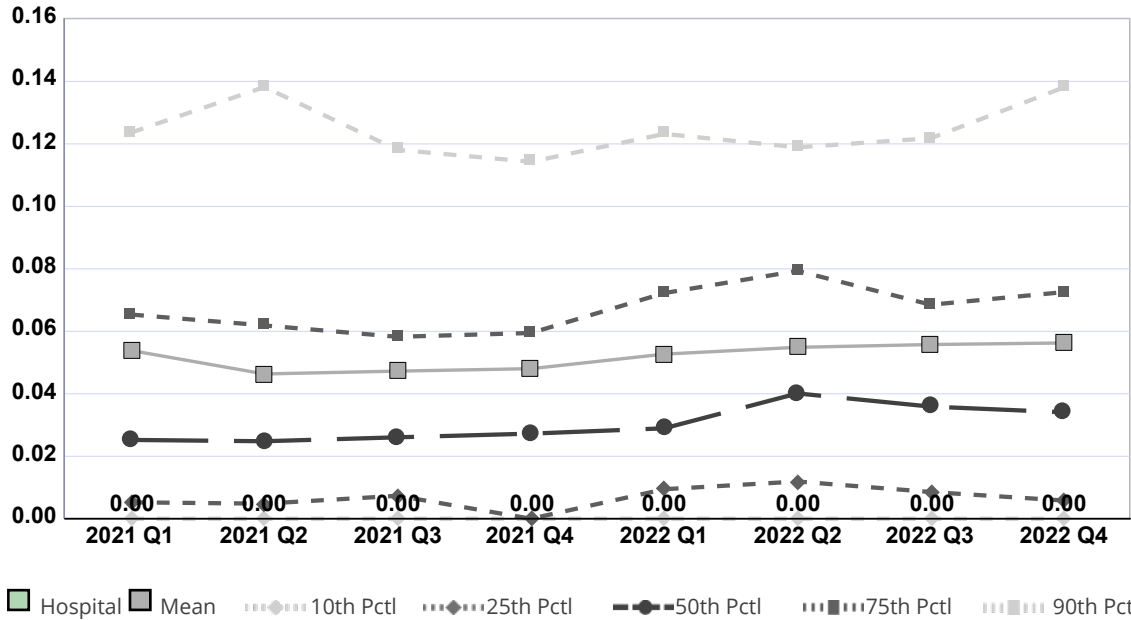
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Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Total Assault on Nursing Personnel Rate



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.05	0.05	0.05	0.05	0.05	0.05	0.06	0.06	0.05
Standard Deviation	0.10	0.06	0.06	0.07	0.07	0.06	0.08	0.07	0.07
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.01	0.00	0.01	0.00	0.01	0.01	0.01	0.01	0.01
50th Percentile (Median)	0.03	0.02	0.03	0.03	0.03	0.04	0.04	0.03	0.03
75th Percentile	0.07	0.06	0.06	0.06	0.07	0.08	0.07	0.07	0.07
90th Percentile	0.12	0.14	0.12	0.11	0.12	0.12	0.12	0.14	0.12
# Hospitals	229	227	234	231	247	250	255	251	240.50

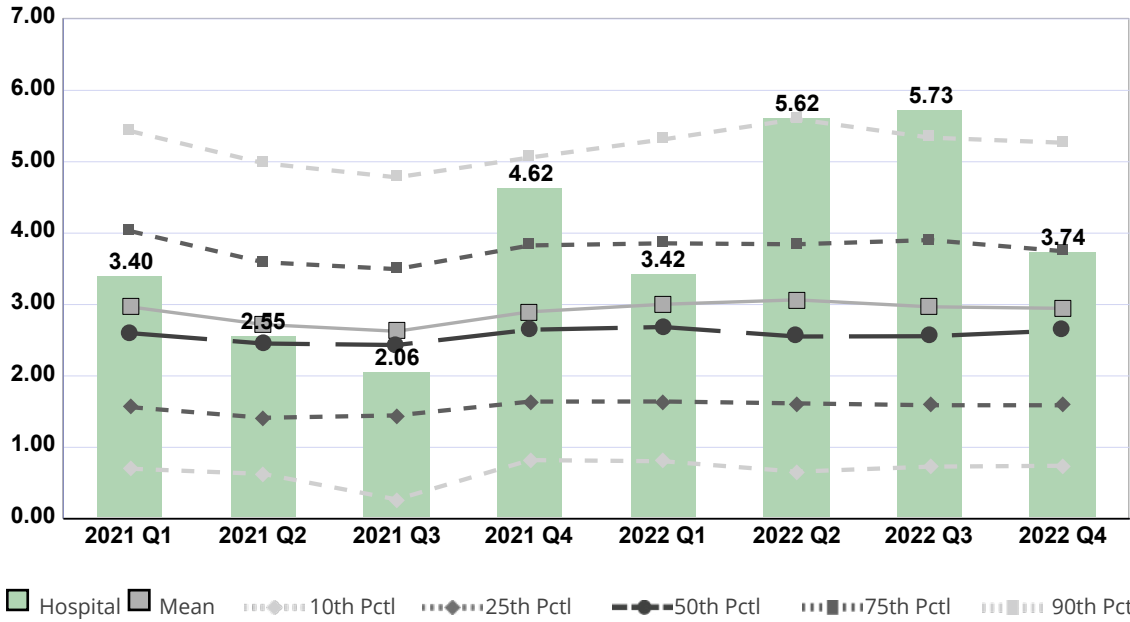
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Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Measure: Total Patient Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	3.40	2.55	2.06	4.62	3.42	5.62	5.73	3.74	3.89
Mean	2.97	2.72	2.63	2.90	3.00	3.07	2.97	2.95	2.90
Standard Deviation	2.19	1.93	1.79	1.93	2.18	2.97	2.65	2.88	2.31
10th Percentile	0.70	0.63	0.27	0.82	0.81	0.66	0.73	0.74	0.67
25th Percentile	1.56	1.41	1.45	1.64	1.64	1.62	1.59	1.59	1.56
50th Percentile (Median)	2.60	2.45	2.43	2.65	2.69	2.55	2.56	2.64	2.57
75th Percentile	4.03	3.59	3.50	3.83	3.86	3.84	3.90	3.75	3.79
90th Percentile	5.43	4.98	4.78	5.06	5.31	5.60	5.34	5.27	5.22
# Hospitals	583	586	585	571	594	592	595	579	585.63

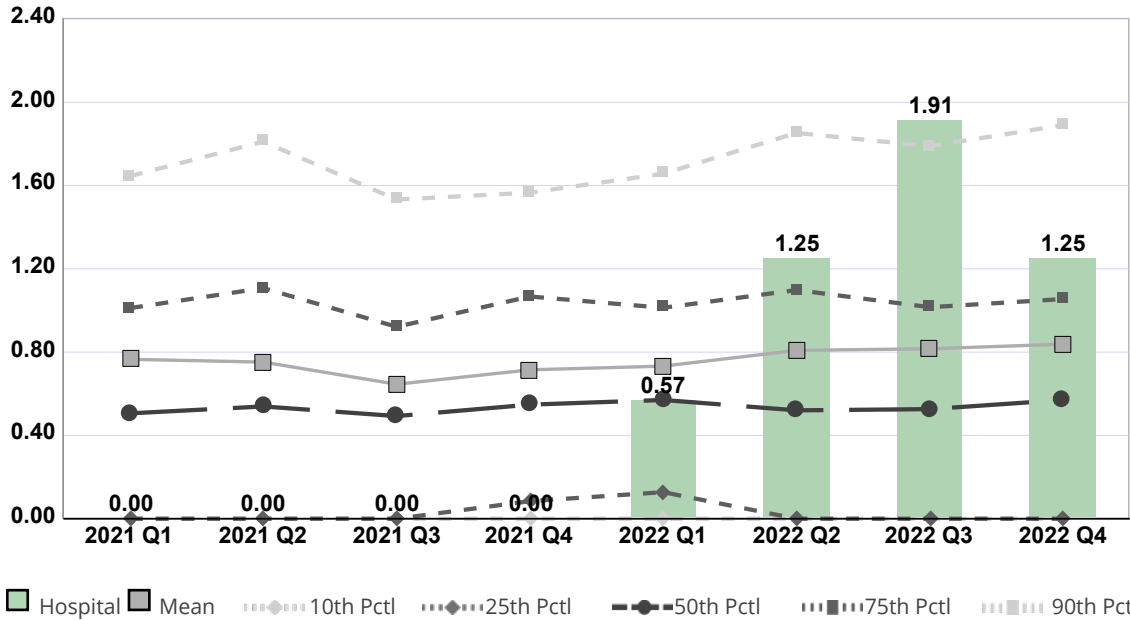
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Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Measure: Injury Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.57	1.25	1.91	1.25	0.62
Mean	0.77	0.75	0.65	0.72	0.73	0.81	0.82	0.84	0.76
Standard Deviation	1.27	0.88	0.76	0.79	0.80	1.34	2.10	1.48	1.18
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.08	0.13	0.00	0.00	0.00	0.03
50th Percentile (Median)	0.51	0.54	0.49	0.55	0.57	0.52	0.53	0.57	0.53
75th Percentile	1.01	1.11	0.92	1.07	1.01	1.10	1.02	1.05	1.04
90th Percentile	1.65	1.81	1.53	1.57	1.66	1.85	1.79	1.89	1.72
# Hospitals	583	586	585	571	594	592	595	579	585.63

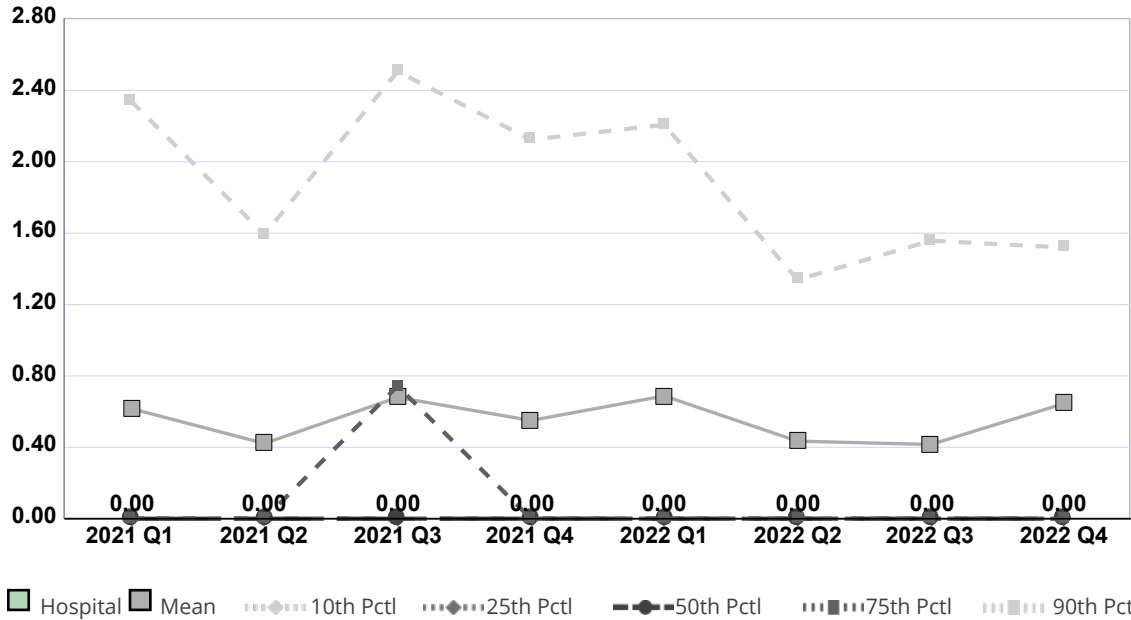
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Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.62	0.42	0.68	0.55	0.69	0.43	0.42	0.65	0.56
Standard Deviation	1.62	1.40	1.48	1.35	2.08	1.74	1.30	6.65	2.20
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.00	0.00	0.74	0.00	0.00	0.00	0.00	0.00	0.09
90th Percentile	2.34	1.59	2.51	2.12	2.21	1.34	1.56	1.52	1.90
# Hospitals	476	474	472	477	501	496	486	471	481.63

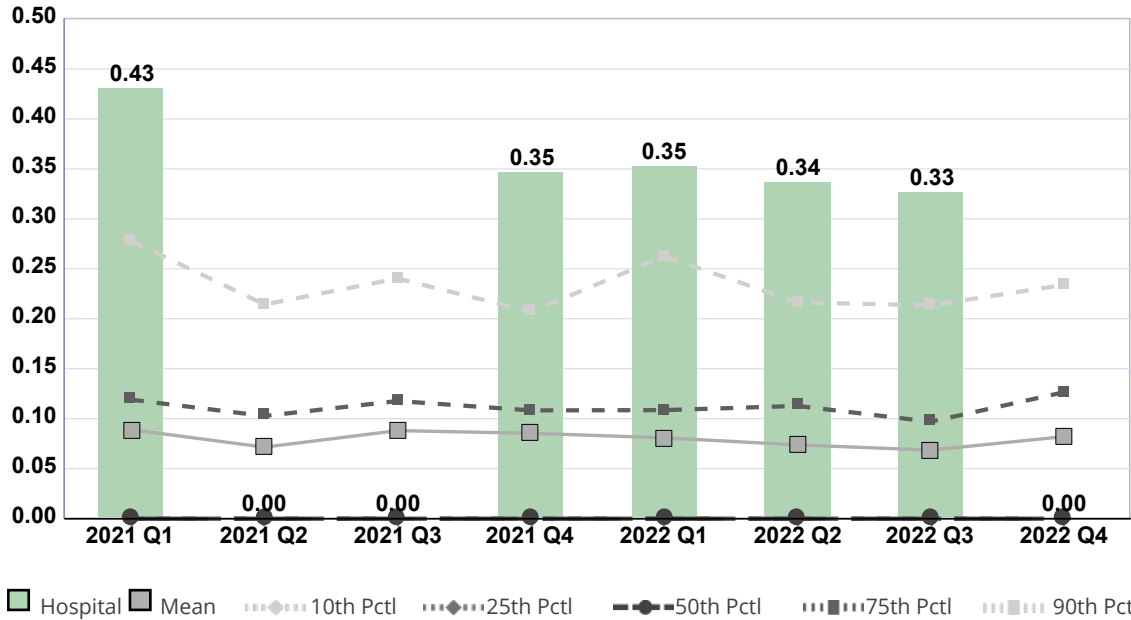
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Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Measure: Injury Falls Per 1,000 Patient Visits/Cases



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.43	0.00	0.00	0.35	0.35	0.34	0.33	0.00	0.22
Mean	0.09	0.07	0.09	0.09	0.08	0.07	0.07	0.08	0.08
Standard Deviation	0.18	0.16	0.19	0.26	0.14	0.13	0.13	0.15	0.17
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.12	0.10	0.12	0.11	0.11	0.11	0.10	0.13	0.11
90th Percentile	0.28	0.21	0.24	0.21	0.26	0.22	0.21	0.23	0.23
# Hospitals	307	305	303	311	334	334	338	326	319.75

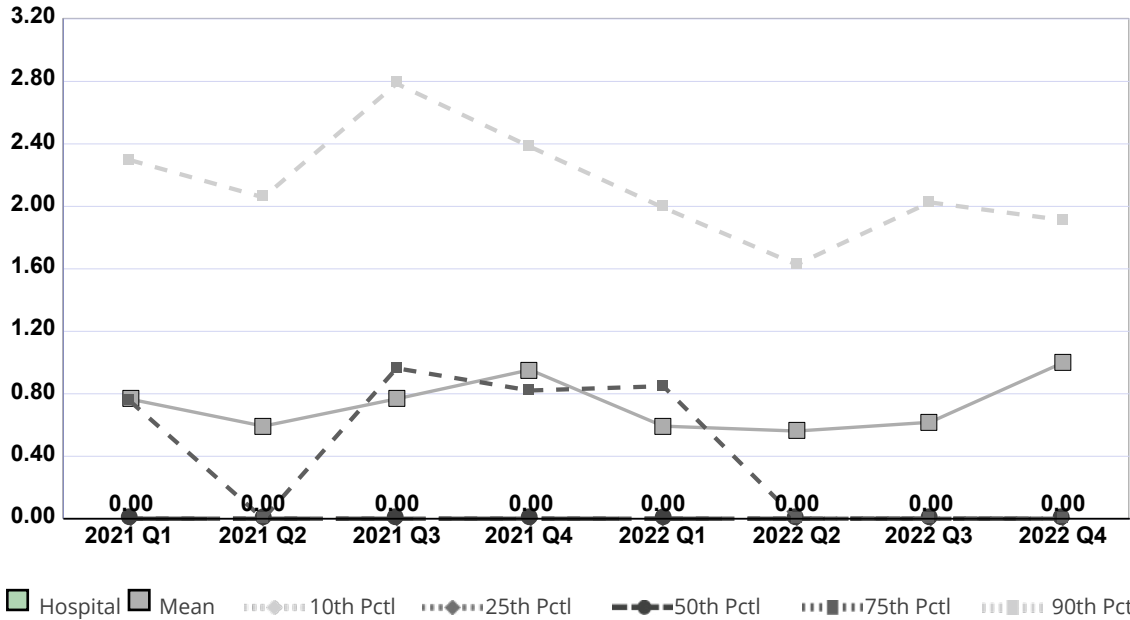
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Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.77	0.59	0.77	0.95	0.59	0.56	0.62	1.00	0.73
Standard Deviation	1.95	1.51	1.62	5.89	1.41	2.16	1.79	9.33	3.21
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.75	0.00	0.96	0.82	0.85	0.00	0.00	0.00	0.42
90th Percentile	2.30	2.06	2.79	2.38	1.99	1.63	2.03	1.91	2.13
# Hospitals	483	484	481	480	506	499	491	476	487.50

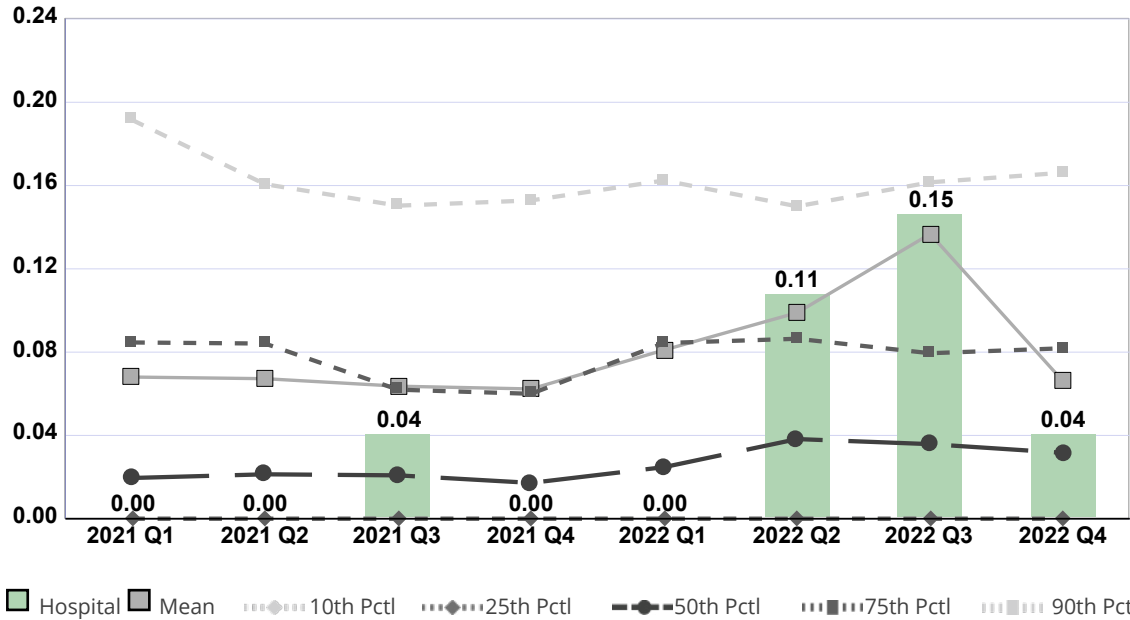
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Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Measure: Total Assault on Nursing Personnel Rate



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.04	0.00	0.00	0.11	0.15	0.04	0.04
Mean	0.07	0.07	0.06	0.06	0.08	0.10	0.14	0.07	0.08
Standard Deviation	0.12	0.18	0.15	0.15	0.19	0.47	0.86	0.11	0.28
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.02	0.02	0.02	0.02	0.02	0.04	0.04	0.03	0.03
75th Percentile	0.08	0.08	0.06	0.06	0.08	0.09	0.08	0.08	0.08
90th Percentile	0.19	0.16	0.15	0.15	0.16	0.15	0.16	0.17	0.16
# Hospitals	148	146	149	150	165	168	172	167	158.13

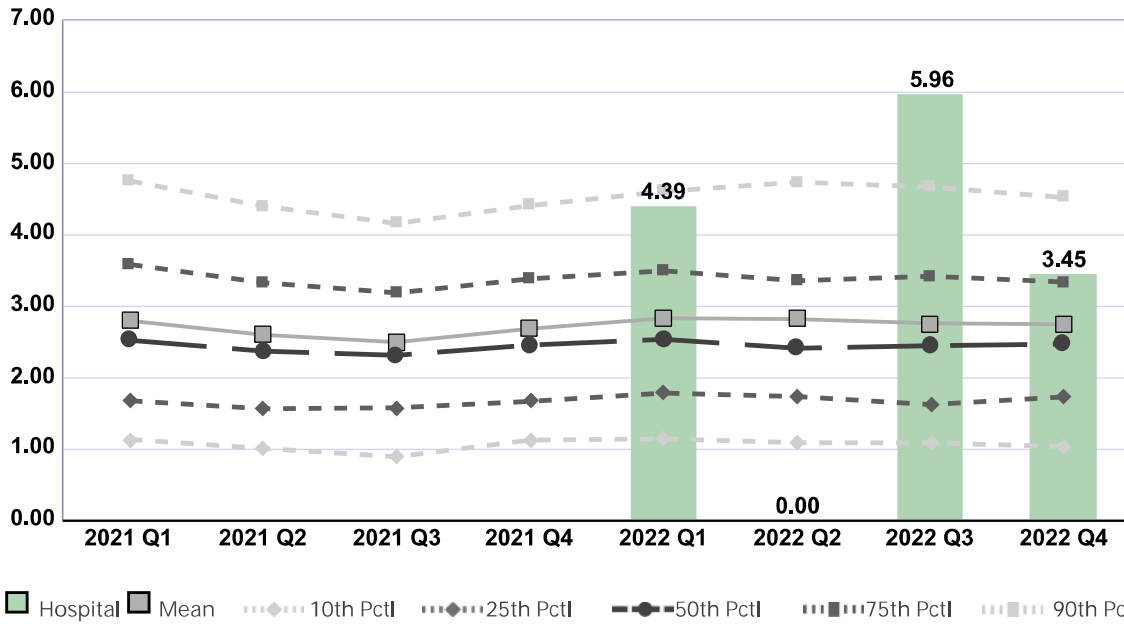
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Carle Eureka Hospital

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Total Patient Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	No Data	No Data	No Data	No Data	4.39	0.00	5.96	3.45	3.45
Mean	2.80	2.60	2.50	2.69	2.83	2.82	2.76	2.75	2.72
Standard Deviation	1.81	1.58	1.45	1.58	1.80	2.41	2.18	2.34	1.89
10th Percentile	1.14	1.02	0.90	1.13	1.15	1.09	1.09	1.04	1.07
25th Percentile	1.68	1.57	1.58	1.67	1.79	1.74	1.63	1.74	1.68
50th Percentile (Median)	2.53	2.38	2.32	2.46	2.54	2.42	2.45	2.47	2.45
75th Percentile	3.59	3.33	3.19	3.39	3.50	3.36	3.42	3.34	3.39
90th Percentile	4.76	4.40	4.16	4.41	4.61	4.74	4.67	4.52	4.53
# Hospitals	923	927	928	911	940	943	938	909	927.38

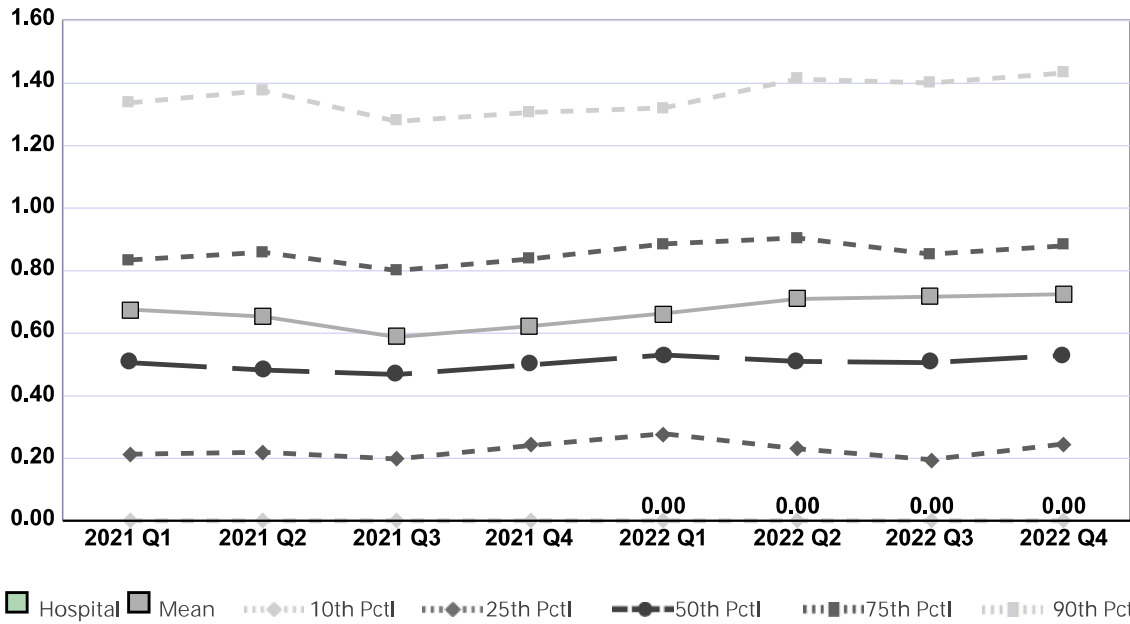
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Carle Eureka Hospital

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Injury Falls Per 1,000 Patient Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	No Data	No Data	No Data	No Data	0.00	0.00	0.00	0.00	0.00
Mean	0.68	0.65	0.59	0.62	0.66	0.71	0.72	0.72	0.67
Standard Deviation	1.02	0.71	0.57	0.59	0.65	1.08	1.68	1.16	0.93
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.21	0.22	0.20	0.24	0.28	0.23	0.20	0.25	0.23
50th Percentile (Median)	0.51	0.48	0.47	0.50	0.53	0.51	0.51	0.53	0.50
75th Percentile	0.83	0.86	0.80	0.84	0.89	0.90	0.85	0.88	0.86
90th Percentile	1.34	1.38	1.28	1.31	1.32	1.41	1.40	1.43	1.36
# Hospitals	923	927	928	911	940	943	938	909	927.38

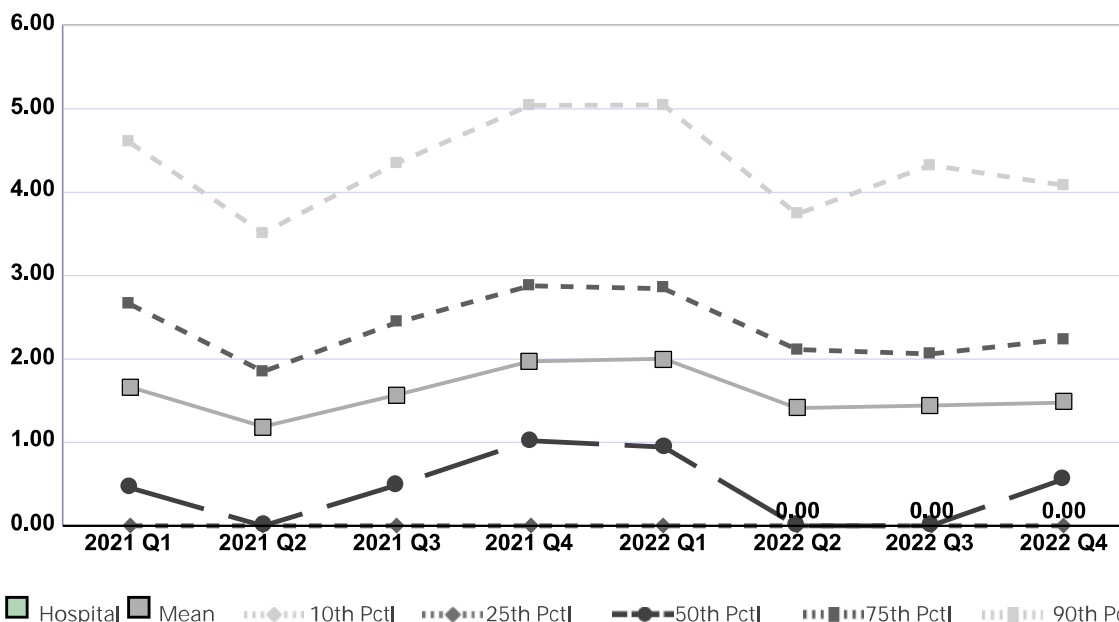
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Carle Eureka Hospital

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	No Data	No Data	No Data	No Data	No Data	0.00	0.00	0.00	0.00
Mean	1.67	1.19	1.57	1.97	2.00	1.41	1.44	1.48	1.59
Standard Deviation	2.58	2.12	2.43	3.66	3.76	2.40	2.40	2.26	2.70
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.46	0.00	0.49	1.02	0.94	0.00	0.00	0.56	0.43
75th Percentile	2.66	1.85	2.44	2.88	2.84	2.12	2.06	2.24	2.39
90th Percentile	4.60	3.51	4.35	5.04	5.05	3.74	4.32	4.08	4.34
# Hospitals	775	788	735	731	780	821	810	797	779.63

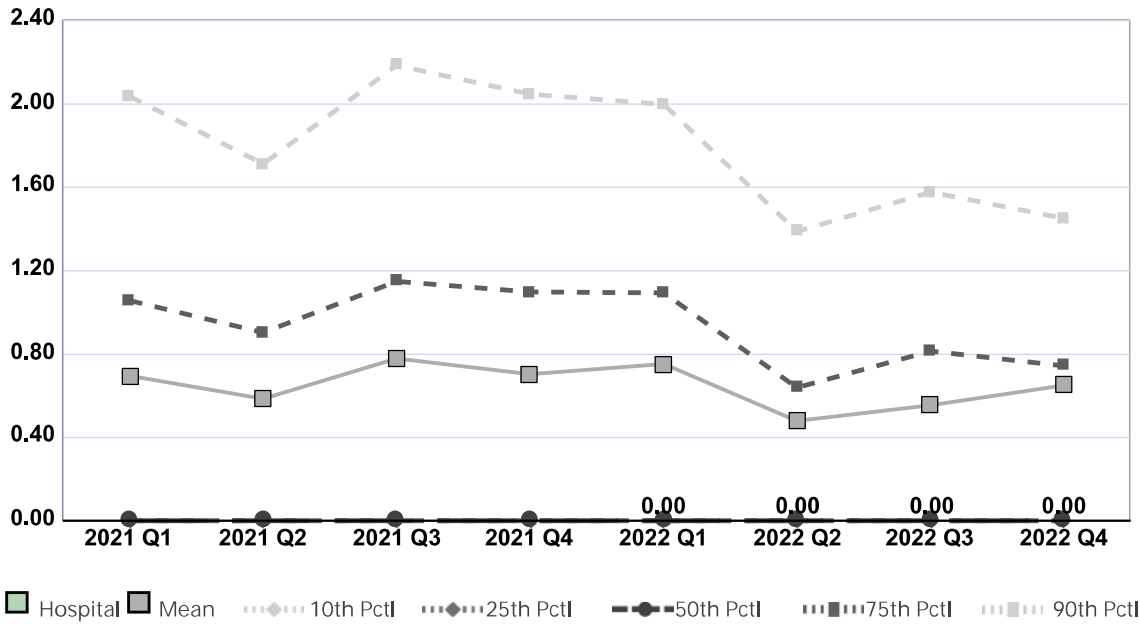
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Carle Eureka Hospital

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	No Data	No Data	No Data	No Data	0.00	0.00	0.00	0.00	0.00
Mean	0.70	0.59	0.78	0.70	0.75	0.48	0.56	0.65	0.65
Standard Deviation	1.29	1.22	1.29	1.14	1.67	1.30	1.07	5.24	1.78
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	1.06	0.90	1.15	1.10	1.09	0.64	0.81	0.74	0.94
90th Percentile	2.04	1.71	2.19	2.05	2.00	1.39	1.58	1.45	1.80
# Hospitals	773	769	772	770	796	805	787	761	779.13

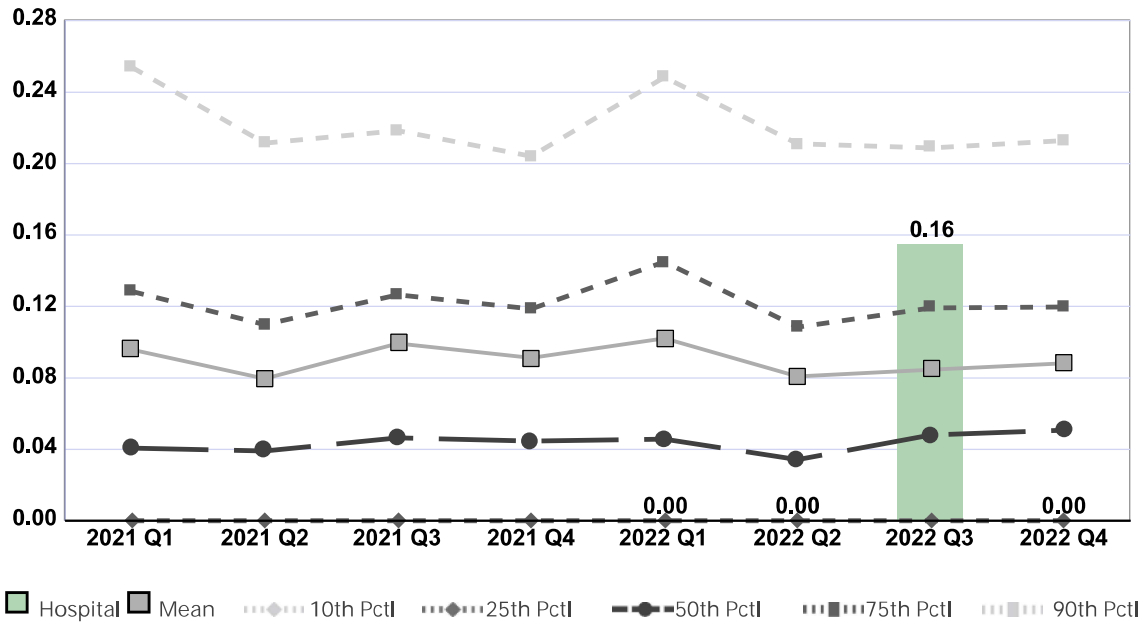
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Carle Eureka Hospital

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Injury Falls Per 1,000 Patient Visits/Cases



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	No Data	No Data	No Data	No Data	0.00	0.00	0.16	0.00	0.04
Mean	0.10	0.08	0.10	0.09	0.10	0.08	0.08	0.09	0.09
Standard Deviation	0.16	0.14	0.20	0.21	0.18	0.19	0.14	0.16	0.17
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.04	0.04	0.05	0.04	0.05	0.03	0.05	0.05	0.04
75th Percentile	0.13	0.11	0.13	0.12	0.14	0.11	0.12	0.12	0.12
90th Percentile	0.25	0.21	0.22	0.20	0.25	0.21	0.21	0.21	0.22
# Hospitals	539	538	544	549	588	584	587	574	562.88

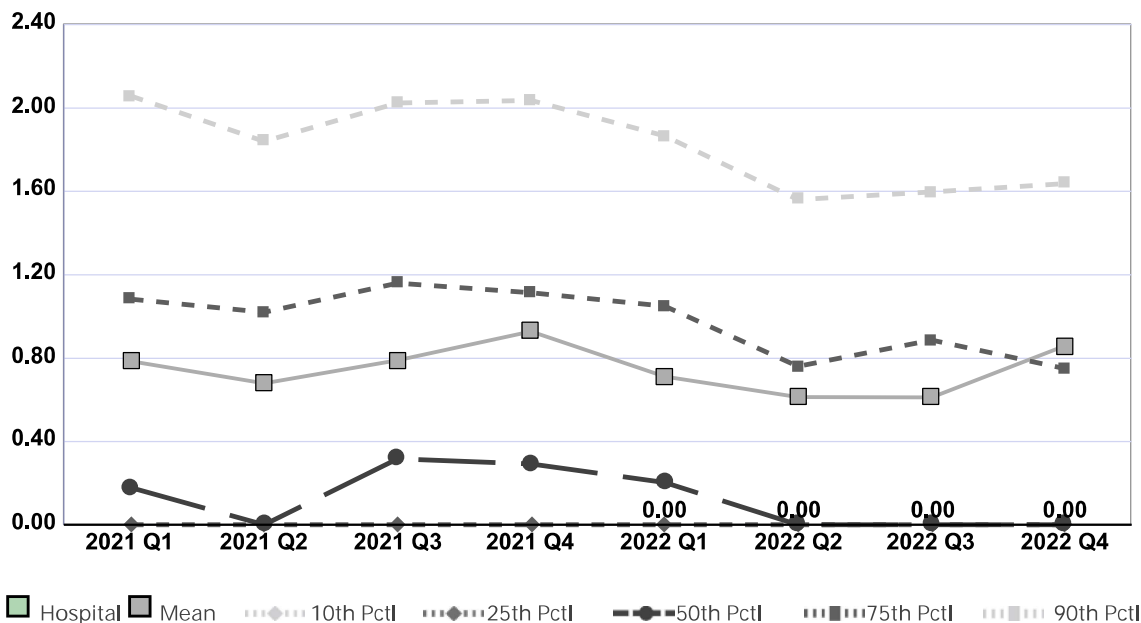
If the number of hospitals is less than five, comparison data are suppressed to maintain confidentiality. If the number of hospitals is less than 20, comparison data may vary substantially over the time period and should be used with caution. For additional information, please refer to NDNQI reference documents.

Carle Eureka Hospital

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	No Data	No Data	No Data	No Data	0.00	0.00	0.00	0.00	0.00
Mean	0.79	0.68	0.79	0.93	0.71	0.61	0.61	0.86	0.75
Standard Deviation	1.53	1.25	1.24	4.63	1.41	1.88	1.37	7.34	2.58
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.18	0.00	0.32	0.29	0.20	0.00	0.00	0.00	0.12
75th Percentile	1.08	1.02	1.16	1.11	1.05	0.76	0.89	0.75	0.98
90th Percentile	2.06	1.84	2.03	2.04	1.87	1.56	1.60	1.64	1.83
# Hospitals	778	779	779	774	802	807	788	767	784.25

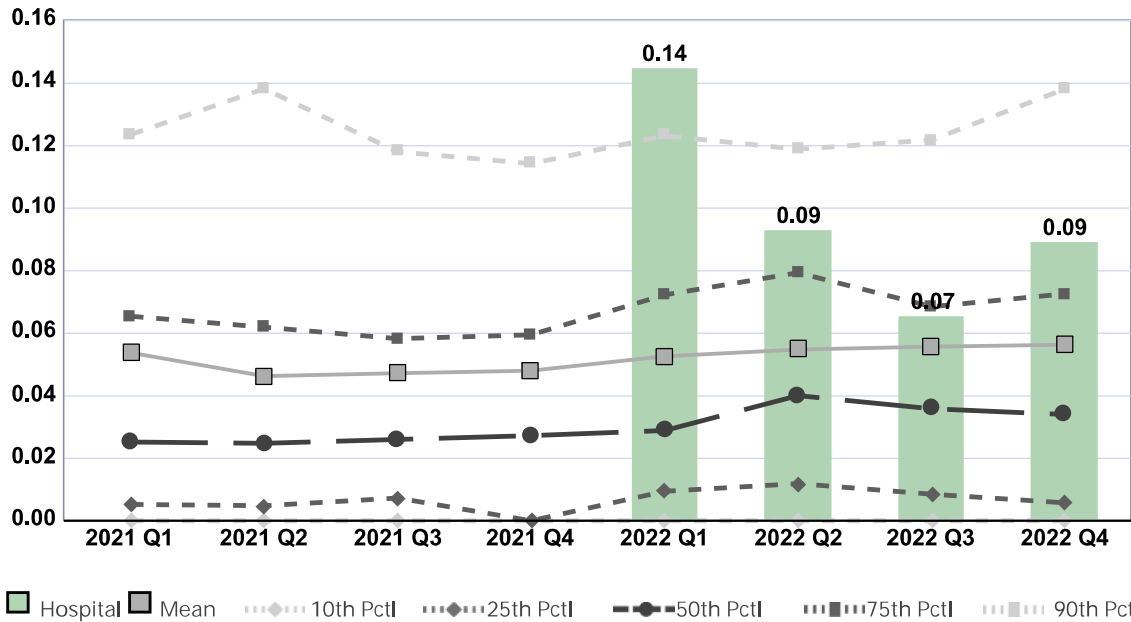
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Carle Eureka Hospital

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Measure: Total Assault on Nursing Personnel Rate



Metrics	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Average
Hospital-Unadjusted Measure	No Data	No Data	No Data	No Data	0.14	0.09	0.07	0.09	0.10
Mean	0.05	0.05	0.05	0.05	0.05	0.05	0.06	0.06	0.05
Standard Deviation	0.10	0.06	0.06	0.07	0.07	0.06	0.08	0.07	0.07
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.01	0.00	0.01	0.00	0.01	0.01	0.01	0.01	0.01
50th Percentile (Median)	0.03	0.02	0.03	0.03	0.03	0.04	0.04	0.03	0.03
75th Percentile	0.07	0.06	0.06	0.06	0.07	0.08	0.07	0.07	0.07
90th Percentile	0.12	0.14	0.12	0.11	0.12	0.12	0.12	0.14	0.12
# Hospitals	229	227	234	231	247	250	255	251	240.50

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Thank you to our contributors.

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