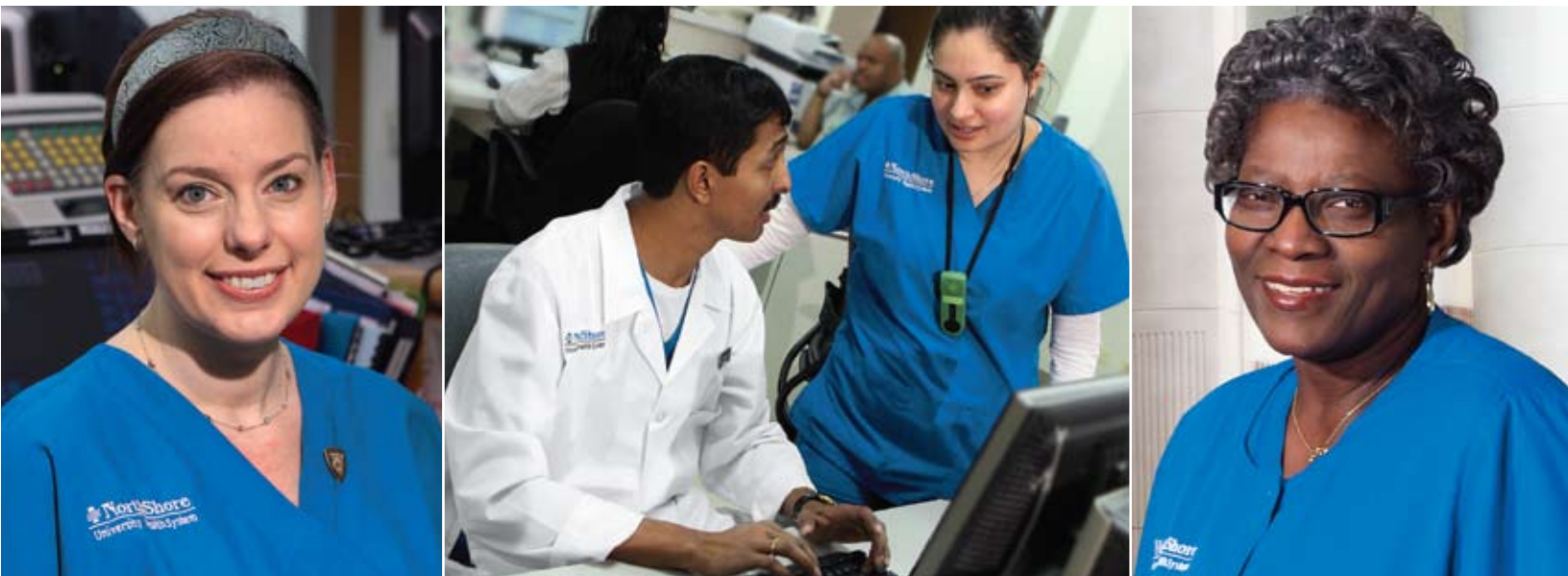


Affirming **Excellence** in Nursing: Our Journey to Magnet Recognition

2010 Nursing Annual Report



Celebrating Our
First Anniversary

 **NorthShore**
University HealthSystem

Message from Nancy Semerdjian, Chief Nursing Officer, NorthShore University HealthSystem



When we received news that NorthShore University HealthSystem (NorthShore) had received system-wide Magnet recognition from the American Nurses Credentialing Center (ANCC) on March 17, 2010, it became an important milestone forever etched in our organization's history. This prestigious designation—and the cheers from our nurses—was the culmination of our three-year Magnet journey to affirm NorthShore's excellence in nursing.

It is evident that our nurses at Evanston, Glenbrook, Highland Park and Skokie Hospitals, and Home and Hospice Services, rose to the occasion. Magnet status doesn't just happen. In fact, only 6 percent of healthcare organizations in the nation have received this honor, and NorthShore was the first in Illinois to receive Magnet status as an entire system. A successful Magnet journey takes commitment and hard work—from organizational leadership, each and every nurse, and an array of colleagues across departments and entities.

Through the Magnet journey, we made huge strides not just for the profession of nursing, but for enhanced patient care at NorthShore. As you read through the pages of this Annual Report, you will see how we successfully wove ANCC's Magnet Model Components into our culture. These components, which exemplify excellence in nursing and distinguish Magnet institutions, include: Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations and Improvements, and Transformational Leadership.

We created an even higher level of professionalism for nurses that permeates our organization thanks to the Magnet journey and our resulting Magnet status. High nursing retention rates, increased professional opportunities, shared decision making, and a commitment to relationship-based care through exemplary practice and positive outcomes have been just some of the results of our efforts.

In nursing, like all of healthcare, it is never enough to rest on one's laurels. Our commitment to continuous quality improvement allows us to celebrate our successes, learn from the process and look ahead for even more enhancements that we can implement.

Our Magnet journey empowered us in ways we could not have imagined, and it was extremely rewarding to see how enthusiastically our nurses and colleagues embraced this challenge. I am proud of our achievement in being designated a Magnet system, and we look forward to the future as we strive for even greater success on behalf of our patients, our profession and NorthShore.

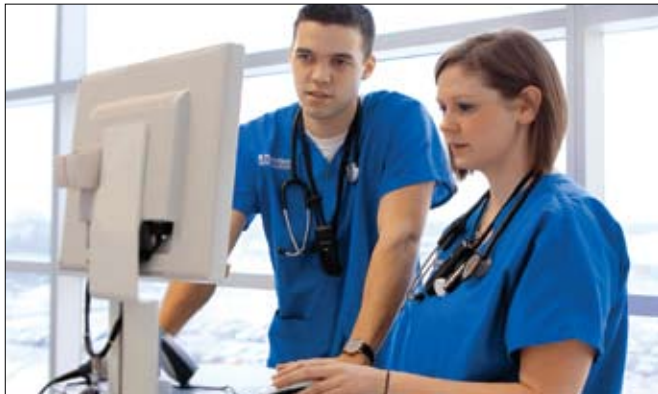


Nancy Semerdjian, MBA, RN, CNA-BC, FACHE
Chief Nursing Officer
NorthShore University HealthSystem

Nursing Facts and Figures 2010

NorthShore University HealthSystem employs approximately **2,584** nurses.

Advanced Practice Nurses (APNs) are an integral part of our care delivery system; 123 APNs provide patient care for NorthShore inpatients and outpatients in a wide variety of clinical specialty areas.



Tom Polakow, RN (left) and Marjorie Prince, RN

NorthShore provides our nurses **professional opportunities** in a wide variety of practice settings, including:

- Administration
- Clinical (inpatient and outpatient)
- Home Health
- Hospice
- Medical informatics
- Quality and continuity of care
- Research
- School-based care

More than 100 nurses are involved in five nursing governance councils: clinical practice, quality and patient safety, research, management and operations, and professional development and education, in addition to site-based Hospital Nursing Councils.

Nurses Give **High Marks** to Quality, Professional Development and Care

In 2010, NorthShore conducted an Employee Engagement Survey with its employees, including our nurses—**79 percent of nurses responded!** The survey results showed that NorthShore nurses have a high level of engagement and satisfaction in their work lives.

In each of the survey's categories—Outcome Variable, Organizational Effectiveness, Recognition/Career Advancement, Supervisory/Management and Coworker Performance/Cooperation—nursing scored above the National Healthcare Norm and at or within 4 percent of Best-in-Class.

Nurses responded highly favorably to a variety of statements, including the following:

91% My coworkers are friendly and helpful.

90% This organization provides me the opportunity to improve my professional knowledge and job skills.

90% If a friend or relative were in need of medical care, I would recommend they be treated at this organization.

90% Employees of this organization show an attitude of genuine caring about the customer.

88% My job gives me an opportunity to do the things I do best.

86% I would recommend this organization to a friend or relative as a good place to work.

Message from Mark R. Neaman President and CEO, NorthShore University HealthSystem

Thank you to the more than 2,500 nurses of NorthShore University HealthSystem for your hard work and passionate commitment to excellence in nursing—an accomplishment reflected by nursing's most prestigious honor—Magnet status.

Our celebration of the first anniversary of this well-deserved recognition affirms what we have long known about our nurses and the vital role they play in improved outcomes and creating exceptional experiences for the patients and families we are privileged to serve.

Becoming the first health system in Illinois to earn Magnet designation was a result of dynamic collaborations between our highly skilled and deeply compassionate nursing team, and our dedicated physicians and staff.

Whether serving on a multidisciplinary team seeking better methods to deliver care or discovering new ways to utilize our electronic medical records system to further

integrate technology with the science of healing, NorthShore nurses are on the leading edge of excellence. We proudly recognize their role in helping create the next level of best practices that will become the standard for healthcare in the future.

Congratulations to our nursing team for their outstanding leadership and dedication to the profession, while steadfastly supporting NorthShore's overall mission "to preserve and improve human life."

Mark R. Neaman
President and Chief Executive Officer
NorthShore University HealthSystem



To call Clinical Coordinator Anish George, RN, popular among his colleagues is an understatement considering his many CARE employee recognition awards submitted by co-workers and patients at NorthShore Skokie Hospital.



George, who began as a PCT at Skokie Hospital in 2005, embraced education as a way to further himself and his career and in turn has served as a considerable role model encouraging his peers to do the same.

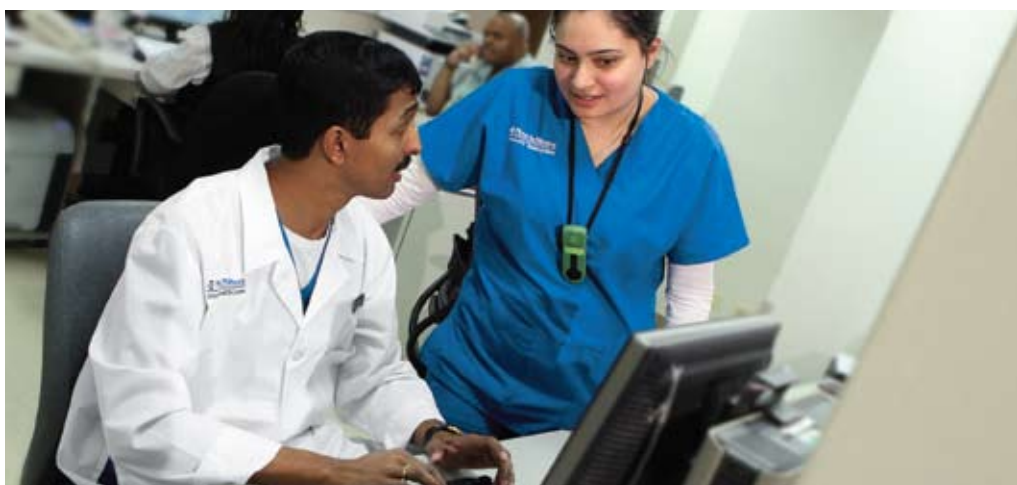
Scheduled to complete his master's degree this May, George is already looking ahead to his next level of education—either an MBA or a PhD in nursing. There was a time when George thought he wanted to pursue a career as a doctor, but he said now he is confident nursing is a better fit as it allows him to focus his energy on developing relationships with patients and fellow staff.

In addition to working on his master's, George has earned two American Nurses Credentialing Center (ANCC) certifications and is proud of the fact that he is in good company on his unit with many other nurses earning certifications.

“We can never have enough education; we must be updating our knowledge all the time. There is always new technology and evidence-based practices to continue improving our patient care,” George said. To that end, he holds study groups for nurses working toward certifications and shares notes from his latest clinicals in an education folder he created for his team.

A NorthShore nursing scholarship recipient, George believes the organization's support for nurses' continuing education is critical, and much appreciated. He serves on the Professional Development and Education Council and consistently works to help his peers see the value of continued education. George is also an active participant in the Unit-Based Council. A consummate time manager, George balances not only the demands of work and school, but also those of a family as he and his wife are raising three young sons under the age of five.

“Anish is a solid clinician, exceptional problem solver and a role model for service values; he never shies away from a new challenge,” said Skokie Hospital



Anish George, RN (left) and Rocio Campos, RN

Vice President of Nursing Mary Keegan, RN, MS. “He is always willing to step up and fill a void on behalf of the team—as a staff nurse, he willingly acted as the bed coordinator at a moment's notice.

“He brings calm to a tense situation, simultaneously coordinates a variety of activities with ease, and creates a welcoming, supportive and high-quality environment for patients, peers and physicians alike.” ■

Reading blueprints, visualizing and organizing new facilities and working with contractors and engineers is not on every nurse's to-do list, but Laurie Sherman, RN, took on all that and more, stepping up to coordinate construction of new operating rooms at NorthShore Evanston Hospital.



Laurie Sherman, RN (left) and Candace Cobarde, RN

A large and complicated project, construction took place in phases over three years and included a mandate that 12 operating rooms remain open and fully functional throughout the entire process.

Responsible for nursing education in the OR, Sherman's primary focus is getting new nurses up to speed—a process that can take up to a year due to the vast amount of technology and equipment involved in the tremendous number of surgical procedures.

When she was first approached about facilitating OR construction, Sherman didn't know what to expect, but she willingly took on the new role with "some excitement and some trepidation."

Sherman was recognized as an organized person with the ability to pay attention to detail—traits that paid big dividends in a project of this scope and sensitivity. "Laurie did a phenomenal job making sure that everything was covered with minimal impact to patients," said Evanston Hospital Assistant Vice President for Perioperative Services Beverly Beine. "She kept the project patient-focused and staff-focused, and brought a global perspective considering patient flow, work flow, staff and physicians and developing solutions that worked for everyone."

Communication was critical as the situation changed on a daily or even hourly basis. "There were 150 people who needed to know the plan—nurses, residents, physicians—I joked with them not to come around corners too quickly as a new wall might be there," Sherman said. Anticipating needs for each new phase of construction and making sure everyone involved knew what to expect were dual drivers of Sherman's constant and thorough communication. The equipment room was moved three times throughout construction, just one example of the constant change.

Sherman's clinical expertise and background, including her tenure as a staff nurse in the OR, were key to her success, Beine said, noting that NorthShore leadership recognized that this particular job demanded clinical knowledge and involvement.

Ultimately, the real value of Sherman's role is evident in the final results—beautiful and efficient new ORs and adjacent space for ambulatory patients to wait with their families right up to surgery.

For her part, Sherman was quick to cite support from leadership and many staff members involved in the project who all "did an amazing job." ■

Attention to detail is critical for an Intensive Care Unit (ICU) nurse. Subtle changes can be very important, and little things can signal crucial developments.

With 15 years of experience at NorthShore Glenbrook Hospital's ICU, Cindy Erickson, RN, has honed exceptional attention to detail, which coupled with her self-described compulsion for organization made her just the right person to take on what some would describe as the tedious, but ultimately vital role of ICU supply coordinator.

In fact, when the ICU was informed that the shelving system for the supply rooms would be changed, Erickson said she and her manager realized that it was "a golden opportunity to improve its organization."

Her experience on the Professional Development and Education Council provided Erickson the foresight to survey her colleagues before beginning the project, laying the groundwork for demonstrated outcomes at the completion of the one-year process.

Erickson began by systematically gathering feedback from her ICU colleagues. The supply room had suffered years of neglect with little involvement from nursing, Erickson said, so her goal was "to ensure that nursing had a voice in determining what supplies were needed to take care of patients."

One of the biggest complaints from staff was the fact that the unit's two supply rooms did not mirror each other, which forced the team to memorize two unique sets of supply room details.

Erickson thoroughly analyzed the supply list, weeded out unnecessary items and identified new supplies, supporting more efficient and effective care. "Cindy is very precise with everything she does, and she doesn't stop until the job is complete, and it's done right the first time," said Glenbrook Hospital Intensive Care Clinical Nurse Manager Mary Stare, RN.

Following her own analysis, Erickson posted supply lists and carefully factored input from her colleagues before meeting with Central Supply and developing a new layout. The revamped supply rooms are a testament to Erickson's organizational skills and personal motivation. The final analysis of staff satisfaction showed an increase from 0 to 61 percent of staff being "very satisfied" with supply room organization and an increase from 14 to 61 percent being "usually satisfied" with their ability to find items.

Improved staff satisfaction with supplies translates to improved quality and efficiency in patient care, and for Erickson that's the best reward.

Erickson is moving on to the Nursing Research Council and will undoubtedly continue to broaden her professional horizons with more projects in the future. She encourages new nurses to consider involvement on councils as a way to continue to grow in their roles, ultimately bringing benefit to themselves, their units and patient care. ■



Cindy Erickson, RN

For Dieula Paul, RN, nursing is more than a profession; it is an extension of her personal mission. “I just want to help people—that’s my purpose and I love nursing. I love to make people feel better,” she said.

Today Paul is succeeding in her mission in grand proportions. In addition to her three decades-plus of caring for patients in a variety of roles at NorthShore Highland Park Hospital, Paul has made a parallel career of mission work returning to her native Haiti to care for those in overwhelming need, especially after last year’s devastating earthquake.

Paul, who moved to the United States in her late twenties, began working as a CNA at Highland Park Hospital in 1978. Over the years she has gained experience in a variety of units, including oncology and hospice, before landing happily in Perioperative Services in 1999. Paul especially enjoys caring for infusion patients as she has worked with many of them for 10 years or longer, and has grown quite attached to them, she said.

“One of Dieula’s main strengths is her compassionate care, particularly as it relates to our pediatric patients,” said Highland Park Hospital Perioperative Services Director Valerie Sosnowski. “She helps guide patients and their families through the perioperative experience answering their questions and quelling their fears. She has a very gentle, calming presence.”

That compassion is clearly what drives Paul to use her own vacation time and funds for an annual medical mission trip to Haiti sponsored by two charitable organizations: Hope for the Hungry and International Allied Missions. “We see everything and anything from bad to worse, people who have no access to healthcare,” Paul explained. She and her fellow medical volunteers established a temporary clinic in a rural area near an orphanage and treat more than 1,000 patients per day, many of whom have walked hours to see a doctor or nurse for the first time in their lives.

In addition to the annual organized medical mission trips, Paul typically makes another yearly trip on her own, focused on helping those who face extreme poverty and hardship made even worse after the earthquake.

“The knowledge and experience I have gained as a nurse at NorthShore helps me make an immediate impact in Haiti,” Paul said. “Once you go there, you see the need and you have to go back.” ■

Dieula Paul, RN (right)



Nursing Mission Half a World Away

Before Jeniffer Pyon, RN, was hired as a staff nurse at NorthShore Glenbrook Hospital, she told her manager she would need two weeks off for a volunteer medical trip to Thailand. “I was surprised at the encouragement and support I received, and I left the interview with a very positive first impression about Glenbrook and the NorthShore system,” Pyon said. That positive feeling was mutual.

Pyon was thrilled when offered a position two months before leaving on the life-changing mission. “At the end of our trip, our

team was outwardly tired and dirty, but internally renewed and energized.

Using our professional skills to help change the lives of people in need gave us all a sense of appreciation for our work. It doesn’t matter what the patient looks like or where they live; our calling as medical professionals is to help the sick.” ■



Jeniffer Pyon, RN

Like pilots maintaining an airplane's steady speed and altitude to ensure a safe flight, NorthShore nursing consultants actively manage a broad array of issues to ensure smooth operations across all areas of patient care.



“They play a huge role in making sure that our patients are getting to the right place and getting the right care,” said NorthShore Glenbrook Hospital Vice President of Nursing Nicole Fernandez. “In many ways they are the eyes and ears of the organization, looking at the big picture of the hospital while making a huge number of decisions each shift.”

Nursing consultants are responsible for assigning beds. They are involved in all codes and rapid response calls and intervene in everything from issues with patient families to staffing resources.

“My job is about supporting the nurses and serving as an advocate for patients,” said Glenbrook Hospital Nursing Consultant Carla Heinz, RN. “You have to put yourself in everybody’s position; everybody’s problem is very important to them. You have to respect each individual’s situation and the challenges they are facing.”

NorthShore Evanston Hospital Nursing Consultant Cathy Mullane, RN, has a similar perspective. “You have to be able to communicate with people, and listen really well to pick up on things with patients and family members as well as with nurses and other staff,” she said.

Communication is indeed a critical skill for nursing consultants as they liaison with virtually every department in the hospital. Their interactions have helped truly develop relationships between departments. “I depend on lots of people for things to go smoothly, and I am so grateful everyone here has such a positive, can-do attitude,” said Heinz.

Fernandez sees nursing consultants as true leaders of the organization, helping to guide a host of other colleagues in the right direction. “They embody our service values and interface with so many of our customers; nursing consultants are invaluable,” she said. Heinz points to NorthShore’s culture and support of nurses as an important element of the organization’s success and her career satisfaction. “I talk to nurses at other healthcare organizations all the time, and I have no interest in going anywhere else. At NorthShore they hear your voice,” she said. “I remember as a new graduate when I first started here, it was the same philosophy. We were empowered, and encouraged to think on our own.”

Both long-time NorthShore employees, Heinz and Mullane find their work gratifying on multiple levels. “When we can help facilitate something for a patient and make it happen quickly, that is rewarding,” Mullane said. And both enjoy their roles as mentor to fellow nurses.

“We are all learning every day as nurses,” Mullane added. ■

Carla Heinz, RN (left) and Cathy Mullane, RN

Sexual assault may be a topic not readily discussed, but it remains a serious community health issue that takes a toll on countless victims and their families.



Michelle Haussermann, RN (left) and Cheryl Vinikoor, RN, BSN, CEN

As the new Sexual Assault Patient Champion at NorthShore Highland Park Hospital, Michelle Haussermann, RN, is teaching her fellow Emergency Department nurses—often the first medical professional to care for victims—to provide the best, most compassionate care, while also ensuring quality evidence collection and documentation.

As a member of the Lake County Sexual Assault Coordinating Council, Haussermann has helped advance the group’s goal of developing a comprehensive program for a coordinated effort to deal with sexual assault and abuse.

“The Council really values nursing’s role in this effort,” explained Haussermann, who said she was grateful to have the opportunity as a staff nurse to get involved in something so vital. “I take care of sick people—that’s what I do. And this has helped me grow as a nurse.”

Taking on the role as part of a special project, Haussermann has helped NorthShore develop a strong relationship with Lake County and has done an incredible job educating her peers, said Cheryl Vinikoor, RN, BSN, CEN, Clinical Educator at Highland Park Hospital’s Emergency Department. “She has such a positive energy, and no matter what the situation, she is extremely compassionate with her patients,” Vinikoor said. “Not everybody would be so willing to take on this extra work, and Michelle has just run with it. She really cares about doing the absolute best.”

Haussermann said one of the more rewarding aspects of this project has been the opportunity to help other nurses gain confidence in challenging situations by providing them

with the best practices and tips for treating these patients and collecting evidence, which is often key to legal prosecution and resolution. “This is not something you necessarily learn in nursing school,” she said “We are making these patients a high priority, and we know it can make a big difference.” ■

Nurse Leader Awarded Bronze Star



Pam Aitchison, RN (right)

An 18-year veteran of the U.S. Army Reserves, Major Pam Aitchison, RN, was awarded the Bronze Star, the fourth highest combat award of the U.S. Armed Forces, following her most recent service behind U.S. troop lines in Afghanistan in 2010.

Aitchison, who is NorthShore’s Clinical Coordinator for Simulation Technology and Academic Research, tapped her 20-plus years of clinical and educational experience for her demanding work with a MASH-like unit in Afghanistan. Aitchison’s commitment to caring for others and dedication to excellence reflect the best of nursing at NorthShore.

Long considered a recession-proof career, nursing is now facing new challenges as the current economic climate continues to strain the already-challenged healthcare arena.

Newly graduated and licensed nurses are struggling to find jobs, as healthcare organizations are working to control costs. NorthShore, a leader in innovative thinking, has created a program to best leverage this situation, benefitting both nurses and our hospitals.

The Graduate Nurse Intern Flex Pool program allows these new nurses to hone their skills while waiting for a full-time job opportunity. They are guaranteed a 32-hour-a-week resource position at NorthShore, floating to similar or complementary clinical units. When a budgeted position becomes available, managers can quickly fill openings with nurses who are already trained, oriented and ready to step in. The hospitals' clinical units also save additional time and money by relying less on temporary staffing agencies and overtime.

"We don't normally hire new grads into the resource team without experience, but we also don't want to turn away promising new talent. At NorthShore we always want the best, most talented nurses, and the Flex Pool program is a way for us to bring these nurses into the system and orient them so they are ready when a position opens," said NorthShore Evanston Hospital Clinical Nurse Manager Jean Olegario-Loy. "This is a real win-win program."

Thomas Matera, RN, is among the many NorthShore nurses who began their career in the Flex Pool program. After applying for numerous positions, Matera said he was contacted about Flex Pool and jumped at the chance. "It was really helpful in terms of scheduling and flexibility, and it was a good way for me to be exposed to different areas of the hospital," he explained.

"The minute I interviewed him, I knew I wanted Thomas on my team," Olegario-Loy said. "He is very caring, accommodating, empathetic and learns very quickly." In fact, in his relatively short tenure, Matera has become fully integrated into the team and is now recognized as a resource for staff on external pacemakers. He serves on his unit's Clinical Practice Council and as the unit representative for the Patient Medical Education focus group.

Matera, who returned to school after earning a bachelor's degree in history, is confident he has found the right fit with nursing at NorthShore. "I keep in touch with many of my friends from nursing school, and lots of them are already burned out. There are lots of less-than-ideal situations out there, and I feel really lucky to be where I am. There is great support for nurses at NorthShore, great leadership and a great team where we really do the best we can for our patients." ■



Caitlin Evans, RN (left) and Thomas Matera, RN

Following the death of her sister and father and her own battle with cancer, Martha Wallace, RN, decided it was time to leave her corporate job and return to nursing.

"I wanted to get back to caring for patients and making a difference in their lives," Wallace said. So, drawing on her own family's experiences throughout their illnesses, Wallace determined her focus would be on treating patients with respect and dignity whether dealing with a new health crisis or end-of-life decisions.

Wallace took a refresher course and returned to the nursing career she began 25 years before, joining NorthShore Evanston Hospital as a staff nurse on 5 South Searle. "I knew from the minute I opened the first book of the refresher course that this was the right thing for me," Wallace said. "I was really charged up about the whole patient and family experience and how good it can be."

Less than a year after she started, Wallace was approached about helping to start the new Evanston Hospital Palliative Care Unit. This proved to be a fortuitous and mutually beneficial development as Wallace—now Clinical Nurse Manager for Palliative Care and 5 South Searle—has flourished in the role, sharing her passion and training nurses for the unit.

"Palliative care and hospice care offer nurses the opportunity to be very autonomous, aligning goals with patients and their families," Wallace said. "We build strong relationships with these patients and their families. They look to us for guidance and trust that we are here for them every step of the way. The round-the-clock support gives them a great sense of relief."

Returning from a recent end-of-life care national conference, Wallace is thrilled to share evidence-based practices and leverage the latest findings for both symptom control and honoring the end of life when that time comes.

"One of my personal goals is to be able to positively influence the patient care experience—one patient and one family at a time," Wallace said.

Judy Lawrence, RN, Hospice Liaison for NorthShore Home and Hospice Services, said she and her team of hospice nurses who work in patient and family homes feel equally passionate about the essential care they provide. "Hospice care is truly care of the whole person, including family, loved ones and even pets. Our care is directed at emotional, spiritual and psychological well-being," she said.

Lawrence is proud of the positive feedback her team of nurses regularly receives from grateful families. "We hear how warm and human our nurses are in their care, that each person is taken care of in a special and unique way," she said.

Looking ahead, Wallace is energized about the future and the growth of both palliative and hospice nursing care. "As an organization, NorthShore will continue to build the skills of these specialized nurses even more, so they can continue to be caring leaders at the bedside," she said. ■

Martha Wallace, RN (right)



Magnet Exemplars

In January 2010, Magnet surveyors from the American Nurses Credentialing Center (ANCC) visited NorthShore University HealthSystem's four hospitals and Home and Hospice Services, meeting with staff nurses, physicians, patients and other healthcare professionals over four days. As a result, NorthShore was granted system-wide Magnet recognition on March 17, 2010. As part of the survey, NorthShore nurses were also recognized by the ANCC as exemplars in the following areas:

- **Quality of Care** Nurses across the system gave ANCC surveyors consistent feedback about the high quality of care at NorthShore. Staff members were aware of positive patient feedback and satisfaction surveys, and they openly discussed their loyalty in confidently referring friends and family to NorthShore. As evidence of a shared goal to provide safe, quality care, nurses cited improvements in bar-coded medication administration and dining on demand and its impact on diabetes and insulin administration.

- **Quality Improvement** ANCC surveyors inquired about the role of the Chief Nursing Officer (CNO) related to quality improvement, as well as NorthShore's mechanism for ensuring comprehensive dissemination of quality data to all stakeholders. The CNO regularly reviews information from the daily data warehouse with key team leaders. Opportunities for improvement are identified, and the CNO provides leadership and allocates resources for resulting projects.



Nurse-sensitive indicators are disseminated using a cascading scorecard. Prevalence data results are given to managers for analysis and follow-up. NorthShore conducts root-cause analysis of all stage 3 and 4 pressure ulcers, and a system initiative addresses urinary tract infection prevention. All nursing units are involved and report the data via performance improvement boards.

- **Interdisciplinary Relationships** NorthShore medical residents are divided into 10 teams annually and charged with choosing a system-wide project to improve clinical or operational processes. Prior to each project's approval, nurses are consulted to provide consensus on suggested topics and are included on the teams. The practice has produced the rapid response team debriefing, caregiver teams, Code Aqua (in which simulated codes are called to practice Code Blue drills) and protocol improvements for acetaminophen administration.



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Nursing STARS

Nursing STARS is a partnership with NorthShore Foundation and the Department of Nursing that encourages people to **Say Thanks And Recognize** the excellent care they, or their families, have received from a nurse, patient care technician, mental health counselor or an entire team of caregivers. Gifts made to Nursing STARS directly support the NorthShore Nursing Scholarship Fund, which was created with an initial gift from the Cotter family. Since Nursing STARS began in 2009, \$89,000 has been raised, enabling us to award more annual scholarships. In June 2010, 26 NorthShore nurses and patient care technicians received scholarships.

2010 Nursing STARS scholarship recipient Dan Shea, RN, NorthShore Highland Park Hospital Direct Care ICU (center) receives congratulations from Highland Park Vice President of Nursing Janet Buckley, RN, MSN (left) and Clinical Nurse Manager Dianne Frank, RN.

Advancing Our Knowledge Through Research and Professional Development

Professional Certifications

Nurses at NorthShore are passionate about their profession and eager to advance their knowledge in their clinical or functional area of specialty. Among our 2,584 nurses, certification and specialty credentials are held in the following areas:

Adult Nurse Practitioner Board Certified (ANPBC)
Advanced Oncology Certified Nurse (AOCN)
Advanced Practice Nurse (APN)
Advanced Trauma Care for Nurses (ATCN)
Certified Addictions Registered Nurse (CARN)
Certified Ambulatory Perianesthesia Nurse (CAPA)
Certified Breast Care Nurse (CBCN)
Certified Childbirth Educator (CCE)
Certified Diabetes Educator (CDE)
Certified Emergency Nurse (CEN)
Certified Gastroenterology Nurse (CGRN)
Certified Medical Surgical Registered Nurse (CMSRN)
Certified Nephrology Nurse (CNN)
Certified Neuroscience Registered Nurse (CNRN)
Certified Nurse Midwife (CNM)
Certified Nurse Operating Room (CNOR)
Certified Nurse Practitioner (CNP)
Certified Pediatric Nurse (CPN)
Certified Plastic Surgery Nurse (CPSN)
Certified Post Anesthesia Nurse (CPAN)
Certified Registered Nurse Anesthetist (CRNA)
Certified Registered Nurse First Assistant (CRNFA)
Certified Registered Nurse Infusion (CRNI)
Certified Registered Nurse in Ophthalmology (CRNO)
Certified Urologic Registered Nurse (CURN)
Certified Wound Care Nurse (CWCN)
Critical Care Registered Nurse (CCRN)
Family Nurse Practitioner Board Certified (FNPBC)
International Board of Certified Lactation Consultants (IBCLC)
Neonatal Nurse Practitioner Board Certified (NNPBC)
Nurse Executive Board Certified (NEBC)
Nurse Practitioner (NP)
Oncology Certified Nurse (OCN)
Orthopaedic Nurse Certified (ONC)
Physician Assistant (PA)
Progressive Care Certified Nurse (PCCN)
Psychiatric Mental Health Clinic Nurse Specialist Board Certified (PMHCNSBC)
Registered Nurse Board Certified (RNBC)
Registered Nurse Certified (RNC)
Registered Nurse Certified in Inpatient Obstetrics (RNCOB)
Registered Nurse Certified in Maternal Newborn Nursing (RNCMNN)
Registered Nurse Certified in Neonatal Intensive Care (RNCNIC)
Wound Care Certified (WCC)

Research, Presentations and Publications

Respected professionals in their field, NorthShore nurses share their knowledge and experience gained through involvement in clinical research projects, presentations and publications, including the following:

Research Projects

Mary P. Byas, MPH, BSN, RN *Dads Championing Breastfeeding*

Lauren Cote, RN, BSN *Harboring of Organisms on EKG Lead Wires in the Intensive Care Units*

Joanne Donnelly, CRNA, MS *Effective Implementation of a Standardized, Intraoperative Handoff Protocol Between Anesthesia Providers at Evanston Hospital.*

Allison Henke, RN and Mary Kamvisis, RN *Variables Associated With Parental Stress in the Immediate Post-NICU Discharge Period: Effects of a Nursing Communication Intervention.*

Mercedes Jenkins-Bolden, RN *A Randomized Clinical Trial to Determine the Accuracy and Reliability of Skin Temperature Measurement With Auxiliary Placement of Skin Probe for Extremely Premature Infants.*

Mary Kashul, RN *How Diffusion of Important Health Care Information Reaches the Direct Care Nurse as It Relates to Patient Care Issues, Work Safety Issues, Professional Development Issues and Hospital Initiatives.*

Moira Morpew RN, MS *Staff Nurses' Perceived Barriers to Safe Patient Handling*

Cathy Paoletti, RN and Tina Edwardson, RNC *Is the Incidence of Gram Negative Colonization in Nasogastric Tubes Higher in Infants Diagnosed With Necrotizing Enterocolitis or Sepsis Compared to Matched Controls?*

Holly Pilarek RN, BSN, IBCLC *A Randomized, Longitudinal Clinical Trial of an Evidence-Based, Individualized Breastfeeding Support Program for Mothers of Very Low Birth Weight Infants.*

Nancy A. Rodriguez, PhD, APN, NNP-BC *Concentrations of Lactoferrin in Urine of Very Low Birth Weight Infants in the First 3 Days of Life.*

Nancy A. Rodriguez, PhD, APN, NNP-BC *Concentrations of Lactoferrin in Milk Samples of Mothers of Very Low Birth Weight Infants.*

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Presentations

Karen Barnes, MSN, RN *Tri-Council for Nursing Position Statement on Educational Advancement for Nurses* Chicago Area Nursing Staff Development Organization Meeting, Chicago, Ill. September 2010

Karen Barnes, MSN, RN *IOM Report on the Future of Nursing: Implications for Education and Practice* Illinois Coalition for Nursing Resources Meeting, Naperville, Ill. November 2010

Poome Chamnankit, APN, CNP *Effective and Efficient Glucose Management in the Intensive Care Unit* Podium presentation at the Illinois Society of Advanced Practice Nurses (ISAPN) Midwest Conference in Lombard, Ill. September 2010

William Duffy, RN, MJ, CNOR *The Freedom to Lead: Using the Shift to Right Brain Thinking to Enhance the Image of Nursing and our Ability to Change the World* presentation at the Association of Perioperative Registered Nurses Annual Leadership Conference in Denver, Colo. July 17, 2010

Laura Hehemann, RN, BSN *Examining the Relationship Between Positioning Postextubation and Rate of Reintubation in VLBW Infants: A Retrospective Chart Review* Podium presentation (by invitation only) at the 5th Annual National Association of Neonatal Nurses (NANN) Research Summit Conference in Scottsdale, Ariz. April 6–8, 2010

Mary Kashul, RN *How Does Information Reach the Direct Care Nurse? Communication Paths in a Healthcare Organization* Poster presentation at the 2010 ANCC National Magnet Conference, Phoenix, Ariz. Oct. 13–15, 2010

Patricia Lueders, APN/CNP *Cardiovascular Anatomy and Physiology; As It Relates to the Cardiac Surgery Patient* Northwest Suburban Chicago Chapter of the Association of Perioperative Registered Nurses (AORN), November 2010

Maria McCarthy APN, PMHCNS-BC *Assessment and Treatment of Psychiatric Patients with Metabolic Syndrome Related to the Use of Atypical Antipsychotic Medications* Poster presentation at the American Psychiatric Nurses Association (APNA) 24th Annual Conference, Louisville, Ky. Oct. 13–16, 2010.

Moirá Morphew, RN, MS *Staff Nurses' Perceived Barriers to Safe Patient Handling* Poster presentation at DePaul University Department of Nursing Research Day in Chicago, Ill. Nov. 19, 2010.

Peggy Ochoa, MS, CCE, RNC-OB; Sue Schory, MA, RNC-OB; Anita Koeller, MSN, RNC-OB; Myra Sabini, BSN, RNC-OB; *State of Illinois Mandated Obstetrical Hemorrhage Education Using Simulation* Poster presentation at AWHONN Annual Convention, Las Vegas, Nev. September 2010

Nancy A. Rodriguez, PhD, APN, NNP-BC *A Randomized Clinical Trial of the Oropharyngeal Administration of Own Mother's Colostrum to Extremely Low Birth Weight (ELBW; <1000g) Infants in the First Days of Life* Poster presentation at the 15th International Society for Research in Human Milk and Lactation (ISRHML) Conference in Lima, Peru Oct. 8–12, 2010

Nancy A. Rodriguez, PhD, APN, NNP-BC and Tina Edwardson, RNC *Developing a NICU-based Nursing Research Fellowship Program: Empowered NICU Nurses Lead to Best Outcomes* Podium presentation at the 26th Annual NANN conference, Las Vegas, Nev. Sept. 19–22, 2010

Karen Sasso, APN *Behavioral Therapy for Stress and Urge Incontinence* Podium presentation at Advances in Urogynecology and Reconstructive Pelvic Surgery Conference in Chicago, Ill. June 2010

Jacquie Steuer, APN and Karen Kopan, APN *Productivity Tool Serves as Outcome Measurement for NPs in Acute Care Practice* Podium presentation at ISAPN Midwest Conference in Lombard, Ill. September 2010

Jacquie Steuer, APN *A Corporate Sepsis Initiative, Bundle Compliance and Mortality With a Multidisciplinary Sepsis Team* Podium presentation at ISAPN Midwest Conference in Lombard, Ill. September 2010

Jacquie Steuer, APN *Patient Safety Collaborative* Panel discussion at Chest Conference: American College of Chest Physicians in Vancouver, BC, Canada November 2010

Kathy Swartwout, PhD, APN, FNP- BC *Precepting in a New Healthcare Era* National Organization of Nurse Practitioner Faculties 36th Annual Meeting, Washington, D.C. April 14, 2010

Kathy Swartwout PhD, APN, FNP- BC *Are You Following the Law? An Update on Regulations that Impact APN Provision of Reproductive Health Services* Podium presentation at ISAPN Midwest Conference in Lombard, Ill. September 2010

Nancy A. Rodriguez, PhD, APN, NNP-BC *Developing a Corporate-Wide Nursing Research Council in a Complex Healthcare System: Keys to Successful Implementation* Podium presentation at ISAPN Midwest Conference in Lombard, Ill. September 2010

Nancy A. Rodriguez, PhD, APN, NNP-BC *APNs and Magnet Recognition: How to Best Utilize APNs to Achieve Magnet Status* Podium Presentation at ISAPN Midwest Conference in Lombard, Ill. September 2010

Publications

Adamji, J and Swartwout, K. Integrative Review for “Advance Provision of Emergency Contraception for Adolescents” (includes abstract). *Journal of School Nursing* (Sage Publications Inc.), 2010 Dec 01; 26 (6): 443-9 (journal article) ISSN: 1059-8405 CINAHL AN: 2010872844

Amusina, O. Reviewer for *Manual of Critical Care Nursing. Nursing Interventions and Collaborative Management*, 6th edition, published in November 2010 by Elsevier, Mosby

Duffy W., Kharasch M., Du H., “Point of Care Documentation Impact on the Nurse-Patient Relationship.” *Nursing Administration Quarterly* January-March 2010; 34(1):E1-E10.

Hehemann, L. “Examining the Relationship Between Positioning Postextubation and Rate of Reintubation in VLBW Infants: A Retrospective Chart Review” Abstract published in *Advances in Neonatal Care* August 2010

Rodriguez NA, Meier PP, Groer MW, Zeller JM, Engstrom JL, Fogg, L. “A Pilot Study to Determine the Safety and Feasibility of Oropharyngeal Administration of Own Mother's Colostrum to Extremely Low Birth Weight Infants.” *Advances in Neonatal Care*, 2010; 10 (4), 206-212