Transformational Leadership

Structural Empowerment

Exemplary Professional Practice

New Knowledge, Innovations and Improvements

Empirical Quality Outcomes

On the cover:
Sister Josephine comforts a patient.
Intern Eric Martinez lifts a patient with the guidance of his mentor.
Abigail Peckham cares for a surgical patient while on a mission trip to Uganda.
OSF Saint Anthony Medical Center has always had the reputation for providing the best patient care. At the cornerstone of that reputation is the strength of our nursing staff. Their commitment to excellence, their compassion, and in many cases, their creativity make OSF Saint Anthony a leader in patient care. While we can feel that difference everyday, it’s always nice to receive outside validation. Our recent recertification as a Magnet hospital acts as concrete evidence that it isn’t just the folks at OSF Saint Anthony who think we provide the best care.

Magnet recognition is reserved for an elite few hospitals throughout the country. I’m very proud of the efforts of our nursing leadership and staff as we pursue perfection in the provision of nursing care. You are leaders in the pursuit of our Mission, leaders in the pursuit of quality care and leaders in raising the benchmark for others to follow. It’s an honor to work with our nurses at OSF Saint Anthony Medical Center.

Thank you for all your efforts this past year and thanks for your help with the challenges ahead.

David A. Schertz, FACHE
President
Chief Executive Officer
OSF Saint Anthony

What a great year to be a nurse at OSF Saint Anthony Medical Center! We are pleased to highlight some of our excellent staff in this report, as well as detail how our team delivers exemplary and compassionate care to those we serve.

This year, nurses were involved in numerous activities to improve the care we provide. The OSF wecare/electronic medical record project is one of the largest system-wide initiatives ever undertaken by OSF HealthCare. On December 4, 2009, OSF Saint Anthony Medical Center was the first OSF hospital to go live. Many nurses were active members of the wecare implementation.

All caregivers remained focused on protecting and sustaining the safety of our patients, as well as the quality-of-care delivery during this major change. Clearly, it has been one of the most significant projects accomplished during this past year.

Another significant accomplishment occurred on December 15, 2009, when we received our call from the American Nurse Credentialing Center awarding us second designation as a Magnet Organization. As Magnet nurses, we have a responsibility to continue to evolve and develop best practice for patients and communities we serve. While this recognition keeps us in the national spotlight, I believe it’s our hearts that truly separate us from others.

Paula A. Carynski, MS, RN, NEA-BC
Vice President Patient Care Services
Chief Nursing Officer
OSF Saint Anthony

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David A. Schertz, FACHE
President
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Planning, Advocacy and Influence, Visibility, Accessibility and Communication

The Culture of the nursing work environment is strengthened by the use of a formal shared governance model. At OSF Saint Anthony Medical Center, shared governance has impacted nursing practice for more than 10 years. Nurses at all levels have the opportunity to participate in decision making and to plan effectively to achieve positive outcomes for our patients and their families.

In this year's annual report nurses have chosen to highlight the chairs of the nine different subcouncils. The subcouncils develop annual goals specific to their purpose. In several of the subcouncils, the work involves furthering a new professional development of nurses. These include Nursing Research, Nursing Development and Nursing Recognition. Other subcouncils serve to improve, not only nursing knowledge, but also the management, education and quality outcomes related to patient care. These include Standards of Clinical Practice, Nursing Ethics, Patient and Family Education, Skin and Wound, Pain Resource and the NICHE subcouncil.

Many of the outcomes and projects that are included in this year’s annual report reflect the work of the councilor structure. OSF is proud to acknowledge that role in shared leadership.

Patient and Family Education
The Patient and Family Education SubCouncil set ambitious goals for the 2009 fiscal year. A major goal was the development of a formalized process for meeting the many educational needs of patients. The subcouncil considered the best ways in which to meet the different learning styles of patients and to overcome the barriers to learning. Along with the Marketing and Communication Department, nurses designed a new patient information binder.

In March 2009, the Patient Guide to Services and Education binders were fully implemented on all the inpatient units with the intent that 100 percent of inpatients would receive a guide on admission. The guide provides patients and their families with services offered at the hospital, such as room service, concierge services, advanced directives, animal assisted therapy, visiting policies and phone numbers.

The Joint Commission mandates that every patient receive a Patient’s Bill of Rights and information on blood transfusions. These documents are also part of the patient binders. Each healthcare team adds information regarding patient and family education.

Jan Foreman
Growing up, Jan Foreman watched as her mom, a nurse, working for a local family practice physician, graciously took patient calls at home and cared for family and friends whenever possible. Those observations may be why Foreman sees nursing as more of a calling than a job. “I feel like it’s in my DNA,” she says. “I’ve always been drawn toward helping people.” Foreman began her nursing career in 1982, working on 3 South. Over the years, she has worked in neuro, critical care and cardiac rehabilitation. Currently, she works in outpatient rehabilitation and says her favorite part of her job is the patients.

“We see our patients two to three times each week for up to three months and we get to know them very well,” Foreman says. “We have the opportunity to provide education, support and fun at a time when people are often discouraged, frightened and overwhelmed.”

Although Foreman recalls many special patients and experiences, she is most grateful that her nursing skill allowed her to care for her dying mother – the same woman who introduced her to her calling. “Being a nurse allowed me the ability to care for her with the dignity and grace she so deserved,” Foreman says. “It was by far the most difficult, emotional and rewarding challenge I’ve ever had.”

Foreman also continues to work toward making improvements in nursing. She has led the outpatient department in achieving American Association of Cardiovascular and Pulmonary Rehabilitation Certification. She says the task has included implementing many department changes in the pursuit of better patient experiences.
Sheila Anderson

Twenty-two years ago Sheila Anderson had a patient experience that still inspires her today. She met a man in the burn unit, who was not expected to live another full day. Anderson nursed that man along while he fought through six months of hospitalization and multiple surgeries to recover from a 95 percent burn.

“He has the best attitude,” Anderson says. “And he’s one of the most inspiring people I know. He was my patient and now he is one of my best friends.”

Anderson was also inspired by her mother, who knew when Anderson was just five years old that she would one day be a nurse. “And every nurse I have ever worked with has been a mentor to me in some way.”

She now works in the gastroenterology laboratory, where she practices holistic medicine. Obviously the primary focus is gastrointestinal, but she and the other nurses concentrate on the entire patient.

Committed to the Mission, Anderson has been involved with the pain committee and with employee development. She also counts on her children, siblings and extended GI family to encourage her as she pursues a clinical nurse specialist degree.

Education was rolled out during Professional Practice Days. To fully illustrate the concept and policy, a mock case review was conducted with the help of the audience.

The Nurse Practice Council (NPC) reviews an average of two cases per month. Cases are filtered through the Care Management Division for initial screening before being passed on to a specialty case reviewer for further investigation. The case reviewers often meet with frontline staff to review the case in a transparent process to facilitate quality improvement and learning. If deemed appropriate, the case then goes to NPC for full review, with the option of frontline staff attending.

Outcomes of the cases have included suggestions, such as development of new and/or revised education, revision and/or creation of policies and procedures, referral of cases to the medical staff peer review and even exemplary nomination for nursing care provided during some of the cases reviewed.

Managing Up and Dashboards

Performance Improvement Research Council (PIRC) continues to encourage bedside nurses with ways to improve patient care via the use of dashboards. The dashboards display graphic designs and charts of the nursing quality indicators benchmarked by the National Center for Quality Indicators. Dashboards, on each unit, provide a quick method of assessing progress toward unit and organizational goals. The Quality Unit Leaders are designated on each floor. These staff nurses continually review the data, looking for improvements and educating nurses about the data and analysis. The information is communicated back to PIRC, encouraging “managing up techniques,” which are positioning coworkers to accentuate the positive and promote teamwork.

Needs Assessment of Clinical Staff

One of the goals of the Education Council was to develop a process to conduct, evaluate and address the educational needs of nursing. A needs assessment was developed in early 2009 to help identify educational topics that nurses felt were needed to enhance clinical and professional skills. The education plan is divided into clinical and professional topics. These topics will be presented over the next two years, with subjects varying from interpreting lab results to developing team-building skills.
To serve others and meet the healthcare needs of the community is integral to the Mission at OSF Saint Anthony. The hospital encourages and supports the formation of partnerships with various community organizations. These strong partnerships enable OSF to extend its caring service beyond the local and regional communities to include an international focus.

Magnet nurses strive to provide compassionate, competent care and are committed to advancing the health and welfare of the Rockford area residents through leadership and participation in events. Interdisciplinary collaboration is evident in many of the OSF sponsored community programs.

**Nurse Manager Academy**

The role of clinical nurse manager requires many different skill sets that nurses transitioning from a direct care nurse position may not possess. Anne Hammes, director of nursing, recognized that the hospital offered no formal training to assist new nurse managers in learning about their new roles. With the support of hospital administration, OSF chose to begin using “The Institute for Johns Hopkins Nurse Manager Academy” for all newly hired nurse managers with little or no experience in the new roles. The goal was to facilitate managerial growth and development.

The Nurse Manager Academy provides an intensive week of education at the

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**Kit Dieterman**

“The world of surgery is my calling and the operating arena in my mission field,” says Kit Dieterman, registered nurse first assist and team leader of cardiothoracic and vascular services. Dieterman became interested in nursing when a class was offered through her high school. She ended up graduating from high school and licensed practical nurse school in the same year and has continued with the same determination ever since.

She says the Lord has also provided a mentor when one was needed and it seems that one of those may have been a patient. Early in her surgical career, Dieterman experienced her first inter-operative death. While processing her emotions, she made a vow to always remember the fragility of her patients. “My face, hand, voice and touch may be the last thing they see, hear and feel before drifting off to sleep,” she says.

And Dieterman is quick to point out that through all her education and service on committees, the most important lesson she has ever learned remains – “Let everyone you meet, teach and care for, know that they matter.”
Medical Mission Trips
Several OSF nurses have volunteered their time and talents to serve on medical mission trips. Two such examples were outlined by Abigail Peckham and Denise Anderson.

My name is Abigail and I am an operating room nurse and that experience truly helped me make a difference on a trip to Uganda, Africa. While in Uganda, I encountered a young boy who needed to have a inguinal hernia repair – an abnormal protrusion of the bowel through an abnormal opening in the groin. He did not understand my language, but trusted my rarely seen, white smiling face. James allowed me to lead him into a full, noisy operating room, where I consoled him until he was asleep and was ready for surgery. The surgery was typical, simple incision and easy fix, but it’s the story surrounding this seven-year-old boy that made me think.

James had recently lost his father to AIDS, that without medical care can kill a person in Uganda in as little as three months. His mother was recently informed that she too had AIDS. James had just been tested for AIDS and it was likely that he already had it or would get it.

After James’ surgery I took him into the hallway and stayed with him until his breathing was strong. We did not have a recovery area or nurse. He was just rolled into a hallway. He was slow to wake up. Periodically, I had to rub his chest to initiate breathing. I stood there in the hot, stuffy hallway, with my left hand on his chest and my right hand holding his small hand.

What was his future? Would he be orphaned by AIDS like so many children in Uganda?

A resident Uganda nurse noticed my exhaustion and surely a look of powerlessness. She relieved me by getting James’ mother. His face had good color, his breathing had improved and he smiled at the sight of his mom. My work was done. James will never know how I held him and prayed for his life. It is my calling to give love to others. I do not seek gratitude and I accept this calling.

My name is Denise Anderson and I am a coordinator for Bless the Boys Sponsorship Program, which has a purpose to provide money to help feed, clothe and educate more than 50 boys at GSL orphanage in Port au Prince, Haiti. There are more than 60 sponsors currently in the program and since the program’s inception four years ago, more than $70,000 has been sent to the orphanage. I travel to Haiti once or twice each year to carry gifts and letters from the sponsors to the children.

Some of the things I have coordinated at the orphanage include painting the boys’ bedrooms, having a fun fair with prizes, pizza parties and a piñata and popcorn party. The most important thing is that the boys know people love them and care about them.

Prior to my March 2009 trip, money was raised to build a much needed dining room for the boys. I led a team into Port au Prince to begin construction. Along with our Haitian friends, we mixed cement by hand and formed a bucket brigade. Tables and chairs for the dining room were also donated.

Another purpose of our trip was to get donated food and hygiene products to a nursing home in Port au Prince. Treat bags were made for each resident. It was a wonderful experience to be able to visit with the elderly and let them know people care about them.
In February 2009, the Center for Cancer Care and the American Cancer Society sponsored the first local support program designed for children who have a close family member who has been diagnosed with cancer. Children’s Lives Include Moments of Bravery (CLIMB) was modeled after the Children’s Tree House Foundation in Denver. The complimentary, six-week program helps children cope with anxieties and fears while improving communication between the family members. The CLIMB committee was spearheaded by Marilyn Gemme, director of oncology services. Others members of the team included social workers, child-life specialists, a clinical nurse specialist and the local clinical director of the American Cancer Society. Volunteers supporting the program include pediatric nurses, a home health nurse and a radiation therapist.

Each fall, nursing staff from the cancer center and the gastrointestinal laboratory volunteer to assist with cancer screenings at the Black Health Coalition’s Silver Chalice Health Fair. The health fair is sponsored by a coalition of African-American churches in the Rockford area. Each church earns points based on the number of screenings their members have undergone. The church with the highest number of points receives the “Silver Chalice” for that year. The nursing staff worked with oncologists to draw blood for PSA screenings and assist with rectal exams to screen for prostate cancer. Nurses also volunteered to draw blood for cholesterol and blood sugar levels and teach people about the importance of colonoscopies and rectal cancer screening.

Breast Cancer Program
Because breast cancer touches so many lives, it was decided that it be the topic of a special OSF Saint Anthony Women’s Program. Becky Olson, breast cancer survivor and founder of “Breast Friends,” was the speaker at the event. She spoke of her non-profit organization dedicated to helping people survive the trauma of breast cancer.

Olson’s speech was delivered at the Rockford Art Museum, where a special art display was also being presented. The museum was featuring an exhibition of art work created by Hollis Sigler, an acclaimed artist and breast cancer victim.

OSF Saint Anthony sponsored the Hollis Sigler Retrospective, which includes selections from her autobiographical “Breast Cancer Journal.” These particular pieces chronicle Sigler’s struggle with breast cancer, the disease that eventually took her life.

Center for Cancer Care partnerships with the community
The nurses and staff of the OSF Center for Cancer Care at OSF Saint Anthony partner with several community organizations in the Rockford area. The partnerships are instrumental in meeting the needs of the community by preventing, diagnosing and treating cancer and providing support for patients and their families.

American Heart Association Activities
In 2009 the Regional Heart Institute celebrated Go Red for Women by holding a drawing to win one of two gift baskets full of heart-healthy, fun items. There was also educational information available to employees about healthy menu options. OSF employees and their family members participated in the annual American Heart Association, “Start! Heart Walk” at Rock Valley College. Twenty-four team captains led 165 walkers to raise $13,199 for the event. Nurses also provided blood pressure screenings in the heart health area of the Create Hope tent.
Since 1997, the Mission Integration Council has served to promote the Mission internally and throughout the Rockford region. The council has three teams that address issues for employees and those we serve: Mission Outreach, People Development and Recognition and Retention. The Mission Integration Council includes nursing representatives from various levels.

The Mission Outreach Team, comprised of 14 members, focuses on volunteer opportunities both internal and external. Organizations for which OSF volunteers must be non-profit and have a mission statement similar to that of OSF in terms of ideals and goals. Examples of volunteer activities include bell ringing for the Salvation Army, clothing drives for the Rockford Rescue Mission, seeding at Nygren’s Wetlands and framing houses for Habitat for Humanity.

**Trauma Symposium – “Tackling Trauma Together”**

“Tackling Trauma Together,” the first OSF Trauma Service regional trauma symposium was held in August 2009. Ninety-five participants from as far away as Chicago and central Illinois traveled to the Saint Anthony College of Nursing – Guilford Square facility. The symposium highlighted the Medical Center’s contributions to trauma care in the region. Distinguished speakers covered the continuum of trauma care from pre-hospital and field care to rehabilitation. In addition, attendees were given the opportunity to participate in a pediatric trauma simulation and experience an automobile extrication demonstrated by the Rockford Fire Department. A farm rescue demonstration performed by the Stateline Farm Rescue group was also included.

OSF Trauma Service was highlighted along with the OSF Animal Assisted Therapy Program, OSF Saint Francis Pediatric services and the Saint Anthony College of Nursing.

**Feeding the Homeless**

OSF has a passion for the poor in the community and through an affiliation with the Northern Illinois Chapter of American Association of Critical-Care Nurses, has supported service to the community by feeding the homeless every year since 2004. This is done by joining forces with Sheltered Care Ministries in Rockford. OSF also has a strong commitment to improving the lives of those affected by illness. Annually, approximately 150 homeless people benefit from health screenings and education, through the collection of needed basic supplies and the feed-the-homeless event.

Monthly diabetic and blood pressure screenings are offered at Sheltered Care Ministries, with follow up recommended at local free clinics. OSF nurses provide education on diabetes and hypertension on an individual basis. Basic measures such as hand washing and healthy habits are taught.

Feed the Homeless is held at noon on a Saturday in January. Forty volunteers assisted in the 2009 event including three AACN past presidents. More than 140 plates of food were served, with the help of support from local businesses and private donations.

OSF Saint Anthony has begun a tradition that hopefully will continue to touch hearts for many years to come.

Danica Ford helps plant at the Nygren Wetlands, a mission outreach project.
Exemplary Professional Practice

Professional Models of Care, Nurses as Teachers, Consultation and Resources, Interdisciplinary Relationships, Quality Care Monitoring and Improvement

Exemplary Professional Practice encompasses many aspects of patient care. Nurses at OSF Saint Anthony are able to work in collaboration with other members of the healthcare team to deliver care that is based on a professional model of care with a theoretical base. The features included in this section highlight just a few of the programs, clinical resources and processes that are used to enhance our commitment to nursing excellence.

Implementation of Relationship Centered Care Model

The development and use of a new professional model of care, the Relationship Centered Model (RCCM), is a process that requires time, energy and innovation. During 2007 and 2008, an interdisciplinary Care Model Task Force created an original design that depicts the elements, processes and outcomes for interdisciplinary care and professional practice.

Jean Watson’s Theory of Human Caring (1999) was adopted as the underlying theory. It is closely associated with the Mission of the Sisters of the Third Order of Saint Francis.

During the months of February, March and April, 2009, the Magnet Champions (Magnet Rays), Care Model Task Force members and Unit Practice Council representatives provided education to nurses, patient support services and patient care services.

The main components of the Relationship-Centered Care Model were shared along with examples of how the model applies to each department. The Magnet Rays innovatively wove the RCCM into other fun educational activities as the organization moved closer to the Magnet site visit in October 2009.

The uniquely created model invokes a sense of ownership and identity for all who work at OSF Saint Anthony. Recognizing that the roles of everyone are relevant to patient outcomes is a crucial breakthrough that was needed within the organization and one that is futuristic.

Redesignation Preparation

The new Magnet Model, unveiled at the 12th Annual National Magnet Conference, retains the 14 Forces of Magnetism within a framework of five model components: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice.

Michelle Leitzinger

Michelle Leitzinger’s nursing career began when she was just a little girl growing up on a farm. “When we found bunnies, I would take the wounded ones and nurse them back to health,” she recalls.

She soon advanced into helping with the care of her father, who because of juvenile onset diabetes, developed sores on his feet. “I was always the caregiver,” Leitzinger says.

She works nights in the Critical Care Center, which works out well for her young family. And she refers to nursing as a fantastic field. “I have a great peer group and job security,” Leitzinger says. “And I have the opportunity to teach patients and co-workers.

Of course, nursing has its challenges and Leitzinger still remembers the first patient who passed away under her care. “It was very difficult,” she says. “He was a DNR and all he wanted was peace.”

Through her 17 years of nursing, Leitzinger has found ways to deal with such challenging times. “I know they’re going to a better place – peaceful and comfortable,” she says. “Faith gets me through.”
Nina Blair

Nina Blair believes her second career is what she should have been doing her whole life. And there are probably many former pediatric patients in the Rockford area who feel the same way.

Blair’s first career had her working with children, but she was simply fitting them for good, sturdy shoes at the Stride Rite shoe stores she owned. She believes in the quality of those shoes and appreciated the interaction with children, but something was missing.

In 1982, after selling shoes for 25 years, things had changed in Blair’s life and she decided to go back to school to pursue a career that a hearing problem had kept her from years earlier. Her parents showed their support by buying her the most sensitive stethoscope they could find. By 1986 Blair had earned her RN degree and spent several years caring for her ill father and father-in-law. Finally, in 1990, she came to work on the pediatric unit at OSF Saint Anthony.

“I remember saying a prayer in the elevator on my first day, ‘please let me get through this day,’” Blair recalls. She made it through her first day and 20 years after that. And as she looks forward to retirement, she reflects on her choice of pediatrics.

“I love all of my patients, but I have to admit, the four-year-olds are my favorite,” she says. “They’re going to tell you exactly how they feel. Kids describe pain differently than adults. You have to put the pieces together.”

Committed to helping other nurses and the community, Blair serves as a primary preceptor and in nursing development. She has also been instrumental in surgery tours and at the Safety Safari.

An example of how committed Blair feels to the pediatric unit — when she was awarded the Nurse Excellence Award a few years ago, she felt she won it for the whole department. “We’re the smallest department in the whole hospital, but we do a great job,” she says. “It brought attention to the whole department.”
**Internal Consultants and Clinical Resources**

**Advanced Practice Nurses**
Current patient care is complex and requires a varied range of expertise. At OSF Saint Anthony, advanced practice nurses (APNs) serve cardiology, critical care, women's health, pediatrics, medical/surgical, neuro/trauma, palliative care, geriatrics and peri-operative services.

The group works to support nurses in the delivery of patient care and additionally serves as peer consultants for clinical practice issues that relate to their particular area of expertise. Several clinical nurse specialists guide the care of selected patient populations. APNs also serve as mentors for interdisciplinary shared governance nursing councils and subcouncils. The APNs occupy key positions that are needed to promote nursing professional development, evidence-based practice and nursing research projects.

**Charge Nurses Without Patients**
The charge nurse does more than just make patient assignments. With many new staff members and a quick turnover of complex patients, more immediate assistance and bedside consultation is needed. A charge nurse without a full assignment can be that resource. Because of the consultation need, nursing administration requested additional FTEs for the charge nurse with no patient assignments on the day shift and a charge nurse with one less patient on the night shift.

In fiscal year 2008 this request was granted for the critical care center, neuro/trauma critical care and 4 East. In fiscal year 2009 the request was granted for all other in-patient units. The charge nurse job description was revised somewhat and a charge nurse workshop was offered to re-educate charge nurses on the new role expectations.

**Stroke Center**
Each year approximately 700,000 people experience a new or recurrent stroke, which is the nation’s third leading cause of death. On average, someone suffers a stroke every 45 seconds and someone dies of a stroke every 3.1 minutes. Stroke is the leading cause of serious, long-term disability in the United States, with approximately 4.7 million stroke survivors alive today.

Because of these devastating statistics, OSF Saint Anthony Medical Center took the lead in 2007 to become the first Primary Stroke Center in Rockford. This initiative involved the hiring of a stroke fellow trained neurologist, Monica Simionescu, MD. Anticipating the arrival of Dr. Simionescu, OSF began the in-depth process of preparing for The Joint Commission stroke certification.

In June 2008, OSF Saint Anthony experienced a site visit from The Joint Commission. OSF Saint Anthony was found to be in substantial compliance with the standards.

Bronze recognizes performance for 90 consecutive days.

Silver recognizes performance for 12 consecutive months.

Gold recognizes performance for 24 consecutive months or more.

OSF Saint Anthony has achieved the bronze recognition in 2009 and is currently in application for the silver recognition.
Primary Stroke Performance Measure* | Saint Anthony Performance | National Benchmark
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Deep vein thrombosis prophylaxis | 100% | 95%
Discharged on anti-thrombotic medication | 100% | 98%
Patients with atrial fibrillation receive anti-coagulation therapy | 100% | 94%
Patients who arrive within 120 minutes of time last known well, receive t-PA within 180 minutes | 78% | 64%
Anti-thrombotic medication administered within 48 hours of hospitalization | 99% | 94%
Cholesterol reducing medication prescribed at discharge | 93% | 90%
Dysphagia Screening | 77% | 77%
Stroke education provided | 83% | 77%
Smoking cessation (advice/counseling) | 100% | 97%
Assessed for rehabilitation | 99% | 97%

*2009 data element averages

OSF Saint Anthony Medical Center Recognitions

- The OSF Saint Anthony Sleep Center received program re-accreditation from the American Academy of Sleep Medicine.
- Saint Anthony College of Nursing earned continued Accreditation by the Higher Learning Commission of the North Central Association of Colleges and Schools.
- OSF Saint Anthony Medical Center earned the U.S. Health and Human Services Medal of Honor for organ donation, for the fifth consecutive year.
- OSF Saint Anthony Medical Center has been certified by The Joint Commission as a Primary Stroke Center.
- OSF Saint Anthony Trauma Center was verified by the American College of Surgeons for providing optimal care.
- The American Organization of Nurse Executives announced that OSF Saint Anthony is one of 32 hospitals in the country participating in the Transforming Care at the Bedside Initiative.
- The American College of Surgeons Commission on Cancer accredited a Three-Year Approval Award with commendation for the Medical Center’s Cancer Program.

Currently, OSF Saint Anthony is a participating hospital with, “Get With the Guideline.” All stroke data is reported to this agency that benchmarks participating hospitals throughout the United States and awards them for their outcomes. The awards recognize hospitals that demonstrate at least 85 percent compliance in each of the seven Stroke Achievement Measures, indicated by the American Hospital Association.
Chad Williams feels bad when he doesn’t recognize every patient who approaches him when he’s out grocery shopping. “It’s so touching when they recognize me at the grocery store or Target,” Williams says. “I feel bad that I don’t remember them all, but their kind words are so appreciated.”

Williams, who has been a nurse for eight years, works with orthopedic patients on 1 South. He knows that most of his patients are experiencing pain and says one of the most important parts of his job is to understand that pain. “We really have to listen and look for signs,” he says. “We have to be open to different options and use diversionary tactics.”

That’s just one of the lessons he learned from mentors Donna Jacobson and Denise Bohn, who took him under their wings when he was a new nurse. “I was fresh out of school and was looking for people who could help me,” he recalls.

Williams started thinking about nursing as a career back in junior high school and he believes he will be a nurse forever. “When your favorite part of your job is having the opportunity to help someone, why do anything else,” he says.
Reduction of Restraints

Restraint reduction in the intensive care units was an evidence-based practice project of critical-care clinical nurse specialist, Darla Brandle since January 2007. At OSF Saint Anthony Medical Center, the staff has been educated on the need to limit the use of restraints and to avoid their use whenever possible. If restraints are necessary, the least restrictive type should be used and removed as soon as possible.

A thorough review of literature and two Magnet list serve queries were used to gather evidence regarding the use of restraints in the intensive care units. Comparison of OSF Saint Anthony data with the National Database of Nursing Quality Indicators (NDNQI) determined an opportunity for improvement for OSF restraint use in the ICU. As a result of the need to improve data, the Unit Practice Councils developed ways to further reduce use of restraints in the ICUs.

Strategies aimed at reducing restraints included the development of guidelines for initiating and removing restraints. The ICU nurses use a Glasgow Coma Scale of five or less as defining criteria to remove restraints. The action plan for continued improvement includes discussion by direct care nurses about the potential need for discontinuation of patient restraints at shift change and during interdisciplinary rounds. The initiative has proven successful as we continue a downward trend in restraint utilization.

Recovery of Surgical Patients

In April 2009, Deb Persaud presented a poster study at the 16th National Evidence-Based Practice Conference at the University of Iowa on a change in practice that improved the post operative recovery care of critically ill surgical patients at OSF Saint Anthony.

Current nursing research was reviewed. Also, staff nurses were surveyed to determine best practices. Is the best practice to recover surgical patients in the PACU by nurses trained in post surgical recovery or in the ICU by critical care nurses who have experience in critical care nursing, and are not trained in post surgical recovery care? The ultimate goal was to promote patient satisfaction while providing the best possible care.

After reviewing all the information, it was determined that the ICU was the best unit to recover ventilator dependent, critically ill surgical patients. Critical care nurses are skilled at providing nursing care to critical patients. Transferring the patients directly from the OR to the ICU would alleviate the need for patients to be transferred to two different units in a short period of time.
In February 2009, the National Transportation Safety Board (NTSB) held a four-day public hearing on the safety of helicopter emergency medical services (EMS) operations.

As president elect of the International Association of Flight Paramedics, Hums has been involved in two major safety studies in the helicopter EMS profession.


Hums was invited by the NTSB to provide testimony on a safety study he performed in 2008 and to participate as a “party to the hearing.” His duties included listening to the testimony and preparing questions as an expert in the industry to help delve further into the testimony.

While there has never been a injury or fatality at OSF Lifeline Helicopter, it is the goal to continually improve the safety for patients and crew.
Within OSF Saint Anthony Medical Center, nurses are focused on quality outcomes. Nurses collect and analyze data on nursing quality indicators that are submitted quarterly to the National Center for Nursing Quality Indicators (NDNQI).

Additionally, data from the Centers for Disease Control (CDC) and the Centers for Medicaid and Medicare Services (CMS) are used for comparison purposes for other measures of clinical excellence. The discussion of several quality initiatives and associated graphs illustrate how we make a positive difference in the quality of care that is delivered to patients.

**Maintaining Continued Success with Pressure Ulcers**

Nurses at OSF Saint Anthony are committed to sustaining a goal of hospital acquired pressure ulcer (HAPU) incidence rate at a level of three percent or less. A few strategies have been put in place to ensure the success of delivering high quality care to those we serve.

One such strategy is the engagement and support of administration at all levels. From an OSF HealthCare System perspective, the administrative team is cognizant of interventions used to improve pressure ulcer prevention programs and the resulting outcomes. Paula Carynski, chief nursing officer, works closely with the leader of the Skin Champion program and supports the work needed to achieve the ambitious goals and measures used to maintain the skin integrity of patients.

Skin champions are vital in promoting and sharing pressure ulcer prevention strategies with staff members. Clinical nurse managers have joined forces with the Skin Champions by providing bulletin boards that help to promote skin awareness among other team members. Nursing personnel often seek out the Skin Champions to discuss best practice in skin care. Every shift has a Skin Champion who works to provide resources for skin-related issues.

One of the most vital ways to protect the skin of patients is to identify problem areas early and implement prevention quickly. If best practice and prevention are not being delivered, action plans are developed and implemented quickly. OSF Saint Anthony is proud of the work that has been done by the nursing team.
Empirical Quality Outcomes, Continued

Preventing Ventilator Associated Pneumonia

Ventilator associated pneumonia (VAP) is defined as pneumonia occurring 48 or more hours after a patient is on a ventilator or within 48 hours of extubation. Pneumonia is the second most common hospital acquired infection and it is estimated that it adds additional hospital cost. Ventilator bundles, which are nursing interventions, help to reduce the incidence of pneumonia in patients.

Ventilator bundles include elevation of the patient’s head of the bed, frequent oral care, stress ulcer prophylaxis, tracheal suctioning, aspirations precautions and daily assessment for possible extubation. Routine turning of patients every two hours and early mobilization are also part of the bundle.

At OSF Saint Anthony, the VAP rate continues to be very low. Since October 2006, Saint Anthony has consistently maintained rates well below the national benchmarking data. In 2009, the VAP rate was 0.5 per 1,000 ventilator days. Using evidence-based practice from the American Association of Critical Care Nurses and working in conjunction with the Infection Control department helps nurses to achieve the very low rate. Patient outcomes are better with the ventilator bundle, making VAP preventable.
Improving Influenza / Pneumonia Vaccination Rates

The Admissions Team ("A Team") is a group of five regularly scheduled registered nurses, who process unscheduled inpatient admissions. The team’s focus is medical-surgical telemetry patients; however, if time permits, they may assist with ICU patient admissions. As a small, dedicated team they regularly consult with each other to transition consistently in the admission process.

The A team recognizes the importance of completing risk assessments as part of the admission process, that drive optimal care and patient safety. Enhancing communication processes between the unit secretaries, pharmacy and the A-Team has helped to provide consistent and impressive data for not only pneumococcal screenings but administration of the influenza vaccination to patients who meet the screening criteria. The fiscal year 2009 graphs show that OSF Saint Anthony strongly outperforms the national benchmark of 85 percent for both pneumococcal vaccination and influenza vaccination by 97 percent and 98 percent respectfully.
The culture at OSF Saint Anthony Medical Center promotes advancement of knowledge and the dissemination of best practices with other Magnet hospitals. As integral members of the steering committee for the Research Symposium, OSF Saint Anthony nurses were able to work collaboratively with three other Magnet hospitals and served as the primary sponsor for the annual Research Symposium in November 2008. The Nursing Research Subcouncil encouraged and supported the attendance of 50 nurses. The council members served in many ways to facilitate a successful conference. One of the keynote speakers was Patricia Benner, PhD, distinguished researcher. Her model of “novice to expert” serves as the framework for the OSF Saint Anthony clinical ladder program for advancement of nurses who wish to remain in clinical practice.
The Nursing Research Subcouncil also supported the development of evidence-based practice projects by two staff nurses and sought additional applicants for the 2010 year. The listing of research projects shows more nurses are expressing an interest in conducting and designing nursing research studies. The Nurse Practice Council completed the last phase of their study on nurse perceptions of the work environment. During fiscal year 2009, nurses at all levels of the organization shared their work at the local, regional, national and international levels. The number of podium and poster presentations more than doubled from the previous year. Through research and evidence-based practice projects, OSF Saint Anthony nurses are having an impact on patient care.
OSF Saint Anthony Medical Center Nurses with Certifications
Nurses, Managers, APNs, Directors & CON Faculty
2009-2010

Cara Adams, RN, CNRN
Christine Anderson, MSN, RN, ACNS-BC
Marilyn Balch, MS, RN, FNP-BC
Susan Baylor, MS, NCSN, RN, CNE
Ellen Bonner, MN, CCRN, APRN-NP, CNS
Elizabeth Carson, EdD, RN, CNE
Cindi Bennett, BS, RN, CNRN
Deanna Berg, MS, RN, BC
Mary Sue Bergeson, RN, CCRN
Kathryn Blomberg, RN, CCRN
Jennifer Blixt, BSN, RN, PCCN
Mary Sue Bergeson, RN, CCRN
Deanna Berg, MS, RN-BC
Cindi Bennett, BSN, RN, CNRN
Julia Crawford, ADN, RN, CDE

Paula Car
Judith Carter, ADN, RN, ONC
Katherine Carmichael, BSN, RN, OCN
Julie Carlson, MSN, RN, APN, AOCNS
Denise Boxleitner, BS, RN, OCN
Colleen Burkart, MS, RN, FNP-BC
Karen Burton, BS, RN, CRNI, OCN
Kim Calabro, BS, RN, OCN
Kathryn Carlyskov, MSN, RN, CCRN, ACNP-BC
Julie Carlson, MSN, RN, APN, AOCNS
Lynn Carlson, BS, RN, ONC
Katherine Carmichael, BS, RN, OCN
Judith Carter, ADN, RN, ONC
Paula Carnisky, MS, RN, NEA-BC
Jacqueline Casser, AA, RN, CPUR
Wendy Cassidy, ADN, RN, CEN, TNS
Madelyn Chapman, BSN, RN, OCN
Mary Beth Clayton, ADN, RN, CMSRN
Sally Clemens, ADN, RN, OCN
Amy Clendening, BSN, RN, OCN
Lenore Conboy, RN, CDE
Mary Ann Cooney, ADN, RN, ONC
Barbara Coss, MS, RN, CCRN, CEN
Tina Costello, ADN, RN, CCRN
Julia Crawford, ADN, RN, CDE
Deborah Downs, BSN, RN, CMSRN
Julie Dieterman, ADN, RN, CNOR
Victoria Dose, ADN, RN, RNC
Deborah Downs, ADN, RN, CMSRN
Laurie Ellis, RN, CPUR
Beverly Etheridge, RN, PCCN
Victoria Farakas, RN, CCRN
Marla Farone, RN, CCRN, CSC
Judith Field, ADN, RN, CNOR
Rita Findley, BS, RN, CPUR
Mary Jo Frichtl, MS, RN, CNE
Theresa Fritz, RN, RNC
Gail Garrepy, RN, CNOR
Cindy Gentry, RN, PCRN
Glenda Gottfred, RN, OCN
Mary Habbley, RN, CAPA
Patty Hamilton, ADN, RN, CMSRN
Anne Hammes, MS, RN, NEA-BC
Barbara Hansen, ADN, RN, CCRN
Marlene Hanso, MS, RN, RCIS
Chelsea Hardacre, BSN, RN, OCN
Sarah Harper, RN, BC, PCCN
Traci Hartfield, MS, RN, ACM
Tina Hedberg, RN, CNOR
Jennifer Hendrickson, BSN, RN, OCN
Amy Hill, BSN, RN, PCCN
Julie Hinterlong, ADN, RN, CEN
Belinda Hopper, MBA, RN, RNC
Susan Horstmeier, ADN, RN, CAPA
Jason Hums, MPH, BSN, RN, NREMTP
Teresa Hunt, MS, BSN, RN, CNOR
Mindy Idell, MSN, RN, NE-BC
Amy Inskeep, BSN, RN, ONC
Bonnie Johnson, MSN, RN, ACNS-BC
Joyce Johnson, BSN, RN, CAPA
Lisa M. Johnson, MS, RN, RRT, NEA-BC, FACHE
Linda King, BSN, RN-B
Colleen Klein, PhD, RN, FNP-BC
Amy Kroos ADN, RN, CHPN
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Leann Kuhlemeyer, BSN, RN, OCN
Rebecca Lambrecht, BSN, RN, CCRN, CSC
Cristi Ledin, ADN, RN, OCN
Michelle Leitzinger, BSN, RN, CCRN
Susan Lincoln, BSN, RN, CNRN
Stephanie Lynch, ADN, RN, CEN
Peggy Malone, BS, RN, OCN
Mary Marshall, RN, PCRN
Suzanne McCord, ADN, RN, CCRN
Dawnn McIntosh, ADN, RN, PCRN
Brenda Meintz, BS, RN, PCCN
Christopher Mills, BSN, RN, CCRN
Penny Moore, BSN, RN, OCN
Patricia Moneysmith, ADN, RN, ONC
Janet Myers, RN, OCN
Patricia Myers, BSN, RN, OCN
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Kelly Schram, BSN, RN, CNOR
Judith Schwartz, RN, COHN
Joanne Seidl, RN, OCN
Cynthia Shadle, RN, COHN
Dauphine Sims, MS, RN, APN, CNS
Janet Skurski, RN, BSN, CPC
Michele Smith, RN, CNRN, TNS
Silva Smoode, RN, PCRN
Pamela Solversen, BSN, RN, CCRN
Mary Stephenson, RN, BSN, PCRN
Patricia Sterrett, RN, BC
Juliette Strombeck, BSN, RN, OCN
Dianne Stroup, ADN, RN, OCN
Margaret Swanson, MSN, RN-BC
Judy Taber, ADN, RN, CNOR
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Elizabeth Torres, BSN, RN, OCN
Julie Tvardovski, RN, CPUR
Rachel Vergel De Dios, RN, CCRN
Betty Villiers, BSN, RN, OCN
Tammy Voiles, ADN, RN, CCRN
Sarah Walder, MS, RN, CNOR
Sheri West, BSN, RN, CHPN
Megan Wilson, BSN, RN, CAPA
Becky Winterheimer, BSN, RN, OCN
Jane Zielinski-Carter, MSN, RN, CCRN, CNRN
Megan Zimmerlee, BSN, RN, OCN
Jeannine Zuba, BSN, RN, CNRN

*Names highlighted in red are 2008-09 certified
Names highlighted in blue are CNSs or APNs
Names in bold are Directors or Managers
Names highlighted in purple 2009-2010 certified
Names highlighted in green are CON Faculty
Continuing the journey in nursing excellence...

In December 2009, the American Nurses Credential Center recognized OSF Saint Anthony Medical Center for the second time as a Magnet designated organization, placing it in the top 2 percent of the nation’s hospitals for nursing excellence.

OSF Saint Anthony program director, Colleen Klein, PhD, RN, successfully submitted the supporting documentation and organized the site visit. Saint Anthony nurses shined during the appraisers’ site visit and demonstrated the high quality, compassionate care that patients experience daily. The organization has truly advanced since its initial designation and will continue on the journey.

Staff and administration celebrate after receiving the call indicating that OSF Saint Anthony earned Magnet designation for the second time.