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OSF HealthCare  
St. Joseph Medical Center

**NURSING**  
**ANNUAL REPORT**

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## OSF HEALTHCARE MISSION

In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the gift of life.



## DEAR NURSING COLLEAGUES,

I'm pleased to present you with this 2021-2022 OSF HealthCare St. Joseph Medical Center Nursing Annual Report. It's been another unprecedented year, and with the COVID-19 pandemic becoming more manageable, I'm proud that we not only persevered, we excelled. We set out to rebuild and reengage – all while providing high-quality, compassionate, evidence-based care. We've made great progress and have set the groundwork to continue on that path this coming year.

Within this report, you'll find several examples of accomplishments aligned with the Magnet model domains of transformational leadership, structural empowerment, exemplary professional practice, and new knowledge and innovation.

Day after day, I'm amazed by wonderful examples of nurses at all levels fulfilling our Mission of serving with the greatest care and love. Your commitment and professionalism never cease to amaze me!

This annual report only covers a small sample of the great work of our nursing professionals. I am humbled and honored to work alongside such an amazing team. On behalf of myself and our entire senior leadership team, thank you for all that you contribute to our community and our patients.

Sincerely,

Lisa M. Pittman, MHA, MSN, RN, NEA-BC  
Chief Nursing Officer  
Vice President, Patient Care Services  
OSF HealthCare St. Joseph Medical Center



# TRANSFORMATIONAL LEADERSHIP

## *New Daily Briefing format leads to increased safety focus*

In an effort to continue fostering a culture of safety and further align with Joint Commission best practices, Daily Briefing meetings were reformatted in June 2022 to drive increased awareness and communication of safety events throughout the hospital.

Previously, the Daily Briefing took place every morning Monday through Friday with leaders from all departments, including nursing and other clinical and non-clinical support services. The meeting's primary focus was staffing and patient census along with hospital-wide announcements and recognition of wins. However, CNO Lisa Pittman recognized an opportunity for improvement and suggested shifting the meeting's focus to safety events within the last 24 hours and any anticipated in the next 24 hours.

The Senior Leadership Team approved this change, which included expanding the meeting to occur seven days a week and changing its name to the Daily Safety Briefing. Among other changes, each department now presents their data in 60 seconds or less, giving a high-level overview of safety events while maintaining protected health information. Information and trends are then cascaded down to departments after the meeting, increasing transparency of safety events and working to reduce preventable errors.

Due to the Daily Safety Briefing's updated format, leaders now collaborate daily with the interdisciplinary team to quickly resolve safety concerns. One example occurred when Holly Wheat, RN, identified unclear instructions for the administration of sodium chloride, which could result in fluids being administered incorrectly to dialysis patients. She discussed this concern with Elizabeth Hoskins, RN, BSN, supervisor of Nursing and Patient Care, and Elizabeth escalated the concern to the Daily Safety Briefing. Elizabeth then partnered with Ryan Wolf, PharmD, and Ministry system analysts to update the order set instructions in the electronic medical record within 24 hours.

In addition to facilitating improved communication of safety issues and rapid action to decrease the potential for harm, the new format of the Daily Safety Briefing also positively impacts our Key Result of Clinical Excellence.



*Left to right: Elisabeth Hoskins, Ryan Wolf, Lisa Pittman and John Phifer*

## *APP Committee formed*

The APP Committee is a new committee for advanced practice providers at OSF St. Joseph consisting of nurse practitioners, certified registered nurse anesthetists and physician assistants. Chaired by Hannah Donahue, DNP, APRN, FNP-C, ENP-C, the team meets monthly to complete chart reviews and follow up on APP-related MIDAS entries.

One of this peer group's tasks is to complete randomized chart audits. As part of Ongoing Professional Practice Evaluation (OPPE), these audits are used for identifying trends that could affect the quality and safety of care.

In addition to facilitating this meeting, Hannah also attends the monthly Medical Executive Council (MEC) meeting to represent APPs. The APP Committee's goal is to continue expanding its scope to give APPs more voice and representation on MEC and continue providing professional development for APPs.

## *Advocating for resources: Nurse's research leads to new nursing position*

Every year, clinical nurses are given the opportunity to participate in OSF Advance, a program aimed at recognizing and compensating clinical nurses for their work toward professional development goals. Participating nurses choose goals to work toward and participate in different projects throughout the Ministry. They then present the results of their work to the OSF St. Joseph Nurse Practice Council.

Heidi Kelleher, RN, is a clinical nurse at OSF St. Joseph who recently participated in OSF Advance, and one of her projects played a key role in the creation of a new nursing position.

Heidi works in the Infusion Clinic and Ambulatory Care Unit (ACU), a blended unit with cross-trained nurses. The Infusion Clinic completes outpatient infusions and places peripherally inserted central lines (PICC) and midline intravenous catheters on inpatients and outpatients, and ACU cares for pediatric and adult same-day surgical patients. Heidi worked with Jeremy Carby, RN, BSN, of the Infusion Clinic and Ambulatory Care Unit to gather data and write a report to submit to leadership about the need for a dedicated line placement nurse.

The data she collected included the number of infusion patient visits, the number of line placements and the number of Mission Partners working in the unit from 2014-2020. The report detailed the increase in patient visits, increase in PICC line placements and the addition of placing midline intravenous catheters over several years – all without a change in the number of Mission Partners working to complete these tasks.



Infusion nurses began placing PICC lines in 2017, and they began placing midlines in 2018. From 2017-2021, there wasn't a dedicated line placement nurse. Several of the nurses from the Infusion Clinic and ACU were trained to insert lines and would work line placement for patients into their daily workload. Most of the lines were placed by nurses working an Infusion shift as this allowed for timelier placement than those working an ACU shift due to workflow.

Placing a line takes approximately 60 minutes and requires two Mission Partners. Due to these requirements and the lack of a dedicated Mission Partner, the report highlighted the need for a dedicated position. In her OSF Advance presentation, Heidi shared how she had created and updated this report several times as she advocated for a dedicated Mission Partner for this role as the workload continued to increase for Infusion and ACU nurses.

In the spring of 2021, it was announced that the Infusion Clinic and ACU would be divided into separate physical units in October 2021. The Infusion Clinic would move to another location within the medical campus, joining with the opening Cancer Center. With this move and a Mission Partner retiring, only one nurse would remain in ACU who was competent to place lines. The lack of trained nurses and a change in workflow would increase delays of line placement as it was harder for ACU-trained nurses to step away from patient care to place lines.

During the planning of this move, Heidi updated the report to reflect the upcoming changes in workflows and advocated to Kyle the continued need for a dedicated line placement nurse. Kyle escalated the resource need to leadership with the updated report, and the new position was approved in May 2021 and filled that October.

Heidi's hard work to gather, analyze and correlate the data regarding line placement by clinical nurses in the Infusion Clinic and ACU made this dedicated position possible. It also led to improved timeliness of line placement and reduced the time ACU nurses are pulled away from caring for pre- and post-operative surgical patients.

### *ICU RNs advocate for bedside rounding to improve care*

In May 2022, a team of Intensive Care Unit (ICU) bedside nurses drove the process of shifting interdisciplinary rounding from the hallway outside patients' rooms to their bedside.

ICU nurses Hayley Aeschleman, Sarah Belcher and John Cargill submitted this request to their leaders highlighting the critical gaps in patient-provider communication and family participation. They incorporated research from The American Association of Critical-Care Nurses, which advocates for patient and family-centered care. Additionally, the request emphasized the importance of creating interdisciplinary relationships among providers, patients and families.

The ICU nursing team presented their recommendation to senior leaders and received immediate support for the new bedside interdisciplinary rounding process, which was implemented for all ICU patients on May 31, 2022. Since then, the department has seen a month-to-month increase in overall patient experience scores, and the process has been expanded to all inpatients at OSF St. Joseph.



# STRUCTURAL EMPOWERMENT

## *Education improves care for palliative and comfort care patients*

### ASSESSING THE PROBLEM

In December 2020, Megan Mowery, RN, BSN, CHPN, a coordinator on the Palliative Care team, approached Kristin von Nordheim, RN, BSN, a clinical educator in the Family Care Center (FCC), about working to improve utilization of as-needed (PRN) comfort care medications, non-pharmacological pain interventions and the performance of daily cares. (FCC is a medical surgical floor where patients age 28 days to end of life are cared for.)

In March 2021, Kristin and Megan surveyed FCC bedside clinical nurses to help identify barriers and educational deficits associated with caring for comfort care patients. The survey results showed Mission Partners lacked understanding of the difference between palliative care and comfort care and that they felt uncomfortable with the ethics of administering PRN medications due to misconceptions of the intended purpose and effect. Unfortunately, these knowledge gaps were leading to increased pain for comfort care patients.

### EDUCATION IMPROVES UNDERSTANDING

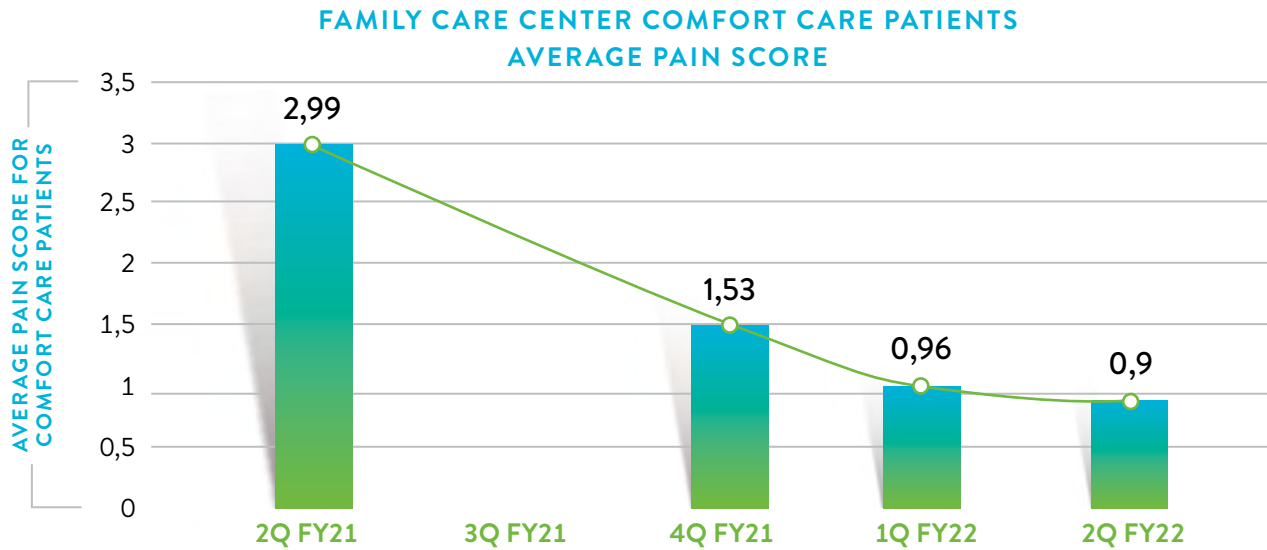
Using survey results, Kristin and Megan developed a plan to improve understanding of comfort care plan of care and patient care by having clinical nurses from FCC complete a four-hour job shadow with a member of the Palliative Care team. During this experience, clinical nurses were educated on the differences between palliative care and comfort care, the use of the Pain Assessment in Advanced Dementia (PAINAD) pain scale, the intended purposes of the most commonly used PRN medications, and the importance of repositioning and daily care to aid in comfort. Education was also developed into a presentation for new-hire clinical nurses. This idea was presented to Bridget Suarez, RN, BSN, the FCC nursing care manager, and approved. Both newer clinical nurses and experienced nurses completed the job shadow.

A post-intervention survey of clinical nurses showed an increase in their perceived understanding in the difference between palliative care and comfort care, as well as their understanding of the purpose of palliative care.

## THE RESULTS

The team focused on PRN medication utilization and the patient response using pain scoring. Pre-intervention data was gathered on all comfort care patients admitted to FCC during the second quarter of Fiscal Year 2021, and intervention occurred during 3Q FY21.

Three post-intervention quarters showed an improvement in care delivered to comfort care patients in FCC. The data shows an increased use of both PRN opioid and benzodiazepine medication administration and a decrease in average pain scores for comfort care patients, indicating that Mission Partners learned how to better manage pain and comfort during end-of-life care.



## *Family Birthing Center achieves 444 days without a fall*

A strategic priority for OSF HealthCare is reducing patient injuries by reducing the number of patient falls resulting in injury, and the Family Birthing Center at OSF St. Joseph was recently recognized for their work on this initiative as they achieved 444 days without a patient fall.

The Family Birthing Center is a labor, delivery, recovery and post-partum unit with a level II nursery with neonatology always available. Nurses in this department reached the 444-day milestone by ensuring both mother and baby were screened for fall/drop risk and that all appropriate fall interventions were in place during their stay. Some of these interventions include the use of non-slip socks, utilizing lift equipment when appropriate and educating parents on the dangers of falling asleep while holding a newborn.

OSF St. Joseph recognized the nursing staff for their achievement with a yellow-themed celebration (since yellow is the color of fall alert wrist bands and fall supply bags) featuring yellow treats and decor in the Family Birthing Center Nurse's Station.

*Left to right: Sonya Russo, Betsy Aughenbaugh, Lauren Heidenreich, Tina Trickel and Katie Ewing*



## *Surgical Services improves patient satisfaction, achieves milestone*

The Surgical Services department at OSF St. Joseph is a multidisciplinary team of nurses, surgical technicians, anesthesia providers and proceduralists who perform surgical cases on pediatric, adult and geriatric populations. This well-rounded team performs a range of procedures, including neurosurgery, cardiothoracic, gastroenterology, genitourinary and orthopedic surgery.

Surgical Services also works to continuously improve quality and safety through improved patient outcomes and recovery time. That's why they perform total knee arthroplasty (TKA) procedures using the Mako robotic system.

The Mako system utilizes a robotic arm and X-ray images to generate a 3D virtual model of the patient's joint. In addition to improved patient satisfaction and reduced pain post-operatively, clinical studies show a decreased recovery time for patients who had their TKA performed with the Mako system.

Utilization of this equipment empowers our Surgical Services team to deliver high-quality, patient-centered care. It also helps OSF achieve our Key Result of Number of Persons Served as the number of satisfied patients continues to grow. In fact, in August 2021, the team was recognized with a celebration for completing their 500th Mako surgical procedure.

*Left to right: Kathy Panski, Shayna Robb, Jon Beck, Amanda Repplinger, Ron Hafner, Frank Shofner, Brandon Smith, Stephanie Overback, Steve Wall, Sarah Sutter, Katelyn Miller, Kristyn Miller, Shirley McBride, Randy Sterner, Darla Bowman, Jenna Bryan and Jen Schmid*



# EXEMPLARY PROFESSIONAL DEVELOPMENT

## *Safety Stop Campaign: It takes two!*

In FY21, the Quality, Safety and Service Committee at OSF St. Joseph discovered that the hospital regularly had unlabeled or mislabeled laboratory specimens. During leaders' follow-up on these occurrences with frontline Mission Partners, it was consistently determined that there was a lack of awareness of the correct process or that Mission Partners had created workarounds that they viewed as time savers. Unfortunately, this resulted in instances of both patient harm and near misses.

## CAMPAIGN TO HELP DRIVE A SAFETY CULTURE

To help correct this issue, reduce patient harm and increase the culture of safety at OSF St. Joseph, an interprofessional group of Mission Partners created and launched a campaign to help drive education and awareness for all frontline Mission Partners about patient identification and labeling best practices and processes. Their goal was to create a culture of safety and reduce the percentage of unlabeled and mislabeled lab specimens per 10,000 specimens hospital-wide to zero.

Team members included:

- **Amanda Baker**; Quality & Safety manager
- **Lisa Strack, RN, MSN**; Clinical Education supervisor
- **Anthony Replinger, RN, MSN**; Nursing Care manager
- **Ian Golightly**; Laboratory Services manager
- **Kristin von Nordheim, RN, BSN**; clinical educator
- **Kari Gattung**; Radiology manager

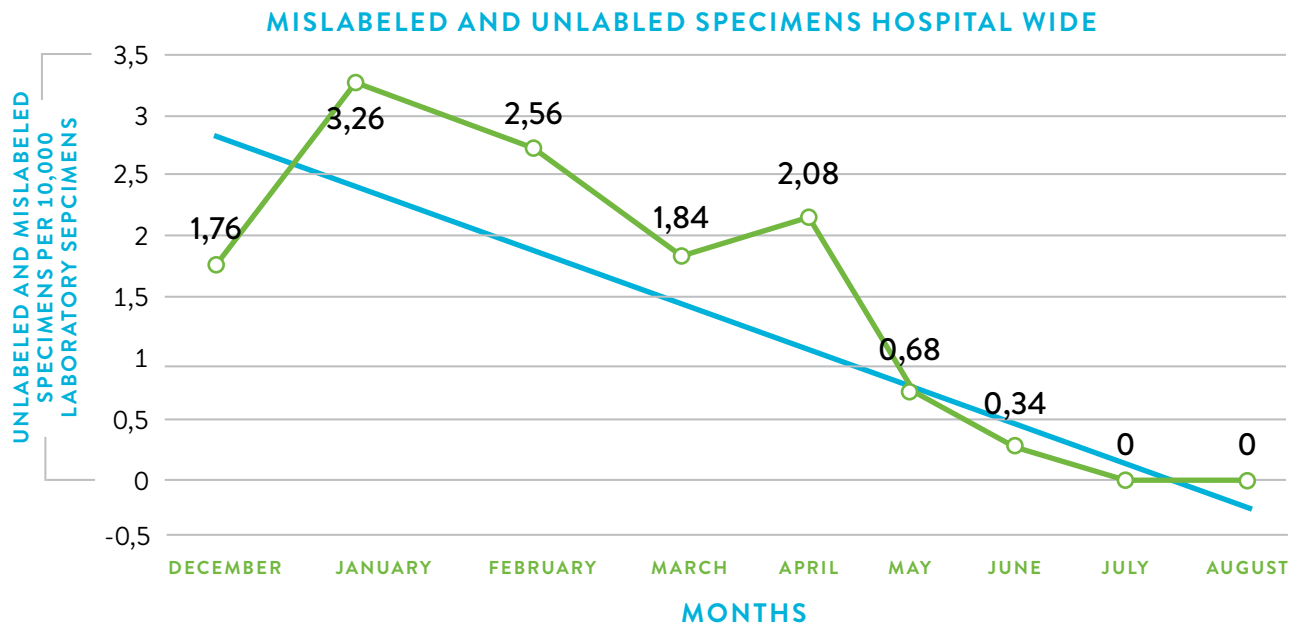


The campaign launched in January 2022 with the theme of “Safety Stop – It Takes Two!” It was represented by a logo featuring a red hexagon with a hand holding up two fingers, symbolizing Mission Partners’ need to take time to stop and focus and the requirement for two people to check two patient identifiers for every patient and specimen identification event. Campaign tactics featuring the logo included:

- An electronic learning module for Mission Partners detailing the current state, patient safety events happening locally and nationally as a result, and the correct processes that must be followed for patient and specimen identification
- Posters and signs in Mission Partners’ breakrooms and common areas where patients and families are present
- Buttons for leaders to wear to help drive awareness
- Patient-focused flyers explaining the expectation that Mission Partners frequently ask for patient identifiers for safety purposes
- Snacks and stickers
- Talking points to help guide leaders’ discussions with their teams
- Articles for unit newsletters

## THE RESULTS

The campaign was a tremendous success as instances of mislabeled or unlabeled specimens have been reduced from about three per 10,000 to zero per 10,000.



## *Taking action to prevent patient self-harm*

The Family Care Center (FCC) cares for patients 28 days and older, and their patient population is general medical and surgical cases. In December 2020, two patients at the FCC at OSF St. Joseph committed self-harm (an intentional, non-suicidal injury to one's own body) while they were admitted, both resulting in minor injuries.

### FINDING THE ROOT CAUSE

Following each event, Katie Pola, RN, MSN, Quality & Safety coordinator, first completed a root cause analysis, which involved interviewing the Mission Partners involved and completing chart audits to see what safety interventions were in place. In each case, these nurses discussed a lack of resources and the need for renewed safe patient practices when caring for patients at high risk for self-harm.

### TEAMWORK ADDRESSES THE PROBLEM

Katie then assembled an interdisciplinary team to look at the results, define a goal and develop an action plan to fix identified gaps. This team consisted of nurses, physicians, Quality and Safety, and Risk Management.

Team members included:

- **Celeste Widolff, MBA**; director of Quality and Patient Safety, Eastern Region
- **Katie Pola, MSN, RN**; Quality and Safety coordinator
- **Pam Rice, BSN, RN**; Quality and Safety coordinator
- **Kathy Weber, CPHRM**; Eastern Region risk manager
- **Deb Dalton, BSN, RN**; vice president of Quality and Safety
- **Ashley Neal, DNP, RN**; patient safety officer
- **Dr. Brandon Bleess, MD**; Emergency Department physician
- **Dr. Jerry Antonini, MD**; adult hospitalist
- **Isabel Ponce, BSN, RN**; clinical nurse
- **Morgan Estes, BSN, RN**; clinical nurse
- **Janet Guttschow, BSN, RN**; charge nurse
- **Amy Benoit, MSN, RN**; administrative supervisor
- **Jessica Vela, BSN, RN**; manager of Nursing Patient Care

During the root cause analysis, the team:

- Identified areas of opportunity
- Set a goal of reducing the percentage of patient self-harm events per 1,000 patient days in the FCC
- Developed a standardized plan of care for the patient population

## THE INTERVENTION (JANUARY-MAY 2021)

The interdisciplinary team met in January 2021 to discuss the findings of both patient event investigations. During this meeting, nurses expressed a need to standardize the plan of care for these patients by creating checklists for nursing to ensure proper interventions are in place and implementing new safe patient practices.

All admissions are screened for thoughts of self-harm and suicidal ideations. Nurses use the Columbia-Suicide Severity Rating Scale, a series of questions that gauge the risk for patients. Depending on how questions are answered, additional questions will be asked as appropriate. For example, if the patient states they are having thoughts of self-harm or suicide, a question will populate asking if the patient has a plan or if they have attempted self-harm or suicide in the past. Patients can screen low-, medium- or high-risk for self-harm. When a patient screens high, additional interventions are needed to help keep them safe in the hospital.

## NEW SAFE PATIENT STANDARDS

Looking to standardize this plan of care for patients who are high risk for self-harm and suicide, the team developed additional safe patient standards to be implemented after a patient is identified. These include removing any medical equipment not immediately needed for care, storing all of the patient's personal items in a closet or locker and placing a sign on the door alerting all Mission Partners who enter that the patient is high risk for suicide. Nurses voiced concerns about patients' meal trays having utensils and advocated for a finger foods menu to be utilized to decrease risk. Another area of concern was patients in the bathrooms. FCC patient care bathrooms don't have space for Mission Partners to comfortably remain with them for one-on-one observation, so it was decided that patients would utilize bedside commodes instead of allowing them to be left alone in restrooms.





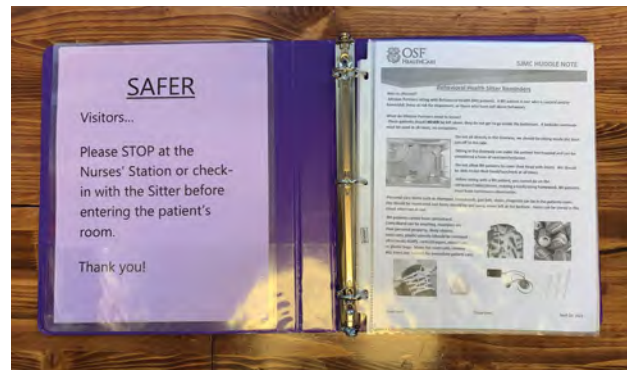
## NEW INTERVENTION CHECKLISTS

To aid in the ease of applying these interventions, the interprofessional team developed checklists to be utilized while caring for patients. During the root cause analysis, it was discussed that there was a lack of knowledge of available interventions that should be in place and a lack of resources to ensure all policies were followed. Feedback indicated that long procedures and policies were cumbersome, and a quick reference guide would be a better tool for real time use.

The first checklist developed was the “Suicidal Patient Checklist.” This tool is used by the primary nurse and the unit charge nurse immediately after a patient screens high risk and then again at the start of every shift during their visit. The tool lists all interventions that should be initiated and continue to be in place while we are caring for them.

The second tool developed was the “Suicide Precautions – Room Checklist” to be used by the continuous observer and primary nurse to make the room safe. This checklist added precautions from the new standardized plan of care this team developed, such as utilization of the bedside commode, storage of their personal belongings out of reach and placing the sign on the door. This communication was important as ancillary Mission Partners are not able to readily see when patients screen high risk.

The final tool developed was the “Sitter Report Form,” which was to be completed and handed off between one-on-one observers. Another finding during the root cause analysis was that lack of communication allowed Patient #2 two opportunities for self-harm. Mission Partners caring for the patient were not aware that the first incident had occurred until after the second incident. The handoff tool is set up to communicate behaviors and actions that are concerning and any identified triggers that led to these behaviors.

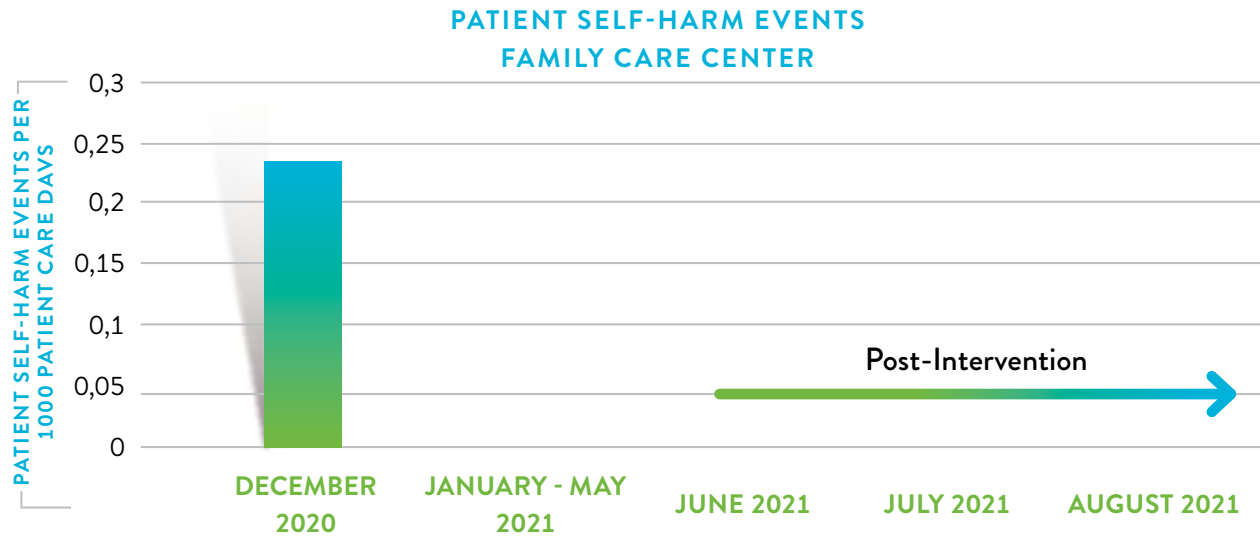


All updated plan of care checklists and patient population-specific finger food menus were placed within purple binders. These binders are housed in all patient care units in an easily accessible area. A new checklist is to be used each day to ensure continued compliance with the care plan.

Education for this process was developed in the form of an e-learning that was sent out in April 2021, and Katie had a table at the Hospital Wide Skill Validation to discuss the implementation of the Purple Safer Patient binder in May 2021. This new resource and care plan went live in June 2021.

## THE OUTCOME

Since implementation of the Purple Safe Patient binder, no patients in the FCC have attempted self-harm.



# NEW KNOWLEDGE AND INNOVATION

## *Nurses participate in clinical well-being survey*

In the fall of 2021, nurses at OSF St. Joseph participated in a nationwide research study centered on clinician well-being. The purpose of this study is to determine whether positive work environments affect clinicians' well-being and quality of care. The sample population included inpatient staff nurses, advanced practice providers and physicians working in adult inpatient medical/surgical settings or the Emergency Department who meet the inclusion criteria.

This study will be the first national, multi-site study to quantitatively evaluate the association of positive work environments and clinician well-being and its implications for quality of care. By studying clinicians within their organizations, we link burnout and job dissatisfaction with specific, modifiable features of work environments, which illuminates opportunities to intervene to improve the context in which care is provided.

## SURVEY PROCEDURES

An email was sent from the chief nursing officer one week prior to the study's start date notifying all qualified clinicians of the study and the survey. A week later, individual emails containing the study's purpose, an invitation to participate, and a link to the online survey were sent from the Center for Health Outcomes and Policy Research at the University of Pennsylvania.

The survey invitation also included details regarding the ability for participants to stop and withdraw at any time. Clicking on the survey link served as informed consent to participate. Information regarding confidentiality, use of the data, and who to contact with any concerns or questions about the study were provided. Each clinician group was notified of the estimated participation time – 15 minutes for nurses and 10 minutes for APPs and physicians – and that the survey was a one-time engagement without follow-up. Compensation was not offered or provided.

## RESULTS

At the time of publication, results of this study were being analyzed and will be shared in the coming months.

## *Surgical nurses and techs test efficacy of virtual reality*

Surgical registered nurses and surgical techs, including new graduate nurses, techs and travelers at pilot sites, are currently participating in a study to explore the efficacy of virtual reality (VR) simulation as an education tool. The study aims to answer the following questions:

- Does the use of VR simulation impact training efficacy for health care workers in the perioperative setting for high-risk, low-frequency risk situations?
- How do health care workers rate ease of use when using VR as an education intervention?

### **HYPOTHESIS**

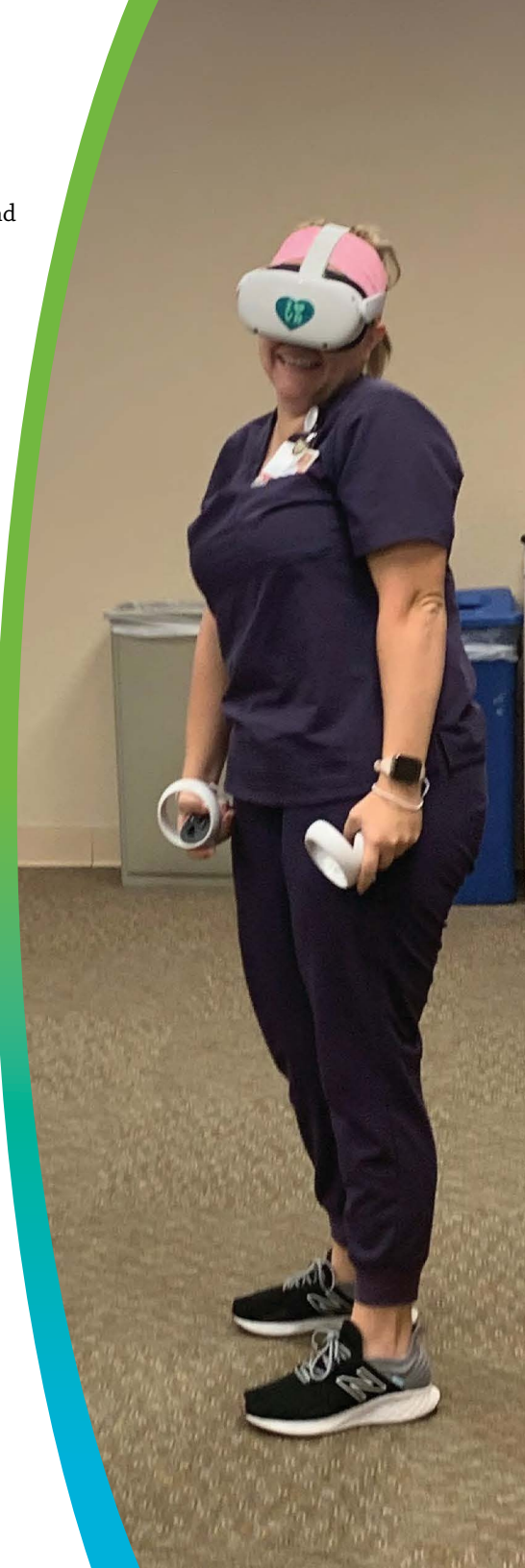
The hypothesis for this study states:

- Operating room (OR) staff high-risk, low-frequency events (e.g., a fire in the OR) competency will be achieved with VR simulation.
- OR staff will report ease of use with VR simulation training for high-risk, low-frequency events.

### **STUDY PROCEDURES**

The study, provided by Health Scholars, utilizes a quasi-experimental approach using one group design with a pre-test questionnaire, post-experience survey and time to competence data (number of attempts to achieve readiness score). The study process is:

1. Participants will receive an overview of VR and simulation prior to beginning the “Fire in the OR” module.
2. Informed consent will be obtained.
3. The pre-test questionnaire will be administered to obtain self-confidence data.
4. Upon completion of the pre-test questionnaire, participants will begin the Fire in the OR module and continue until they achieve a 90% assessment score.
5. After a 90% readiness score is achieved, the post experience survey will be administered.



Demographic data will be used to group participants by age and nursing experience, and each session will be limited to five participants to allow the session facilitator appropriate time to address any questions. Following the data collection period, the principal investigator and research coordinator will collect completion time data from Health Scholars.

## RESULTS

At the time of publication, this research study was ongoing and actively collecting data.



# PROFESSIONAL PRACTICE MODEL

The Professional Practice Model details how OSF nurses provide high-quality, safe and effective care, and this tree-shaped graphic is an illustration of that model.

The roots represent the OSF Mission of “serving with the greatest care and love,” which is the foundation of all that we do. The six leaves represent the tenets of the Professional Practice Model that are centered around our focus of Patient, Family and Community:

- Patient Care Delivery
- Professional Relationships
- Caregiver Well-being
- Transformational Leadership
- Professional Development
- Professional Nursing

This model was initially adopted at OSF St. Joseph before being implemented by the entire Ministry.



# NURSING ACHIEVEMENTS AND AWARDS

## *New graduates hired in FY22*

- Mackenzie Arbogast
- Emma Baker
- Kylie Bays
- Jeffery Billington
- Radu Budnar
- Amanda Cassell
- Adrienne Conover
- Jordan Cummings
- Paulina Dickson
- Jessica Donnelly
- Matthew Duckworth
- Kaila Dugger
- Natalia Flores Maldonado
- Maliyah Hart
- Stephen Heatherington
- Rachel Huska
- Natalie Kragt
- Pamela Lelo
- Alexandra Marable
- Eli Maurer
- Caleb Miesner
- Nhu Ngo
- Taylor Ohl
- Jaqueline Olivarez
- Kathleen Overbey
- Jill Potilechio
- Madison Robinson
- Angelica Rodriguez
- Caitlyn Sutton
- Allison Todd
- Emma Wertz
- Colin Yure

## DAISY and Sunflower Award winners

Congratulations to our DAISY and Sunflower Award winners!

### DAISY

- Kendi Doyle (Infusion Clinic)
- Joey Evans (OB)
- Katie Horton (ACU)
- Samantha LaPayne (FCC)
- Marisa Lash (CCC)
- Hannah McCormack (O/N)
- Jacob McCowan (CCC)
- Julie Morton (Radiation Therapy)
- Abbey Nixon (OB)
- Kelly Pagel (CCC)
- Shelley Scharton (Infusion Clinic)
- Sonya Schuey (ED)

### SUNFLOWER

- Michaela Akers (Ortho/Neuro)
- Ashley Collins (Case Management)
- Laura Evey (Cath Lab)
- Marsha Farris (O/N)
- Mike Fitzgerald (Volunteers)
- Keeley Flynn (FCC)
- Shelly Kern (Chaplaincy Services)
- Kymberly Mcallister (EVS)
- Ernie Navaro (CT)
- Jessica Obstein (ED)
- Heather Tucker (OB)
- Lauren Widman (Radiology)





## 2022 I Am an OSF Nurse Awards

Every year, OSF HealthCare celebrates nurses from across the Ministry at the I Am an OSF Nurse Symposium, and this year's event was held in September. Several clinical nurses were honored with I Am an OSF Nurse Awards for their work in five categories:

- Exemplary Professional Practice
- Innovator in Nursing
- Nursing Empowerment
- Nurse Leader on a Collaborative Project
- Transformational Leadership

Ten nurses from OSF St. Joseph were nominated for these awards, and two were winners:

- June Fehr (Exemplary Professional Practice)
- Meghan Lehmann (Nurse Empowerment)

OSF St. Joseph nominees are pictured here with Lisa Pittman, OSF St. Joseph vice president and chief nursing officer (L-R): Johnathon Cargill, Dominic Antonacci, Hayley Aeschleman, Miranda Dominguez, Kaleigh Munster, Lisa Pittman, Sarah Cope, Jessica Lindoerfer, Lauren Parks, June Fehr and Meghan Lehmann.



*Left to right: Meghan Lehmann and June Fehr*

## NURSE LEGACY AWARD

Sheri Piper, the director of Nursing Practice and Operations at OSF St. Joseph, was among our honorees at the ceremony as she was honored with the 2022 Legacy Award. This Ministrywide award is given to a nurse who lives the Mission by leaving a lasting legacy in nursing through their impact on philanthropy within the community; giving the gift of service to fellow Mission Partners, family, friends and the community; and extending the Mission inside and outside the walls of OSF.

Sheri demonstrates her commitment to others by elevating the practice of nursing and inspiring those around her. For example, her nomination detailed her work with Gift of Hope organ donations, volunteering through The Baby Fold and The Forgotten Initiative, leading the OSF St. Joseph Nursing Practice Council and coordinating Trunk or Treat volunteers with Heartland Head Start.



*Left to right: Sister M. Mikela Meidl, F.S.G.M., Lori Wiegand, Sheri Piper and Lisa Pittman*

## *Certified nurses at OSF St. Joseph*

- Hayley Aeschleman
- Dominic Antonacci
- Nancee Bacayo
- Morgan Barnes
- Sarah Belcher
- Amy Benoit
- Nancy Boehner
- Rachel Bunting
- Chris Burke
- Monika Busick
- Sasha Carr
- Johnathon Cargill
- Katie Chiles
- Caroline Daniels
- Miranda Dominguez
- Michelle Dietz
- Margo Dyer
- Morgan Erwin
- Joey Evans
- June Fehr
- Janet Guttschow
- Erick Heikkila
- Christine Hines
- Alfred Hocking
- Heather Hofert
- Joleen Hudson
- Ashly Jarrett
- Nancy Johnson
- Heidi Kelleher
- Amanda Kemp
- Heidi Kim
- Julie Krugger
- Ashley Larimore
- Maura Larkin
- Betsy Leesman
- Katie Lundy
- Elisabeth McClure
- Grace McKown
- Craig Miesner
- Julie Morton
- Hannah Musselman
- Sarah Musselman
- Kaitlyn Nafziger
- Meredith Nixon
- Jodi O'Hara
- Elizabeth O'Rourke
- Noemi Ortiz
- Kathy Panski
- Cynthia Patterson
- John Phifer
- Sheri Piper
- Lisa Pittman
- Katherine Pola
- Isabel Ponce
- Clare Powell
- Kathleen Powell
- Kaitlin Reichel
- Amanda Repplinger
- Dee Ruhlander
- Sonya Russo
- Kyle Scheuer
- Jennifer Schmid
- Dana Sholty
- Shirin Shoushtari
- Lisa Strack
- Bridget Suarez
- Christina Trickle
- Gerald Tupper
- Erica Turner
- Tyler Whitney
- Steffani Wiegand
- Joanna Willett
- Stephanie Yontz

## *Nurses grow and develop through OSF Advance*

OSF Advance is a collaborative partnership between OSF HealthCare and our nurses. Through this program, nurses across the Ministry are recognized for their ongoing professional development and growth.

Mission Partners participate in different categories of professional development projects throughout the year and are awarded based on the number of projects they complete. In 2022, 27 nurses presented their projects to the OSF St. Joseph Nursing Practice Council, after which they received professional development expense funds and a monetary award.



*Grace Mckown*



*Sarah Belcher*



*Dominic Antonacci*



## *Awards and Recognitions*

### OSF HEALTHCARE

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- America's Best-In-State Employers of 2021 (Forbes)
- Best Employers for Women 2021 (Forbes)

### OSF ST. JOSEPH

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- Get with the Guidelines Advanced Primary Stroke Center Designation (American Heart Association and American Stroke Association)
- America's 250 Best Hospitals Award 2021 (Healthgrades)
- 100 Best Hospitals for Cardiac Care, Critical care, and Gastrointestinal Care 2021 (Healthgrades)
- Blue Distinction Center for Exceptional Maternity Care Designation 2021 (Blue Cross Blue Shield)
- Stroke Gold Plus with Honor Roll Elite and Target: Type II Diabetes Honor Roll 2021 (American Heart Association and American Stroke Association)

## *OSF St. Joseph recognized for organ donation efforts*

In 2022, OSF St. Joseph took part in the U.S. Department of Health and Human Services (HHS) Hospital Campaign for the Workplace Partnership for Life program. This program promotes organ donor registration and tracks activities and new donor registrations through community outreach activities. Hospitals can earn points for each activity completed throughout the year and each new donor registration recorded, and those points determine a hospital's level of recognition in the campaign.

In September 2022, OSF St. Joseph was honored by Gift of Hope Organ & Tissue Donor Network and the Health Resources and Services Administration (HRSA – an agency within HHS) for achieving Gold status through new donor registrations and the following activities:

- Providing educational opportunities through webinars and in-person events
- Creating an Honor Walk protocol with a flag-raising ceremony
- Developing a Gift of Hope committee to review quality metrics on a quarterly basis
- Participating in the OSF Health system HRSA committee
- Participating in community engagement and outreach by having a donor sign-up table
- Creating bridging language for nurses, doctors and palliative care staff
- Conducting a community-wide coloring contest for Gift of Hope Organ & Tissue Donor awareness
- Holding a Donate Life Month flag-raising ceremony to honor all donors from the last year



*Left to right: Steffani Wiegand, Kaleigh Munster, Sarah Cope and Sara Belcher*



*Left to right: Gift of Hope representative, Steffani Wiegand, Sarah Cope, Sheri Piper, Courtney Bier, Sarah Belcher, Kaleigh Munster and Keara Wright*

## *Nurses in the Community*

### HEARTLAND HEAD START TRUNK OR TREAT

Erica Turner, Sheri Piper, Hayley Aeschleman, Courtney Bier and Lisa Strack passed out treats and OSF logo cups to children at the Heartland Head Start Trunk or Treat event on October 30, 2021. Erica and Sheri's sons also joined in on the fun!



*Left to right: Erica Turner, Sheri Piper, Hayley Aeschleman and Lisa Strack*

### PEANUT BUTTER DRIVE

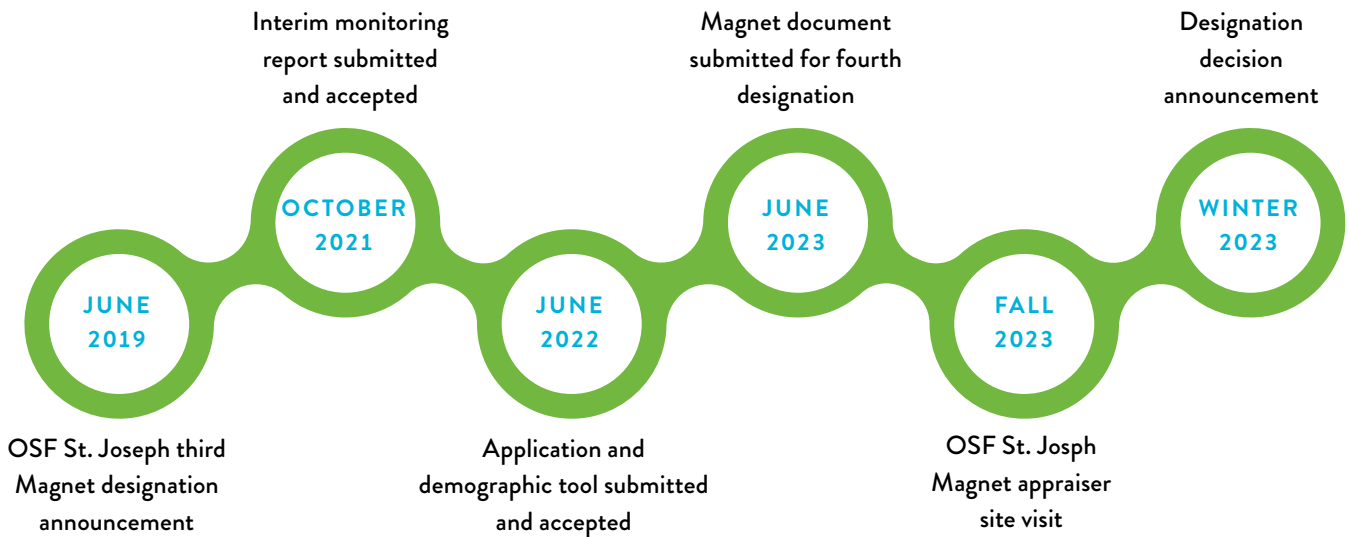
Peanut butter is one of the most sought-after items at food banks and food pantries because of its shelf-stable nature and the fact that it's nutritious and inexpensive. That's why Katie Horton, RN, BSN, organized a peanut butter drive at OSF St. Joseph in January 2022. Mission Partners from the OR, PACU, Cath Lab and ACU generously contributed to the drive, and Katie delivered these donations to Midwest Food Bank.

# MAGNET TIMELINE

OSF HealthCare St. Joseph Medical Center is currently on the journey for our fourth Magnet designation. Every four years, we submit evidence of our work toward this elite recognition.

OSF St. Joseph was the first hospital in McLean Country to be designated. Only 576 hospitals worldwide have achieved this honor, including just 42 in Illinois.

Timeline for our current designation journey:





# OSF ST. JOSEPH: BY THE NUMBERS (FISCAL YEAR 2022)

**257,230**

10mL prefilled syringes

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**13,775**

Duo-nebs

---

**49,210**

Bandages

---

**6,640**

Inpatient discharges

---

**40,255**

IV start kits

---

**5,380**

Wash basins

---

**32,163**

Total Emergency Department patients

---

**3,496**

Total surgical cases

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**22,612**

Acetaminophen tabs

**957**

Teleneurology consults

**835**

Cardiac catheterizations (248 needed intervention, and of those, 41 were STEMI cases)

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**97**

Surgical robotic cases

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**758**

Babies born

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**79**

Neuro intervention cases

---

**382**

Trauma cases treated in ED (20 were Category 1)

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**72**

CABG cases

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**333**

Stroke alerts called (41 received TPA)

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**62**

SANE cases

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**206**

Mako surgical cases

**39**

Fast track joint replacements

# SENIOR NURSING LEADERS

## LISA PITTMAN

Lisa Pittman, MHA, MSN, RN, NEA-BC, is the vice president and chief nursing officer. She's accountable for leading the hospital's nursing operations, achieving key results and driving superior clinical outcomes.

Lisa received her Bachelor of Science from the University of St. Francis in Joliet and went on to earn two master's degrees. In addition, she is board certified as a nurse executive advanced through the American Nurses Credentialing Center.

Lisa has extensive leadership experience, has led organizations to top-tier performance in quality and satisfaction, has presented nationally on several topics and was the recipient of the University of St. Francis - Leach College of Nursing Distinguished Alumni Award in 2019.



## JOHN PHIFER

John Phifer, MSN, RN, is the director of Inpatient Nursing. He is accountable for developing and sharing the organizational Mission and strategic initiatives for Family Care Center, Ortho/Neuro, Palliative Care and Respiratory Therapy.

John received his Bachelor of Science in nursing and Master of Science in nursing from Illinois State University and has been a registered nurse for 26 years – the first 10 spent in critical care and 16 years as a nurse leader experience.

John is grateful to have the opportunity to be a servant leader at OSF HealthCare and believes our Mission to serve with the greatest care and love is carried out by our tremendous group of Mission Partners every day.



## SHERI PIPER

Sheri Piper, MSN, RN, CCRN, is a director of Nursing Practice and Operations at OSF HealthCare St. Joseph Medical Center. She is accountable for developing and sharing the organizational Mission and strategic initiatives for Surgical and Cardiovascular Services and the Birthing Center at OSF St. Joseph.

Sheri received her Master of Science from Bradley University in Peoria, and she is actively pursuing her doctorate in nursing leadership. In addition, she is certified as a critical care registered nurse by the American Association of Critical-Care Nurses.

Sheri has extensive critical care experience, has led professional nursing organizations and was the recipient of the Legacy Award for OSF HealthCare in 2022.

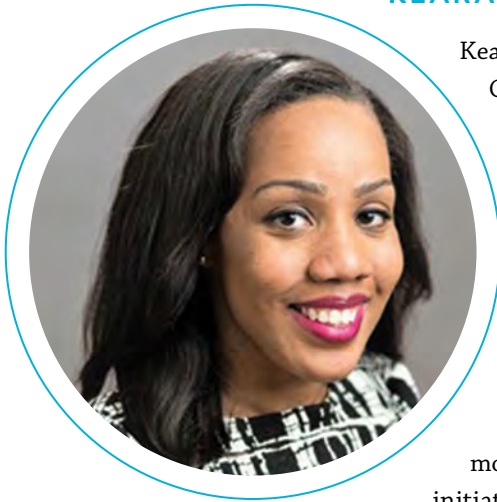


## KEARA WRIGHT

Keara Wright, MHA, BSN, RN, is a director of Nursing Practice and Operations at OSF HealthCare St. Joseph Medical Center. She's accountable for developing and sharing the organizational Mission and strategic initiatives for the Emergency Department, Intensive Care Unit and Nursing Supervision at OSF St. Joseph.

Keara holds two bachelor's degrees, one in psychology from Hampton University and one in nursing from The George Washington University. She also holds a master's degree in health care administration and is currently pursuing her doctoral of nursing practice degree in executive leadership.

In addition to serving in nursing leadership roles for more than 10 years, Keara is a fellow of the American Organization of Nursing Leadership and is most proud of her focused work leading interdisciplinary rounding, throughput initiatives and employee engagement.





### **OUR NURSING VISION:**

To earn the trust of our patients through exceptional, compassionate care in an environment where nurses are valued, appreciated and have professional agency.



**OSF**<sup>®</sup>  
HEALTHCARE

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