



OSF HealthCare Saint Francis Medical Center

Nursing Annual Report 2024

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DEAR PROFESSIONAL NURSES,

I am proud to release our 2024 OSF HealthCare Saint Francis Medical Center Nursing Annual Report. This report highlights our nurses' successes, tenacity and compassion and how the Mission lives in our hearts daily. Within this report, you will find stories of how our OSF Professional Practice Model continues to guide our practice with patients and families, as well as the impact nurses have had on those we serve.

In 2024, we focused on five strategic initiatives to sustain the future and Mission of OSF HealthCare. This report will include stories of how we have carried out this strategy and how it has affected our patients, Mission Partners, and communities we serve. It also exemplifies why we are a five-time designated Magnet facility, a status that is held by less than 1% of hospitals nationwide.

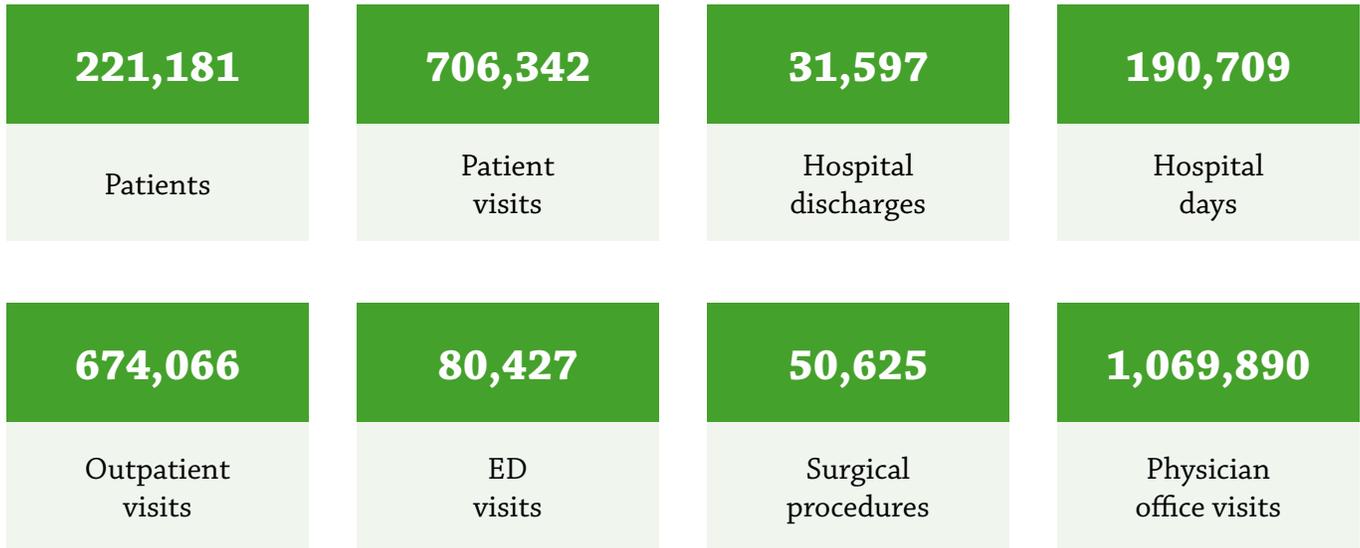
This report is a testimony to the many ways OSF Saint Francis nurses are empowered to improve the care of patients and the community we serve through the mindful integration of evidence-based practice and research. We are on a path to five-star quality care, and nurses are at the center of that path.

It is a great honor to serve as your leader on this journey in providing excellent care. I appreciate your compassion, dedication and ideas for furthering our ministry. Thank you for your commitment to our patients and their families. I am proud and humbled to work alongside such an amazing group of professionals.



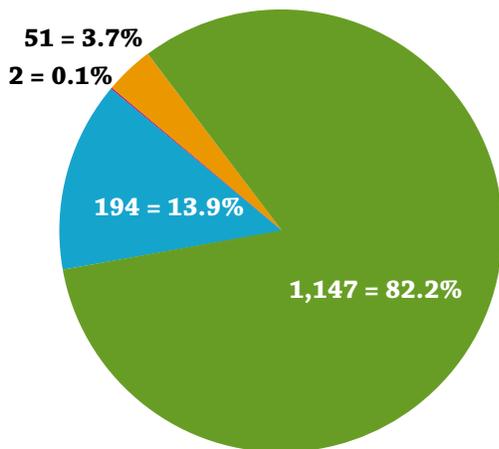
Sincerely,
Jennifer Croland, DNP, RN, NE-BC
Vice President of Patient Care, Chief Nursing Officer

IN 2024, OSF SAINT FRANCIS MISSION PARTNERS MANAGED:



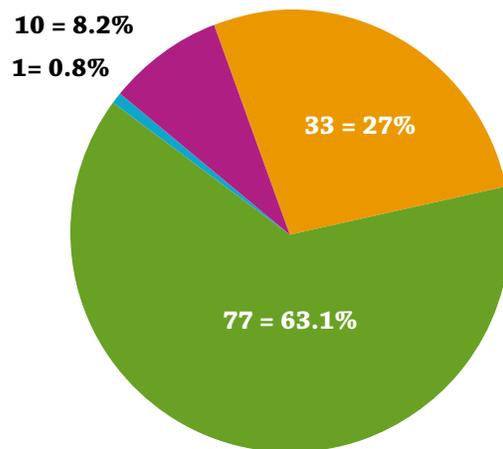
NURSING DEMOGRAPHICS

NURSING STATISTICS (OTHER THAN APRNS AND LEADERS)



Total RNs: 1,395

NURSE LEADERSHIP STATISTICS



Total Nursing Leaders: 122

ADN BSN MSN Doctorate

OSF HEALTHCARE FY24 STRATEGY SUMMARY

OSF focuses on five strategic initiatives that keep the organization grounded in our Mission and secure the future of OSF Saint Francis. These initiatives were our focus in 2024 and continue to be our roadmap for success in 2025. We aim to create personalized experiences for those we serve, achieve excellent clinical outcomes, be an employer of choice, expand our services through strategic program growth and ensure Ministry sustainability by reducing costs and increasing revenue.

PERSONALIZED EXPERIENCE

Providing personalized experiences embodies the core of the OSF Mission, which is to serve individuals with the utmost care and love. It involves listening to individual needs and adapting care accordingly. Projects highlighted in this report that align with this initiative include the Empower Tower, OSF HealthCare Children's Hospital of Illinois food bank, life skills training and the fatigue management program. These stories emerged from identified needs discovered through listening to those we serve.

CLINICAL EXCELLENCE

The ANA code of ethics speaks to a nurse's obligation of nonmaleficence. To do no harm goes beyond avoiding intentional harm. It also includes proactively avoiding harm by providing safe, effective care by implementing best practices.

This report shares how OSF Saint Francis has focused on the quality of care we provide by sharing knowledge of evidence-based practices across interprofessional teams and divisions to

achieve excellent clinical outcomes. These stories are just the beginning of the commitment OSF has toward clinical excellence. Many projects, such as Nursing Cares, will be expanded to other hospital areas in 2025.

STRATEGIC GROWTH

As we focus on excellent patient outcomes, OSF Saint Francis also explores ways to expand our services to improve access and meet the community's needs. This report highlights ways we have grown our services, such as expanding infusion clinic beds, becoming a 24/7 breastmilk donor dispensary and increasing the types of surgeries we offer.

MINISTRY SUSTAINABILITY

Financial security enables us to recruit and retain our clinicians and expand our services, which is why Ministry sustainability is one of the five strategic pillars. In this report, you will learn how OSF Saint Francis has focused on enhancing efficiency to continue seeing more patients. This was accomplished through technology and interprofessional collaboration.

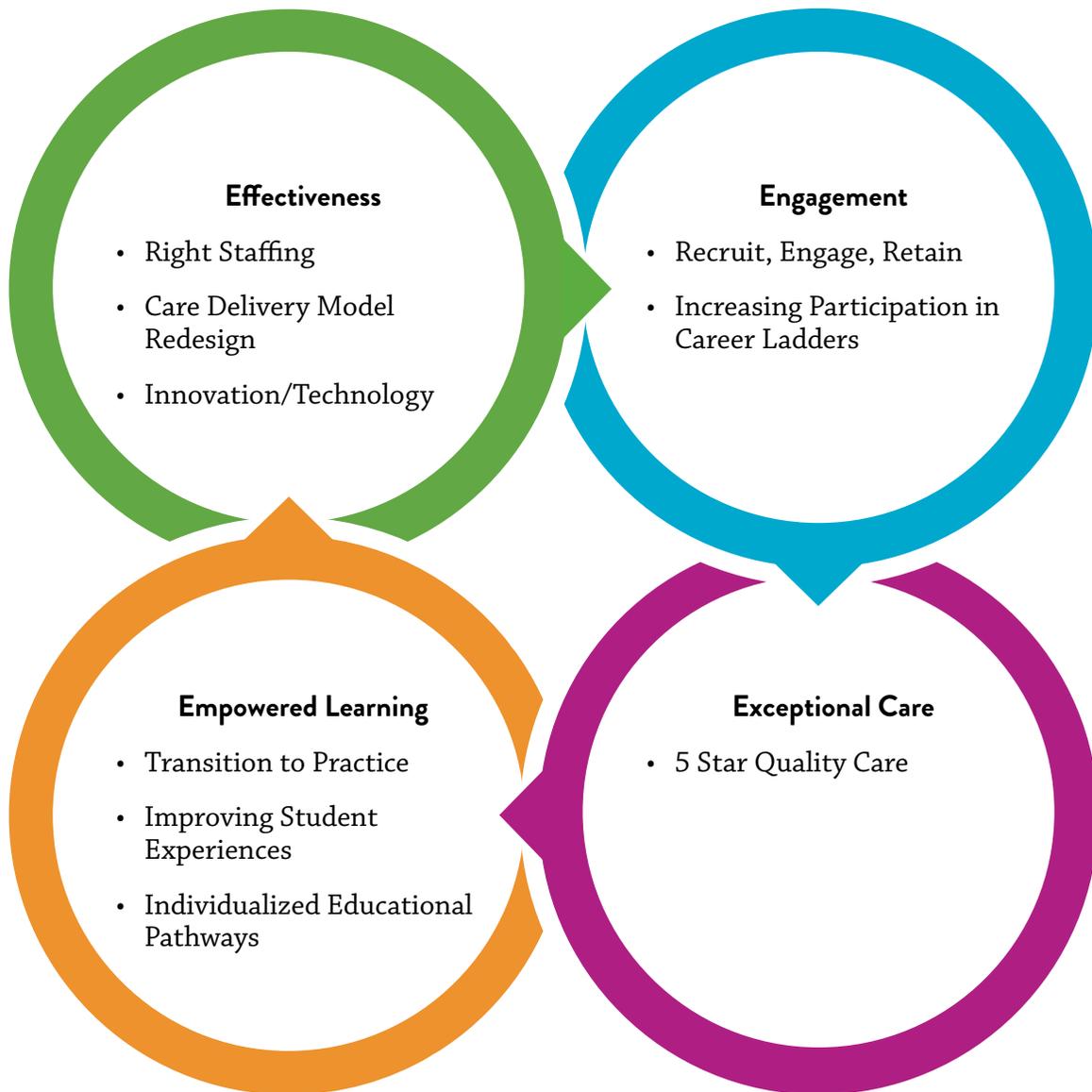
EMPLOYER OF CHOICE

Without the right Mission Partners, none of the other initiatives are possible. Each of you contributes to growing our Ministry, improving efficiencies to see more patients, providing compassionate, individualized care and ensuring clinical excellence by investing in your professional growth, collaborating and implementing best practices. This report highlights the ways OSF invests in your growth and our nurses' achievements.



FY24 NURSING STRATEGY SUMMARY

CLINICAL AND NURSING STRATEGIC AREAS OF FOCUS



MAGNET CONFERENCE

The Magnet conference was held in New Orleans this year and was an excellent opportunity for Mission Partners across the Ministry to participate. A raffle was held for Nursing Career Ladder recipients across the Ministry to attend the Magnet conference for 2024, and two nurses from OSF Saint Francis were chosen.

Tamatha Schleich, RN from CTU, was inspired by one of the main speakers at the conference, Damon West, who spoke on “Be a Coffee Bean.” Tamatha expressed that this really resonated with her: “Learning how we can be the change agents for positivity and that anything is possible.”

“

Attending the Magnet Nursing Conference in New Orleans was an incredible experience that gave me invaluable insights to bring back to my team. I gained practical takeaways on supporting our staff’s emotional well-being. I explored innovative staffing models based on patient acuity, which will be instrumental as we adapt to our growing patient population and prepare for an exciting future. It was truly a once-in-a-lifetime opportunity, and I am deeply grateful to OSF for making it possible.”

- KIRSTYN RUSSELL, RN, BSN, CPN, INFUSION CENTER



Pictured are Marji Oliver, Dan Delinski, Kirstyn Russell, Tamatha Schleich and Tamera Sanchez

MAGNET TWINNING EXPERIENCE

OSF Saint Francis was chosen as a Magnet hospital for the Magnet 4 Europe initiative and research study. The Magnet organization paired OSF Saint Francis with the University Hospital Bonn (UKB) for a mentoring partnership with a European hospital striving to become a Magnet-designated hospital.

The OSF Saint Francis Magnet team has partnered with the University Hospital Bonn (UKB) in Germany since 2022. Since receiving our fifth redesignation in 2023, we are excited to be able to share our experiences and knowledge of implementing Magnet culture across the globe. In 2023, UKB leaders visited our hospital, spending time learning from our Magnet-minded Mission Partners, and attended the Magnet conference in Chicago.

This year, the OSF Saint Francis Magnet team visited UKB in Germany as part of our twinning experience. The visit allowed us to strengthen our relationship and gain a greater understanding of the German health care system. This past year, the North Rhine-Westphalia (NRW), Germany, celebrated 340 years of partnership with the U.S.

During our visit, OSF Saint Francis and UKB presented at the NRW-USA “A Perfect Match” to showcase our transatlantic nursing excellence in Magnet hospitals. The presentation was accessible for viewing in both Germany and the U.S. We were able to share our partnership experiences and the data from the Magnet 4 Europe initiative with others. We will continue collaborating with UKB and look forward to assisting them in applying for the Magnet designation.



CLINICAL EXCELLENCE

ACCREDITATIONS

OSF Saint Francis has many specialty accreditations which showcase our excellent care. Here are the accreditations that were renewed or received in 2024.

NAME	TYPE	APPLICABILITY	LAST SURVEY	CYCLE
American College of Radiology (ACR)	Accreditation	Ultrasound	OSF Saint Francis Jan 2024 Rt 91 Mar 2024 Morton April 2024 Glen Park May 2024 Cancer Institute Oct 2024	Every three years
Committee on Accreditation for the EMS Professions	Accreditation	Peoria Area EMS	March 2024	TBD
College of American Pathologist (CAP)	Accreditation	Laboratory	May 2024	Every two years
Det Norske Veritas-Ventricular Assistive Device (DNV-VAD)	Accreditation	Transplant	October 2024	Yearly
American Society of Health System Pharmacist Certified Center of Excellence in Medication- Use Safety and Pharmacy Practice	Certification	Pharmacy	October 2024	Every three years
Level III Perinatal Center	Designation	IDPH	November 2024	Every three years
United Network for Organ Sharing & Organ Procurement and Transplantation Network (UNOS/OPTN)	Certification	Transplant	December 2024	Every three to four years



FIVE-STAR QUALITY WORK

In 2024, OSF Saint Francis made significant strides in our five-star quality and safety journey. Several accomplishments were realized in clinical and safety-related initiatives. Strong engagement and focused efforts by nursing leadership, frontline nursing staff, and nursing support staff laid the foundation necessary to positively impact several key patient and staff-centered metrics in FY24.

The following highlight several of those accomplishments:

- 50% reduction of hospital-acquired central line bloodstream infections (CLABSI) and catheter-associated urinary tract injuries (CAUTI) compared to FY23.
- 0% hospital-acquired pressure infections (HAPI) using an Air Tap device during a trial conducted in the 4th quarter plan. We have since spread the utilization of Air Tap to all adult general medicine units.

- Reduction in patient falls:
 - Total falls: 15% reduction from FY24Q1 to FY24Q4.
 - Falls with injury: lowest quarterly rate in FY24 in Q4 at 2.2 per 1000 patient days.
 - Doubled the number of low beds (40 to 90) by developing a process for ordering for Safety Zone or patient-specific. Adding 30 more in 2025.
- > 50% reduction in serious events related to surgery or invasive procedures.
- Early recognition and implementation of sepsis treatment bundle compliance was well above the national average and contributed to significantly reduced mortality.

As we enter FY25, the gains made in FY24 provide a strong foundation for sustainment and greater achievements in FY25, which will positively impact our 2026 and 2027 star ratings. Thank you to our nursing workforce for all their steadfast work in achieving so many advancements in our quality journey in FY24.



NURSING CARES

Nursing Cares is a bundle of basic nursing and patient care technician (PCT) care that drives effective communication, efficient assessments and documentation, and quality patient care. OSF Saint Francis launched the Nursing Cares initiative on several adult medical-surgical units in 2024 and offered at-the-elbow support throughout implementation.

The implementation of Nursing Cares spanned five weeks for each department and was divided into two phases. Phase one emphasized communication and documentation. To enhance real-time documentation, informatics experts were available to guide efficiency in charting. Clear communication among clinicians is vital for delivering high-quality and safe patient care. The use of the IPASS tool for PCTs were highlighted during this phase to ensure all relevant information was communicated.

Nursing bedside reports were another area supported during phase I of Nursing Cares. At-the-elbow support was provided to relay accurate information, offer tips to include patients during bedside reports, and ensure that all safety checks were performed before leaving the patient's room. The final focus in phase I related to the power hour for PCTs. The power hour refers to the hour before shift change. During this time, clinicians are expected to round on all patients, empty trash bins, tidy rooms, and provide bathroom assistance. The power hour was designed to set up the next shift for success. Units that have completed power hours report decreased interruptions during bedside shift reports, which enhances nursing efficiency.

Phase two of Nursing Cares focused on enhancing communication between RNs and PCTs by introducing touch points. These quick huddles, conducted three times during a 12-hour shift, allowed the RN and PCT to review task completion for patients. They then collaborated to create a plan that ensured all tasks were completed in a timely manner. These touch points provided an excellent opportunity for either discipline to ask relevant questions regarding patient care.

We have achieved success with the implementation of Nursing Cares, and on the next page is a success story from one unit, detailing the impact it had on their outcomes. In 2025, we began extending Nursing Cares beyond the adult inpatient acute care units to include the Emergency Department, Intensive Care units, and OSF Children's Hospital.



Pictured are Tamera Sanchez, Clinical Education Scholar, and Katelyn Stoller, Clinical Informatics Scholar

NURSING CARES UNIT SPOTLIGHT: 4 SURG

Below are the highlights of how one unit successfully implemented Nursing Cares and its impact on their patients.

Surgical Acute went live with Nursing Cares in October 2024. A month before their go-live, the leadership team engaged the unit council and charge nurses in Nursing Cares communication and education. With this team, the leaders were able to make minor adjustments to the workflow of PCTs to better support the power hour and touchpoints.

The leaders announced an implementation theme for Nursing Cares two weeks before the launch. The football season was in full swing, making it perfect timing to host a Nursing Cares kickoff event. Posters, huddle notes and emails were all included in a comprehensive communication plan. Unit leaders trained nurses to complete bedside reports using the IPASS and SAFTY tools. Laminated copies were provided to the staff in advance, allowing them to practice and acclimate before the launch.

The representation of support on the unit the first week was exciting. The frontline nurses were engaged in the huddles and the observers were introduced in advanced to set the stage for the go-live. The leadership team was actively engaged in

Nursing Cares and stood as a united resource that advocated for the initiative.

As a result of Nursing Cares, Surgical Acute has seen an increase in their foley catheter care and oral care compliance, improved fall risk assessment documentation and reduced call light usage. However, their biggest accomplishment has been with their patient experience scores. In the graphic below, you can see the difference that this implementation has made.



4 Surgical Team

“

I love Nursing Cares!” She went on to explain that Nursing Cares helped their team refocus her nurses and PCTs. It helped them organize their day and prioritize the care they provide.

CINDY WHETSELL, BSN, RN, PATIENT CARE MANAGER 4 SURG

CRITICAL CARE SYMPOSIUM

The Adult Critical Care Division organized a second annual Critical Care Nursing Symposium (CCNS) in December 2024. The idea for this educational offering was brought to OSF Saint Francis by Jade Rinehart, patient care supervisor of the Adult Heart Unit, after she was inspired by attending AACN's NTI Critical Care Conference in the spring of 2023. With critical care leadership support, Jade led a planning committee of nurses from the Critical Care Division.

The goal was to use the expertise of our critical care nurses and have them speak at the symposium. The first symposium occurred in December 2023, with around 60 OSF Saint Francis nurses in attendance for the morning session and 25 in the afternoon simulations. The survey results from this symposium were overwhelmingly positive, so the committee made plans for 2024.

For the 2024 CCNS, invitations were extended to all OSF nurses and local nursing school students. A total of 126 nurses attended the morning session, while 40 participants took part in the afternoon simulation sessions. Attendees included nurses from across the OSF Ministry, along with nursing students from Illinois Central College and Illinois State University.

The committee expanded to include a procedural hour with OR, GI Lab, Cath Lab, and IR Lab. Simulations included a room of chaos, a mega code, a rehab mobility demonstration for tracked patients with lines and chest tubes and an RSI/hypotension simulation. For 2023 and 2024, one attendee won a sponsored trip to the AACN NTI Critical Care Conference for the following year. Additionally, in 2024, one virtual NTI scholarship was provided.



We want to commend all the bedside nurses from the Medical ICU, Neuro ICU, Cardiac ICU, Cardiac Stepdown, Stepdown unit and the Procedural Division for planning and implementing this year's symposium.

This opportunity allows our bedside nurses to grow professionally, improve patient outcomes and earn career ladder points. Twenty-five bedside nurses presented at this year's symposium!



HAPI AND NIV MASK INITIATIVE

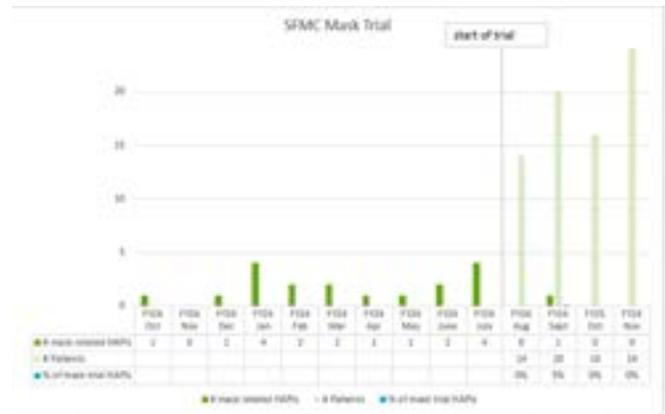
Hospital-acquired pressure injuries (HAPI) are preventable, and proactive measures must be taken to reduce patient harm. In 2024, it was identified that 39% of all HAPIs within the Adult Critical Care Division were related to a face mask device.

Many solutions to resolve HAPI for this patient population were explored and implemented. This includes educating bedside nurses to ensure they understood the rationale for providing patients with a face mask break every two hours, and implementing a nurse-RT huddle for every patient with a face mask to ensure a plan was in place throughout the shift for mask breaks. Despite the continued focus on adherence to the HAPI toolkit, the rates of pressure injuries did not show a drastic improvement. Therefore, the critical care division brainstormed additional innovative ways to reduce patient injuries.

The OSF Saint Francis new product committee, adult critical care and stepdown unit leadership, unit councils, respiratory therapy (RT) and the critical care scholars collaborated to trial two new face mask products to determine if changing the

product would impact pressure injuries on the bridge of the nose.

The Mask trial began on August 16, 2024, in the adult critical care units, stepdown unit and the Emergency Department. Data collected during the trial on 74 patients resulted in only one of these patients having a pressure injury on the bridge of the nose. Nine months before the mask trial, 18 pressure injuries on the bridge of the nose had occurred. Due to the overwhelming positive mask trial results, OSF converted to the new product on a permanent basis. This is a great example of interprofessional teams collaborating to improve patient care!



Fisher & Paykel Nivairo



Fisher & Paykel Nivairo (under nose)

TRAVELING HAPI PREVENTION EDUCATION

A traveling education cart offered a unique and engaging approach to educating nurses within the critical care division about recognizing and preventing skin pressure injuries caused by medical devices such as oxygen tubing, BiPAP and CPAP masks and peripheral IV hubs.

This initiative highlighted the importance of timely, dual-nurse skin assessments to identify early irritation and pressure damage signs. Nurses performed hands-on skin assessments using a mannequin equipped with moulage representing blanchable erythema from a BiPAP mask, peripheral intravenous hubs and moisture-induced irritation due to occasional incontinence.

This experience enabled learners to practice recognizing potential issues while emphasizing the significance of diligent skin care in critically ill patients.

After the hands-on assessment, learners engaged in an interactive game using a game board to reinforce their knowledge. They responded to questions about the patient's condition and the SSKIN bundle, a structured approach to pressure injury prevention that includes Surface, Skin inspection, Keeping the patient moving, Incontinence, and Nutrition. The game featured unit-stocked products aimed at preventing hospital-acquired pressure injuries (HAPI), enhancing understanding of available resources. To make the experience more enjoyable, correct answers led to a "21" playing card hand, providing an engaging incentive for full participation.

Alternatively, learners could turn over their cards to see the word "winner" spelled out if their answers were correct. This dynamic combination

of education and gamification boosted critical thinking skills and enhanced participation and enthusiasm towards the activity among nurses. The education successfully met its primary objective of improving nurses' ability to recognize and address skin issues before they develop into a HAPI. It also achieved the equally important goal of ensuring nurses had fun and felt engaged throughout the activity.



EMPLOYER OF CHOICE

OSF recognizes the gifts of each nurse and their ability to display empathy and kindness to all they encounter serving with the greatest care and love.

NURSING EXCELLENCE AWARD NOMINEES

The nursing excellence nomination process aims to identify and recognize nurses who go above and beyond in the art and science of nursing by embodying our cultural beliefs. Nominations are submitted by Mission Partner peers, leaders or providers to honor exceptional nurses. After nurses are nominated, they are interviewed by the rewards and recognition committee to select a winner in each of the following categories:



Empowerment, Exemplary Professional Practice, Innovator, Transformational Leadership, Nurse Legacy and Interdisciplinary Collaboration. A direct and indirect care nurse is then chosen as a winner within each category. Winners in each category are indicated by an asterisk and bold font.

EMPOWERMENT: DIRECT CARE GIVERS

*Wendy Varness	Jolinda Rasmuson	Anna Lippert	Lacey Duncan
Hope Newell	Alvin Baluyut	Amanda Masters	McKinna Beck
Jina Kim	Kylee Townsell	Bobbi Coziah	Laura Frederick
Courtney Pisano	Casey Fox		

EMPOWERMENT: INDIRECT CARE GIVERS / LEADERS

Sarah Barnes	*Jessica Kerley	Catherine (Katie) Grebner	
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EXEMPLARY PROFESSIONAL PRACTICE: DIRECT CARE GIVERS

Rick Skelton	Dana Phillips	Ma. Theresa Toledo	Allison Horton
Rachel Perkins	Megan Holthaus	Kajol Patel	Carrie Colwell
Lacey Reed	Stephanie Genovese	Brittany Danley	Natalie Meyer
Allison Boyd	Cynthia Williams	Courtney Ziegler	Pepper Grove
Chelsea Winn	Emily Rosuck	Jordan Coile	Kim Wagner

***Ceilia (Cia) Hicks**

INNOVATOR: DIRECT CARE GIVERS

Ashley Krone	Jennifer Cunningham	Aubrey Allison	Kirstin Osborn
*Eryn Goetze	Kristina Vaughn	Courtney Shults	

INNOVATOR: INDIRECT CARE GIVERS / LEADER

*Sarah Kalina	Amanda LeSage	Lindsey Ramirez	*Jade Rinehart
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TRANSFORMATIONAL LEADERSHIP: DIRECT CARE GIVERS

Stephanie Thompson	Mary (Anna) Alexander	*Michelle Stroemer Walljasper	Peyton Rodriguez Prado
Paige Holthe	Larissa Quezada	Britini West	Glenn Bond
Lisa Richardson	Mallory Thies	Jason Bogdan	

TRANSFORMATIONAL LEADERSHIP: INDIRECT CARE GIVERS / LEADERS

Mackenzie Dutton	Aaron Kettleborough	*Ashley Hammond	Lisa Schuck
Alyssa Reed	Samantha Monk		

NURSING LEGACY

Laura Gray	*Sister Marion Hudackova
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TEAM: INTERDISCIPLINARY COLLABORATION

CLABSI Reduction Team	*START- Cancer Survivorship Team	Labor and Delivery Comfort Team
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Certified Nurses in the Family Birthing Center

NATIONAL CERTIFICATIONS AND GUILD PROGRAM

A national certification validates a nurse's expertise and knowledge in their specialty and signifies a commitment to continuous learning and improved patient care. In 2024, OSF Saint Francis had 268 nurses, excluding APRNs, who held a national certification. Below is the list of those who are presently certified.

OSF recognizes and invests in the professional growth of Mission Partners by offering free schooling through Guild. In 2024, OSF Saint Francis had 367 Mission Partners utilize the Guild program in the nursing job family, equating to \$1,030,685.50. In addition, OSF Saint Francis had 123 Mission Partners utilize Guild for an undergraduate nursing degree!

CERTIFIED NURSES

Bailey Cline	Paulene Jaegle	Emily Damarin	Marion Hudackova	Alyssa Keene
Alayna King	Nikita Thomas	Chelsea Richardson	Amanda Conner	Ashley Galat
Matthew Salzman	Jill Thorton	Blake Breyman	Tamatha Schleich	Alvin Baluyut
Erica Dziadyk	Meredith Whitfield	Emily O'Neill	Marjorie Oliver	Sarah Greer
Julie Hinderliter	Sara Norris	Megan Saunders	Katie Volz	Jennifer Dienst
Paige Holthe	Alexis Mueller	Kirstyn Russell	Anne Zuercher	Jo Garrison
Kathy Brandt	Darla Heuermann	Karla Litwiller	Theresa Lanier	Annette Boyer
Elizabeth Berardi	Kelli Dwyer	Karen Thacker	Jolinda Rasmuson	Melissa Klyber
Renee Marshall	Tamera Sanchez	Sherilyn Roth	Wendy Hubbard	Erin Price
Dona Scott	Pamela Field	Katrina Wilson	Ashley Scott	Jennifer Croland
Stacey Peters	Nicole Willenborg	Tammy McMahan	Rose Haines	Dominique Griffith
Stephanie Sivori	Karyn Cordes	Mandy Bruhns	Wendy Varness	Kelly Flavin
Jennifer Hunter	Heather Flynn	Danielle Otto	Karen Schini	Lacey Reed
Amanda Gross	Julith Mullins	Jodi Schaidle	Deborah Schimmelpfenning	Sean Smith
Katelyn Stoller	Stacy Warning	Melissa Piper	Jill Arnold-Mabus	Marie Lehman
Nancy Orr	Gina Antonini	Andrea Frisby	Kristie Haage	Eliza Dickerson
Holly Swearingian	Jennica Voorhees	Emily Rohlwing	Amanda Nelson	Chelsea Jones
Amy Kominkiewicz	Daryl Mahoney-Daugherty	Elena Carson	Kelli Crawford	Eric Swearingen
Jessie Smock	Samantha Dexter	Heidi Golden	Andrea Haring	Danielle Lindberg
Lynsi Hinrichsen	Sarah Minter	Ashley Monckton	Sarah Barrett	Sarah Vance
Alecia Craig	Iulia Ghiorghias	Elizabeth Hulva	Chelsea Winn	Amanda Lester
Samantha Routh	Samantha Jackson	Tiffany Grieve	Amy Jo Williamson	Brianna Brandes
Abigail Swingler	Whitney Leckrone	Rebecca Lawcock	Laura Frederick	Jason Edelman
Amber Atherton-Benner	Aaron Kettleborough	Brian Woolard	Anna Klassen	Samantha Monk
Elizabeth Dadds	Lauren Schroderus	Courtney Ziegler	Will Green	Josie Jones
Danna Davis	Falynn Bailliez	Jamie Hoffer	Alyssa Hamm	Cheyenne Hainline
Emily Setzer	Alisha Brownfield	Kathryn Dixon	Nina Kelly	Jamie Tosh
Norilyn Gitz	Kiley Bugaieski	Emma Sauder	Tarah Brown	Lindsay Rogy
Molly Kelleher	Karissa Miles	Jaylyn Knobloch	Terra Morris	Melissa Nussbaum

Anna Lippert	Carolyn Campbell	Kerri Lustig	Margaret Delvo	Erin Voelker
Taylor Lind	Alexandra Mackenthun	Rachel Gaudio	Skylyn Oberle	Lisa Richardson
Meghan Willerton	America Garcia	Jamie Parks	Lizabeth Taylor	Larissa Quezada Manso
Stephanie Armstrong	Kathryn Stephens	Jenna Ehnle	Kelsey Williams	Kelsie Schlueter
Heather Wesseln	Kelly Strunk	Casey Fox	Katie Worms	Brooke Doerfler
Jade Rinehart	Mary Alexander	Molly Torrance	Orion Ramos	Lisa Knaub
Nicole Vancil	Brooke Schwarz	Virginia Gordon	Kathrine Feerasta	Abbey Johnson
Courtney Markley	Leanne Hartseil	Leah Stewart	Sally Hendel	Corrine Gorshe
Kelly Desmarais	Kirstin Osborn	Michelle Langdon	Emily Craghead	Kara Ford
Alissa Haller	Renee Mahoney	Jill Prose-Allen	Angela Bennet	Jessica Cox
Lindsay Crispen	Kristen Dotson	Chelsea Duke	Charcy Collins	Amanda Gerkin
Cassandra Morris	Cynthia Stout	Megen Holthaus	Erika Hart	Faith Neuhauser
Denise Ogle	Joshua Cocquit	Emily Cohoon	Erin Falk	Amanda Fuller
Jina Kim	Briana Molleck	Alicia Hild	Camille San German	Jennifer Carius
Dizzaray Walker	Samantha Berchtold	Emalee Brink	Sarah Clonch	Stephanie Collins
Carissa Dambacher	Lauren Drennen	Bridget Elward	Laura Eveler	Jason Forhan
Lisa Gale	Amanda Gustafson	Heidi Hart	Alex Higdon	Katelyn Holmes
Angie Jones	Brooke Kaiser	Sarah Kalina	Taffney Kastner	Kendra Knobloch
Lauren Kramer	Ashley Krone	Christa Larkner	Hayley Madigan	Ashley Mahaffey
Amanda Masters	Karl Maurer	Emma McKinley	Alyssa Murphy	Eric Myers
Rebekah O'Connor	Lindsey Ramierz	Marilynn Schoen-Thorton	Brent Seus	Sara Somogyi
Hannah Sykes	Alexis Walker	Ashley Williams	Katie Wrage	Jared Ziegenbein
Jessica Mallicoat	Scott MacGregor	Margaret Hanley	Natalie Barch	Benjamin Buckeye
Jenni Cuthbert	Mary Fisher	Jennifer Frame	Stephanie Schuster	Cynthia Mead
Nikki Steenrod	Melissa Fuller	Sue Simoncini		

NURSING CAREER LADDERS

The career ladder program supports the OSF strategic plan by focusing on being the employer of choice and providing clinical excellence by awarding points based on nurse-driven outcomes and direct care nurses' professional growth. This program rewards individual academic progression and professional development. It includes the full scope of professional nursing practice in the four domains of Nurse as Leader, Nurse as Practitioner, Nurse as Transferor of Knowledge and Nurse as Scientist. In 2024, we more than doubled the number of nurses participating in the program from the previous year. Below is a list of the nurses who participated, along with the level they achieved.



LEVEL 2

Molly Torrence <i>Women's Care Unit</i>	Elizabeth Menold <i>Infusion Services</i>	Elizabeth Chavis <i>MICU</i>	Jennifer Bencher <i>GI Lab</i>	Katie David <i>Women's Care Unit</i>	Bonnie Estes <i>PACU</i>
Mackenzie Reber <i>ED</i>	Sally Hendel <i>Labor and Delivery</i>	Elizabeth Siron <i>SICU</i>	Ashley Galat <i>Labor and Delivery</i>	Dalton Havens <i>AMSU</i>	Emma McKinley <i>Labor and Delivery</i>
Emily Scott <i>Obstetrics Acute</i>	Andrew Malcome <i>Interventional Radiology</i>	Kjirsten Calvin <i>Labor and Delivery</i>	Lucy Jockish <i>Obstetrics Acute</i>	Mary Papadoulis <i>PACU</i>	Hannah Stewart <i>Short Stay Unit</i>
Ashley Uphoff <i>MACU</i>	Kelsey Williams <i>SICU</i>	Nicole Leman <i>ED</i>	Hannah Marshall <i>Obstetrics Acute</i>	Megan Saunders <i>Obstetrics Acute</i>	McKinna Beck <i>ACI</i>
Kathleen Carr <i>MICU</i>	Hannah Adlington <i>Women's Care Unit</i>	Leigha Brown <i>Obstetrics Acute</i>	Skylyn Oberle <i>Obstetrics Acute</i>	Haylee Prather <i>ED</i>	Kylee Townsell <i>Pediatric Intermediate Care</i>
Joy Whittington <i>PICU</i>	Natalie Woolen <i>ED</i>	Alex Zalar <i>Adult Heart Unit</i>	Julie Hahn <i>Obstetrics Acute</i>	Josie Jones <i>Obstetrics Acute</i>	Lucas Mathews <i>Pediatric Intermediate Care</i>
Emma Smith <i>Obstetrics Acute</i>	Elizabeth King <i>Obstetrics Acute</i>	Emily Misener (Rosuck) <i>Labor and Delivery</i>	Rebecca Culbertson <i>Neonatal ICU</i>	Renee Ruder <i>Interventional Radiology</i>	Johnathan Gustafson <i>ED</i>
Maggie Cour <i>OPIS</i>	Grant Reed <i>PICU</i>	Jacklyn Jason <i>GI Lab</i>	Danna Davis <i>Stress Test</i>	Echo Garza <i>Neonatal ICU</i>	Rebecca Tharp <i>ACI</i>
Janell Laible <i>GI Lab</i>	Natalie Murphy <i>Pediatric Intermediate Care</i>	Brittany Voss <i>Surgical ICU</i>	Rebecca Curless <i>Obstetrics Acute</i>	Cassidy Hamm <i>Obstetrics Acute</i>	Chelsea Richardson <i>4 Surg</i>

Carly Ehnle <i>Labor and Delivery</i>	Alissa Haller <i>Obstetrics Acute</i>	Kelsey Hanlin <i>Labor and Delivery</i>	Jennifer Rademaker <i>Obstetrics Acute</i>	Madison Dusek <i>PICU</i>	Rayanda Dean <i>Women's Care Unit</i>
Elena Carson <i>PICU</i>	Carolyn Campbell <i>SICU</i>	Courtney Shults <i>Pain Clinic</i>	Tara Osman <i>Obstetrics Acute</i>	Rachel Anderson <i>Pediatric Intermediate Care</i>	Sarah Eggena <i>Labor and Delivery</i>
Lexi Angel <i>Pre/Post</i>	Jared Ziegenbein <i>OSF Children's Hospital Congenital Heart Center</i>	Briana Molleck <i>SICU</i>	Ann Keimig <i>Adult Heart Unit</i>	Tricia Lee <i>Obstetrics Acute</i>	Tiffany McCall <i>Women's Care Unit</i>
Natalie Meyer <i>Adult Heart Unit</i>	D'Arcy Cashman <i>4 Surg</i>	KC Thompson <i>Labor and Delivery</i>	Candice Wheat <i>Labor and Delivery</i>	Devaney Henderson <i>Neuro Acute</i>	Claire Vickerman <i>MICU</i>
Bambee Siron <i>Hemodialysis Unit</i>	Brianna Aberle <i>Labor and Delivery</i>	Blake Breyman <i>SICU</i>	Rachel Williams <i>ED</i>	Constance Martin <i>Eating Disorder</i>	Kayla Varvil <i>Neonatal Intermediate Care</i>
Jeremy Bencher <i>ED</i>	Autumn Streitmatter <i>Neonatal Intermediate Care</i>	Kallie Wyzgawski <i>PICU</i>	Payton Fangmeier <i>Adult Heart Unit</i>	Grace Gerding <i>PICU</i>	Mattie Plumer <i>PICU</i>
Brittany Danley <i>AMSU</i>	Jessie Zippay <i>Obstetrics Acute</i>	Kathryn Cowser <i>Neonatal ICU</i>	Dominique Griffith <i>Neonatal ICU</i>	Audrey Elston <i>Neonatal Intermediate Care</i>	Amanda Masters <i>Neonatal Intermediate Care</i>
Hannah Blank <i>Neonatal ICU</i>	Samantha Routh <i>Radiation Oncology</i>	Jena Slotter <i>4 Surg</i>	Nicole Quiram <i>Neonatal ICU</i>	Allison Tetzloff <i>Pediatric GI</i>	Kristal Barnett <i>ED</i>
Jenna Walters <i>Neonatal Intermediate Care</i>	Lacey Duncan <i>Hemodialysis Unit</i>	Kurt Roos <i>Neonatal Intermediate Care</i>	Emily Marker <i>ED</i>	Kristen VonBehren <i>Obstetrics Acute</i>	Morgan Smith <i>Neonatal ICU</i>
Taylor Bainter <i>Obstetrics Acute</i>	Jamie Parks <i>Neonatal ICU</i>	Erin Helgeson <i>Obstetrics Acute</i>	Brittany Russell <i>MACU</i>	Jennifer Jockisch <i>Neonatal ICU</i>	Jessica Perkins <i>Labor and Delivery</i>
Angela Sandoval <i>Neonatal Intermediate Care</i>	Kristin Aigner <i>Neonatal ICU</i>	Falynn Bailliez <i>Neonatal ICU</i>	Carrie Lovell <i>Neonatal ICU</i>	Jennie Hancock <i>Neonatal Intermediate Care</i>	Carly Roos <i>Neonatal ICU</i>
Alyssa Staggs <i>Neonatal ICU</i>	Morgan Wheeler <i>Neonatal ICU</i>	Arlene Spears <i>Obstetrics Acute</i>	Bonnie Johnson <i>Adult Heart Unit</i>	Nicole Heskett <i>ED</i>	Samantha Kovach <i>Obstetrics Acute</i>
Isabella Meier <i>Obstetrics Acute</i>	An Grant <i>Neonatal ICU</i>	Eric Myers <i>Neonatal Intermediate Care</i>	Alicia Squires <i>Neonatal ICU</i>	Tonia Shofer <i>ED</i>	Brooke Jorgensen <i>MICU</i>
Alissa Harkins <i>PICU</i>	Danielle Otto <i>Neonatal ICU</i>	Brittany Bec <i>Neonatal ICU</i>	Latisha Wren <i>Women's Care Unit</i>	Janelle Hohenbery <i>GI Lab</i>	James Bolliger <i>GI Lab</i>
Ashley Smith <i>Obstetrics Acute</i>	Angela Mulkey <i>Neonatal Intermediate Care</i>	Sarah Nelson <i>Pediatric Pulmonary</i>	Christa Larkner <i>ED</i>	Anna Elliott <i>Pediatric Pulmonary</i>	Alyssa Keene <i>Pediatric Pulmonary</i>
Lisa Knaub <i>Neonatal ICU</i>	Kaitlyn Worrall <i>ED</i>	Courtney Quast <i>Neonatal ICU</i>	Danielle Zenger <i>Pediatric Intermediate Care</i>	Amber Moore <i>Neonatal ICU</i>	Tyler Hansen <i>GI Lab</i>

Chloe Bruell <i>MACU</i>	David Tilley <i>ED</i>	Jill Andrews <i>GI Lab</i>	Sydney Conley <i>ED</i>	Paige Lambrich <i>NIC</i>	Serena Blessman <i>Adult Heart Unit</i>
Emily Speight <i>ACI</i>	Celia Hicks <i>Adult Heart Unit</i>	Claudia Pelayo <i>ED</i>	Savannah Bennett <i>ED</i>	Karl Maurer <i>MICU</i>	Nancy Orr <i>Neonatal Intermediate Care</i>
Julia Maurer <i>MICU</i>	Katarina Kieseewetter <i>5G</i>	Bridget Meiss <i>Pediatric Intermediate Care</i>	Taran McQuade <i>ED</i>	Megan Egel <i>Obstetrics Acute</i>	Nicole Kemp <i>PICU</i>
Breanna Dugan <i>ACI</i>	Kathryn Stephens <i>NeuroSurgical ICU</i>	Arianna Young <i>GI Lab</i>	Kathytne Veltman <i>Neonatal ICU</i>	Marita Hart <i>Labor and Delivery</i>	Rebecca Dembowski <i>Labor and Delivery</i>
Marin Collins <i>Women's Care Unit</i>	Madison Feucht <i>ED</i>	Tru-Quynh <i>Neonatal ICU</i>	Krystal Zinser <i>Neonatal Intermediate Care</i>	Megen Holthaus <i>ED</i>	Benjamin Learned <i>ED</i>
Jacquelyn Doty <i>GI Lab</i>	Kristen Burdess <i>GI Lab</i>	Kathleen Heberer <i>GI Lab</i>	Kirby Cowman <i>Neonatal ICU</i>	Tara Osman <i>Obstetrics Acute</i>	Eryn Goetze <i>Women's Care Unit</i>
Laura Krieghauser <i>EG</i>	Taylor Scott <i>Neonatal Intermediate Care</i>	Julie Rumbold <i>Neonatal Intermediate Care</i>	Courtney Tutoky <i>Neonatal ICU</i>	Diane Hoehn <i>Neonatal ICU</i>	Jennifer Ping <i>ED</i>
Darcie Davis <i>MACU</i>	Jamie Finney <i>ED</i>	Lindsay Rogy <i>Neonatal ICU</i>	Nicole Vancil <i>ED</i>	Stephanie Cahill <i>Women's Care Unit</i>	Kayla McCue <i>MICU</i>
Hailey Holmes <i>ED</i>	Peyton Rodriguez Prado <i>PICU</i>	Lexie Light <i>GI Lab</i>	Chelsea Bill <i>GI Lab</i>	Emily Youngman <i>Cath Lab</i>	Jamie Cramer <i>ED</i>
Kristin Aylene Drum <i>Pediatric Pulmonary</i>	Allen Brown <i>OSF Children's Hospital Crisis</i>	Michelle Mattingly <i>PICC</i>	Jennifer Dienst <i>ED</i>	Jessica Drawhorn <i>PICU</i>	Christopher Nelson <i>Neonatal ICU</i>
Collin Schoonover <i>MICU</i>	Brittanie Russell <i>GI Lab</i>	Viola Phillips <i>Neonatal ICU</i>	Abby Bartholomew <i>General Surgery</i>	Katelynn Bracht <i>General Pediatrics</i>	Mallory Thies <i>Renal Acute</i>
Corrine Shaner <i>Labor and Delivery</i>	Anne Schaidle <i>ED</i>	Veronica Giedeman <i>SICU</i>	Maria Osegueda <i>Neonatal ICU</i>	Melissa Jarvis <i>General Surgery</i>	Justin Hulett <i>OSF Children's Hospital Crisis</i>
Megan Brown <i>PICU</i>	Katherine Lauss <i>General Surgery</i>	Brianna Brandes <i>6 Ortho</i>	Jenna Ehnle <i>PICU</i>	Shelby Staub <i>PICU</i>	Orion Ramos <i>NeuroSurgical ICU</i>
Courtney Pisano <i>Renal Acute</i>	Rachelle McClean <i>ED</i>	Stephanie Luttrell <i>Neonatal ICU</i>	Emma Hanlin <i>Labor and Delivery</i>	Natalie Brockamp <i>Neonatal Intermediate Care</i>	Brynn Sharpshair <i>Obstetrics Acute</i>
Baylee Guthrie <i>Women's Care Unit</i>	Sarah Wallace <i>Women's Care Unit</i>	Sylvie Fisher <i>Neonatal Intermediate Care</i>	Hilary Holmes <i>Pediatric Hematology</i>	Taylor Larson <i>PICU</i>	Jillian Rosalez <i>Pediatric Hematology</i>
Jada Warmick <i>ED</i>	Kajol Patel <i>MICU</i>	Ariel Eau <i>6 Ortho</i>	Mia Bowers <i>Pediatric Hematology</i>	Amanda Gordon <i>AMSU</i>	Rylee Joanis <i>MICU</i>
Kathryn Dixon <i>Neurosurgical ICU</i>	Morgan Cheesman <i>Cardiac Cath Lab</i>	Michelle Clift <i>Digital Hospital</i>	Jared Dennis <i>MACU</i>	Rachel Gumm <i>Neonatal Intermediate Care</i>	Robin-Joy Santos <i>MACU</i>
Brooke Schwarz <i>Neonatal ICU</i>					

LEVEL 3

Ashley Krone <i>ED</i>	Anna Lippert <i>ED</i>	Mary Anna Alexander <i>SICU</i>	Kirstyn Russel <i>OPIS</i>	Courtney Markley <i>Women's Care Unit</i>	Abbey Johnson <i>Women's Care Unit</i>
Larissa Quezada Manzo <i>Women's Care Unit</i>	Julie Carter <i>OPIS</i>	Kiley Bugaieski <i>NeuroSurgical ICU</i>	Alexis Mueller <i>Women's Care Unit</i>	Casey Fox <i>Adult Heart Unit</i>	Stephanie Sivori <i>Labor and Delivery</i>
Leanne Hartseil <i>Obstetrics Acute</i>	Heather Flynn <i>Obstetrics Acute</i>	Elizabeth Hulva <i>Obstetrics Acute</i>	Cheyenne Hainline <i>Labor and Delivery</i>	Rachel Hanson <i>ED</i>	Katelyn Holmes <i>Labor and Delivery</i>
Karla Litwiller <i>Breastfeeding Resource Center</i>	Carissa Dambacher <i>Pediatric Intermediate Care</i>	Molly Kelleher <i>PICU</i>	Chelsea Winn <i>Obstetrics Acute</i>	Stacy Warning <i>Labor and Delivery</i>	Katie Volz <i>MICU</i>
Kelsie Schlueter <i>Obstetrics Acute</i>	Heidi Hart <i>Obstetrics Acute</i>	Anna Klassen <i>Wound Clinic</i>	Kelli Crawford <i>Obstetrics Acute</i>	Emily Cohoon <i>OSF CHILDREN'S HOSPITAL Crisis</i>	Rose Haines <i>Neonatal ICU</i>
Alyssa Hamm <i>Neonatal Intermediate Care</i>	Lauren Kramer <i>4 Surg</i>	Ashley Monckton <i>Women's Care Unit</i>	Amber Atherton-Benner <i>Obstetrics Acute</i>	Paige Holthe <i>Women's Care Unit</i>	Sara Norris <i>Hemodialysis Unit</i>
Lauren Drennen <i>Pediatric Intermediate Care</i>	Heidi Golden <i>Pain Clinic</i>	Alisha Brownfield <i>GI Lab</i>	Tamatha Schleich <i>5G</i>	Wendy Varness <i>6 Ortho</i>	Lisa Richardson <i>Breastfeeding Resource Center</i>
Kassidy Donlan <i>Women's Care Unit</i>	Alvin Baluyut <i>AMSU</i>	Amy Kominkiewicz <i>Breastfeeding Resource Center</i>	Rebekah O'Connor <i>General Pediatrics</i>	Emily Setzer <i>SICU</i>	Ashley Williams <i>MICU</i>

LEVEL 4

Brooke Kaiser
Labor and Delivery

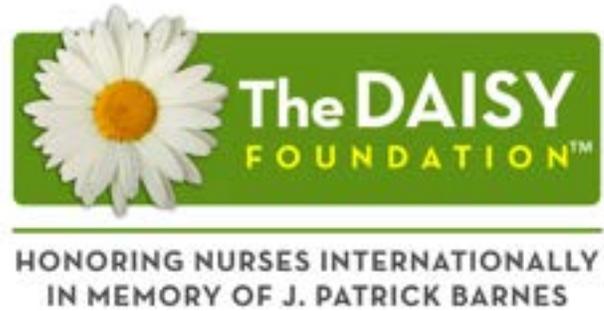
Emily Rohlwing
Labor and Delivery

DAISY AWARD WINNERS

The family of Patrick Barnes created the DAISY Award for Extraordinary Nurses in his memory to recognize and thank nurses for the gifts they give their patients and families every day. Nurses at OSF Saint Francis and OSF Children’s Hospital can be nominated by a patient or their family for the DAISY Award to recognize the nurse’s commitment to the highest standards of nursing excellence.

OSF Saint Francis is well known by the DAISY Foundation for the high volume of nominations we receive each month. Our nurses get 150 to 200 DAISY nominations each month. This is among the highest volume of nominations across the nation!

Below is a list of this past year’s DAISY winners and a glimpse of their nominations and how they touched the hearts of those they serve.



NAME	UNIT
Darcie Davis	MACU
Samantha Everett	General Pediatrics
Katie Volz	MICU
Leah Avise	Acute Care G200
Danielle Stoops	Peds Ortho Clinic
Ashley McClain	Surgical Acute
Kirstin Osborn	Oncology Services
Bryce Clonch	Pediatric Hematology/Oncology Unit
Theresa McGinnis	Maternal Fetal Diagnostic Center
Bethany Johnsen	Neuro/Medical Surgical Acute
Laura Season	Pediatric Sedation
Stephen Bigelow	Oncology Acute

“

Darcie stood out as a well-distinguished caregiver. She epitomizes the best of the best in caregiving and certainly, in our opinion, is an outstanding role model of superior nursing.”



Darcie Davis, MACU



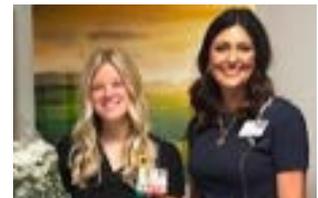
Samantha Everett,
General Pediatrics

“

[Samantha] knew how to get him to accept her even when she had to do meds. When it comes to [my son], that is an amazing thing with him being 3 and autistic.”

“

But what we were most grateful for was [Katie’s] compassion. I’m not even sure if I can put it into words, but she has a real love for her job and her patients that was so obvious to see.”



Katie Volz, MICU



Leah Avises,
Acute Care G200

“

I think OSF has a wonderful employee in Leah! We were beyond blessed to have her as my father’s nurse!”

“

Danielle, the nurse, was such a blessing for us today. Right from the moment we called the office, she worked her magic...”



Danielle Stoops,
Peds Ortho Clinic



Ashley McClain, Surgical Acute

“

Ashley went above and beyond in her care of my mom. She not only offered to get her a day pass and go with her to [my dad’s] funeral but also gave me her personal number to contact her.”

“

Most nurses are friendly and polite, but Kirstin’s sweet, calm demeanor is an extra special trait that goes above and beyond her job title.”



Kirstin Osborn, Oncology Services



Bryce Clonch, Pediatric Hematology/Oncology Unit

“

My son has autism, and Bryce made sure to explain everything he was doing directly to my son, giving him autonomy and integrity in spite of his disability.”

“

Theresa stopped everything she was doing to give me a hug and just let me cry it out till I could answer her questions. Thank you for the small but mighty gesture that day!”



Theresa McGinnis, Maternal Fetal Diagnostic Center



Bethany Johnson, Neuro/Medical Surgical Acute

“

Beth brightens a room and made my loved one’s day better just by being around...she just feels like family. Her connection with her patients seems very genuine and heartfelt. She is a true champion at OSF.”

“

From the bottom of all our hearts, thank you, Laura, for being our ray of sunshine on a day that was a little uncertain for us!”



Laura Season, Pediatric Sedation



Stephen Bigelow, Oncology Acute

“

Steve brought an upbeat and positive demeanor from the start of the two days I spent with him as my day shift nurse. I would not have gotten through the mental hardships and bumps in the road without Steve.”

SUMMER NURSE INTERN PROGRAM

The Summer Nurse Intern Program is a 10-week program that allows student nurses to advance their knowledge and skills in providing patient care while working alongside a nurse. To qualify for the program, student nurses must be graduating within a year of the program, have a GPA of at least 2.5, and have completed at least one clinical rotation.

Once hired, the summer nurse interns are assigned to a department, along with either day or night shift, for 10 weeks. The program begins with a day of orientation with the program leads and ends with a graduation ceremony, where the family is invited to celebrate with the summer nurse intern. During the graduation ceremony, four to five student nurse interns are selected for excellence awards and nominated by nurses and leaders.

During the program, the nurses on their assigned unit supervise the summer nurse interns. They are given opportunities to perform basic nursing procedures and the regular duties of nursing assistants while learning time management and prioritization of care.

Throughout the 10-week program, each summer nurse intern can complete a “walk in my shoes” experience, allowing them to choose an area of interest to shadow for a shift. This experience benefits the interns as they can shadow in areas they may not see during their clinical rotations in school.

The Summer Nurse Intern Program provides three workshops on medical emergencies, procedural areas, trauma, interviewing and an open panel discussion with health care professionals. These educational sessions are designed to provide learning opportunities led by experts in these areas.

For our 2024 Summer Nurse Intern Program, we had 58 student nurses from over 15 nursing programs throughout the United States!



2024 Summer Nurse Intern Program

2024 RESEARCH, PUBLICATIONS AND PRESENTATIONS

The nursing profession prides itself on researching and identifying evidence-based knowledge to ensure a scientific foundation for nursing practice. We want to recognize nurses involved in research and professional presentations published this past year.

Research

- Emory University IPSEE VR Study Product Pilot-Adult and Pediatric Studies, July 2024 (completed) – (Megan Kupferschmid was Contact for Ministry), OSF SAINT FRANCIS Site Leads: Erika Hart, MSN, RN, CCRN and Sam Monk, MSN, NPD-BC, CCRN

Research day presentation

- Research Residency – Christina Garcia, PhD, RN, NE-BC, Rebecca Parizek, PhD, RN, CNL
- Unique Approach to Febrile Neutropenia Management in Pediatric Oncology Patients – Diane Chien, MD, Anjani Maley, Brinda Mehta MD, Mary Beth Ross MD, Kay Saving MD, Prerna Kumar MD, Susan Gaitros APN, Diana Simmons APN, Beth Speckhart APN

Presentation outside OSF

- AACN 2024 Trauma Conference, “Case Studies in Flight Transport” - Eric Swearingen BSN, RN, TNS, CEN, CFRN
- ANCC Magnet NCPD Summit - Marji Oliver MSN, RN, CCRN, NPD-BC
- Academy of Neonatal Nursing Conference, “In Loving Memory” - Jeanne Perino, APN

OSF presentation

- Nursing Grand Rounds 2024 – Sam Monk MSN, RN, NPD-BC, CCRN, CPN, Sadie Leman BSN, RN
- OSF Ted Con Mass casualty incident session - Eric Swearingen, BSN, RN, RNS, CEN, CFRN, Will Green, BS, BSN, CCRN, CFRN

Doctor of nursing practice projects

- Implementation of Bundled Catheter Care Including a Pre-Insertion Checklist to Decrease Catheter Associated Urinary Tract Infections in Hospitalized Adults- Jill Arnold-Mabus, DNP, RN, SCRNP, CNML, NE-BC
- Empowering Nurses: Enhancing Knowledge and Confidence in Caring for Sexual and Gender Minorities - Kaitlin Bailey, MSN, RN
- Impact of a Vascular Access Pathway and Team Approach on Workflow and Resource Utilization – Jori Cowan, MSN, RN
- Comparison of AMBU Disposable Cystoscopes to Flexible Cystoscopes with Endosheath System - Jennifer Gonzalez, APN
- Empowering Pediatric Bedside Nurses: Enhancing Care for the Sexual and Gender Minority Patients through an Educational Module - Jordan Herring, MSN, RN, CPN
- Advanced Care Planning for Outpatient Heart Failure patients - streamline process for referral - Diana Norris, MSN, RN, CNML
- Use of a Validated Pediatric Risk for Aggression Screening Tool to Reduce Workplace Harm - Erin Price, MSN, RN, CPN, NE-BC
- Safe Space: A Multidisciplinary Approach to Emotional Debriefing in Pediatric Critical Care - Alyssa Reed, MSN, RN

- Prevention of Coccyx Hospital Acquired Pressure Injuries - Lisa Schuck, DNP, RN, NE-BC, CCRN-K
- Addressing Tobacco Use in Cancer Patients with Implementation of Focused Assessment, Referral to Smoking Cessation Program, and Follow-up Support by Nurse Navigators - Jennifer Seils, MSN, RN
- Development of an Inpatient Nurse-Led Screening Tool for the Appropriateness of Palliative Care Consultation - Carol Swank, MSN, RN
- Use of a Mobile App for Heart Failure Patient Management and Decreased Hospital Readmissions - Colleen Blackburn, APRN, MJ
- Combating Workplace Violence: Protecting Healthcare Workers - Christina Burden, MSN, RN, CRRN
- Pediatric Poke Plans in Outpatient Services - Ashley Hammond, MSN, RN, CNML
- Weight Management and Impact on patients with Type II Diabetes Mellitus: Program Development - Heather Howell, APN, CNP, Briana Mitchell, APRN, Lisa Weybright, APRN
- Preventing Critical Care Nurse Burnout: A Standardized Screening Process to Identify and Address Nurse Burnout - Lisa Pitzer, MSN, RN, CNE, CNE-cl
- Implementation of a Leadership Resiliency Training focused on OnCall - Jennie Van Antwerp, MSN, RN
- RFID technology within surgery to prevent retained foreign objects - Ortho/Neuro - Brittany Goetsch, MSN, RN, CNOR, Jill Nora, MSN, RN, Jamie Hoffer, MSN, RN, NE-BC
- Implementation of a central line dressing team in the PICU - Jenna Ehnle, BSN, RN, P-CCRN
- Use of an EBP Bundle to Decrease the Incidence of Pressure Injuries Caused by Non-invasive Ventilation in the ICU - Erin Voelker, BSN, RN, CCRN

Publications

- Flinn, L. (2024). Implementation of an updated screening tool to identify human trafficking victims in the emergency department. *Journal of Doctoral Nursing Practice*, 0(0), 1-8
- Formella, Kyle T. MS; Borissov, Edouard K. BS; Cordes, Karyn MSN, RN; Wright, Amy MSN, RN; Klute, Ryan M. MS. (2024) Migrating Mobile Applications to the Web: Adult Crash Cart Training. *Computers, Informatics, Nursing* 42(11), 767-770, November 2024. | DOI: 10.1097/CIN.0000000000001166
- Kupferschmid, M., Monk, S., Poorman, J., Gehlbach, J., Burkiewicz, K., Henrekin, L., ... & Tripathi, S. (2024). Standardized In-Bed Mobility Protocol to Increase Functional Outcomes in Pediatric Intensive Care Unit: A Pilot Randomized Controlled Trial. *Journal of Pediatric Intensive Care*
- Monk, S., Luthi, D., Eads, J., Gannon, C., Henrekin, L., Croland, T., ... & Shaikh, N. (2023). Poke plan: an initiative to improve distraction and pain mitigation with venous access in hospitalized children. *Hospital Pediatrics*, 13(12), 1048-1055

PROGRESSIVE COMPETENCY ONBOARDING MODEL (PCOM)

The Progressive Competency Onboarding Model (PCOM) was implemented at OSF Saint Francis in the medical-surgical departments in 2024 for newly hired nurses. This method was initiated to re-envision the orientation process to improve preceptor support and new nurses' experiences. In this model, the orientee progresses through six tiers during orientation, moving from simple to complex nursing principles.

Learning is individualized toward the orientee's needs, and they work through the tiers at their own pace. This new orientation structure promotes preceptor-oriented relationships and emphasizes hip-to-hip learning with the preceptor as they will complete all patient tasks together. PCOM allows the orientee a more enriched learning environment in which to master nursing skills while slowly increasing their responsibilities. We are excited to have this new model of orientation implemented further across all nursing divisions in 2025.

Orientee: Logan appreciates that the PCOM program allowed her to care for an entire team of patients along with a preceptor, making progress safely while her preceptor covers patient care she is not ready for based on her orientation tier. Being precepted by a few preceptors allows Logan to learn different methods and flows related to patient care without being overwhelmed by too many preceptor personalities and ways of completing the work.

Preceptor: Tamatha appreciates that she can spend time hip-to-hip with her orientee without having to split the team of patients and worry about completing tasks. She can guide Logan step by step, be with her for crucial teaching moments, and offer feedback in real-time.



Pictured are Tamatha Schleich and Logan Brown

MEDICAL-SURGICAL DIVISION PCOM PRECEPTORS

Tristen Adkins <i>G200</i>	Leah Avise <i>G200</i>	Allison Barnes <i>CTU</i>	Robert Bolo <i>Surgical Acute</i>
Laurie Bontz <i>SSU</i>	Marisol Cerda <i>Nephrology</i>	Yasmin Clemencia <i>G200</i>	Chad Collins <i>G200</i>
Theresa DeFrance <i>SSU</i>	Honeybe Eleserio <i>Surgical Acute</i>	Lindsey Finley <i>G200</i>	Melissa Finney <i>Surgical Acute</i>
Kay Guieb <i>SSU</i>	Tiffany Harris <i>SSU</i>	Allison Horton <i>G200</i>	Christina Isaacs <i>AMSU</i>
Kole Jones <i>Neurology</i>	Lauren Kramer <i>Surgical Acute</i>	Dawn Mason <i>Neurology</i>	Sheena Nahaluddin <i>G200</i>
Kyle Norman <i>CTU</i>	Fabiano Rivera <i>Neurology</i>	Mutiab Mabifa Rosenje <i>Neurology</i>	Lauren Schaumberg <i>CTU</i>
Tamatha Schleich <i>CTU</i>	Sarah Spencer <i>CTU</i>	Jennifer Tayo <i>AMSU</i>	Mallory Thies <i>Nephrology</i>
Eddie Virgil <i>Nephrology</i>	Mike Wheeler <i>Neurology</i>	Jackie Whitfield <i>SSU</i>	Curtis Witt <i>Neurology</i>

Thank you, preceptors, for being pioneers of this new program that enhances the orientation process and will help us retain our new nurses!

PROFESSIONAL GOVERNANCE

At OSF Saint Francis, all nursing Mission Partners are a part of professional governance. Professional governance is the structure that allows nurses to regulate and guide their professional nursing practice. This structure aims to enhance patient safety and outcomes while fostering a culture of professionalism and ongoing improvement in nursing practice. We are proud to have department-level unit councils run by frontline nurses.

The chairs of these unit councils sit on the OSF Saint Francis Professional Nursing Congress (PNC) and participate in decision-making, collaboration with the CNO, nursing peer review, employee engagement and retention and staffing advisory. The PNC fosters collaboration among all nursing units at OSF Saint Francis, leading to excellent patient care and outcomes.

OSF Saint Francis also has frontline nursing representatives who participate in OSF HealthCare Clinical Practice Councils. This professional governance structure allows decision-making and communication to flow from the frontline Mission Partners to the OSF Ministry and back.

This team participates in fun team-building activities throughout the year, promoting collaboration and engagement across units. Pictured here is one of these team-building activities they did this past December.



“

I appreciate hearing from nurses in other units about where they find barriers to caring for their patients and what is working well. My favorite part of the PNC meetings is getting updates from our CNO, Jennifer Croland. The Q&A is extremely valuable, and I feel heard with my concerns.”

- **BROOKE SCHWARZ, NICU, PNC MEMBER**

LAG NIGHT

At OSF Saint Francis, it is tradition to host Lag Night, where leaders serve dinner to those who work an extra hour when clocks are turned back in the fall. This is an important tradition because OSF recognizes the hardships of working nights and values your dedication to ensuring our patients receive high-quality care when everyone else sleeps.



PEDIATRIC AGGRESSIVE BEHAVIOR RISK SCREENING TOOL

Workplace violence is a growing concern among children's hospitals. The increase in aggressive episodes by young and adolescent patients outside of the psychiatric setting towards health care workers has led to an increase in harm. This issue is compounded by limited resources and delays in psychiatric placements, leaving aggressive pediatric patients in pediatric units ill-equipped to manage such behavior.

OSF Children's Hospital recorded 62 control alerts between April 2022 and September 2023; from November 2023 to August 2024, 19 Midas events involving Mission Partners injured by patients. Forty-three of these events were related to abusive or assaultive behavior toward staff.

OSF HealthCare prioritizes the safety of health care workers, recognizing the importance of safe work environments. To address workplace violence, the organization implemented an adult violence assessment tool, intervention bundles, and a workplace violence reduction committee that developed comprehensive staff training. However, OSF Children's Hospital leaders identified a gap, as there was no specific tool for assessing aggression in pediatric patients.

Erin Price, director of Children's Care Services at OSF Children's Hospital, led a team to identify a validated pediatric aggression risk tool. After a thorough literature review and mission partner survey, the Pediatric Aggressive Behavior Risk Screening Tool (PABR), developed by Golisano Children's Hospital in 2019, was selected. The tool uses a three-question scoring matrix to assess aggression risk within Epic and guide interventions. On November 18, 2024, the

Children's Hospital went live with the PABR for pediatric patients (ages 2-17).

If a patient screens positive, nurses implement interventions, develop a behavioral management plan with the care team, and modify the environment to ensure safety. A Control Alert is activated for escalating situations, followed by a debrief and a report in the Midas Safety Event Reporting System.

The PABR implementation aims to improve patient and Mission Partner safety by standardizing aggression risk assessments and minimizing workplace violence. The rate of workplace violence events decreased from 5.4 per 1000 persons to 3.5 per 1000 persons after implementation of the PABR tool. Its adoption is anticipated to result in positive outcomes, such as fewer serious safety incidents and increased caregiver engagement.

MINISTRY SUSTAINABILITY

REDUCING LENGTH OF STAY THROUGH VIRTUAL NURSING AND DISCHARGE LOUNGE

The OSF Virtual Acute Nursing program at OSF Saint Francis is a collaboration between OSF OnCall Virtual Nursing (VN), OSF Saint Francis general acute nursing and the Emergency Department. Upon implementation, the program significantly enhanced the efficiency and effectiveness of our patient care services by redirecting nurses' time to the bedside, alleviating workload for bedside nurses, and allowing them to focus more time on patient care.

The VN has played a vital role in carrying out routine tasks, such as patient education, completing discharge instructions, conducting medication reconciliations and placing transport requests to the discharge lounge. VNs also conduct virtual rounds to check in on patients, answer questions and offer emotional support.

By leveraging technology, the Virtual Nursing program aims to reduce the length of hospital stays and improve patient satisfaction while maintaining a high standard of care. This innovative approach streamlines the admission and discharge processes.

In November of 2024, VNs started to place transport requests for the discharge lounge once the discharge instructions were completed and the patient was discharged. Patients who have been discharged but are waiting for a ride, meds at the bedside or durable medical equipment (DME) are ideal patients for the discharge lounge.

The discharge lounge is conveniently situated near the main entrance. It is staffed by a nursing

operations support Mission Partner who assists in tracking what patients are waiting for and collaborates with various teams to minimize their wait. Additionally, snacks, drinks, recliners, reading materials and televisions are available for those discharging to the lounge.

After implementing the process of the VN placing the transport request to the discharge lounge, we saw a reduction in 14.71 extra days in November, which equates to 3.89 additional patients that could have been seen. In December, OSF Saint Francis saved an extra 25.36 days, creating capacity to serve an additional 6 patients. Utilizing the discharge lounge can improve efficiency by quickly freeing up beds for new patients, reducing congestion in rooms and hallways, and enhancing the coordination among staff, pharmacy and transport services to ensure smooth discharges.



EMERGENCY DEPARTMENT OPTIMIZATION

The emergency department identified an opportunity to optimize their work and resources to improve throughput and length of stay. Current resource challenges and workflows have reduced the ability to maximize throughput in a timely manner. These issues significantly impact the length of stay, left without being seen, cost and hours per service unit and patient satisfaction.

The optimization of resources and process flows would allow the Emergency Department to improve throughput, ensuring that all Mission Partners are working efficiently at the top of their license.

This optimization involved several components, encompassing infrastructure and process improvements to streamline care as patients arrive at the Emergency Department for acuity level determination, optimization of current space and resources, reducing delays by enhancing room turnaround times, identifying and addressing throughput issues and aligning staff with patient demand.

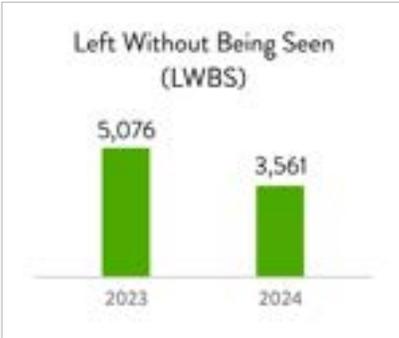
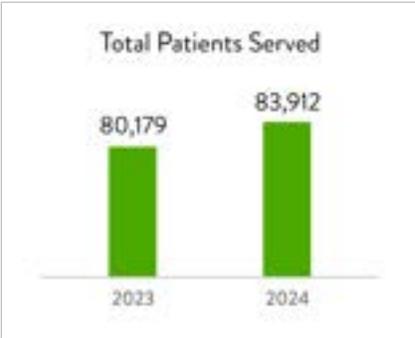
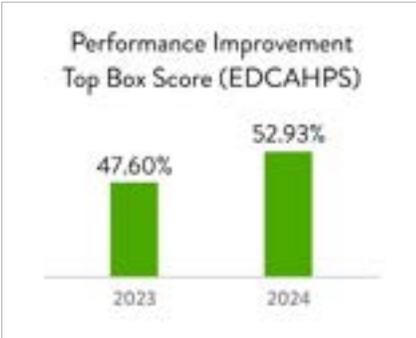
The planning for these process changes started in May 2023, and since then, solutions have been implemented, beginning in September 2023. Once the solutions were fully in place, data was reviewed starting in March 2024 to see the impact of this optimization. Another solution was added in April 2024 to improve the time patients get from the triage area to an ED room. Nursing Operation Support (NOS) personnel started assisting with the rooming process.

At the start of the project, the total length of stay was 300 minutes, left without being seen (LWBS) was 6.3%, patients per hour 1.7, arrival to provider time 54 minutes, hours per unit of service (RN) 2.76, and total cost per unit of service was \$151.37. When patients leave before treatment has been completed, they are not getting their health care needs addressed. The impact on OSF Saint Francis is lost revenue for the department and the hospital for possible admissions.

After this optimization was implemented, the end of fiscal year 2024 has resulted in improved outcomes. The total length of stay average decreased to 292 minutes, the LWBS average decreased to 3.96%, the average patients per hour increased to 1.86, the average arrival to provider time decreased to 36 minutes and the average hours per unit of service (RN) decreased to 2.45. The average total cost per unit of service was reduced to \$138.59.

By becoming more efficient in the emergency department workflows, patient satisfaction is starting to be positively impacted. The top box score from EDCAHPS for fiscal year 2023 was 47.60% and improved to 52.93% in fiscal year 2024. Improved patient satisfaction is further demonstrated by the number of patients served

and stayed for care. In 2023, the ED cared for 80,179 patients, which increased to 83,912 in 2024. Decreasing the time patients wait for care, those who left the ED before being seen (LWBS) went from 5,076 patients in 2023 to 3,561 patients in 2024. We look forward to improving the patient experience of those we serve.



INVASIVE RADIANT SCHEDULING OPTIMIZATION

In October 2024, the Invasive Radiant team implemented a restructuring of the inpatient procedure scheduling process by introducing dedicated scheduling blocks for inpatients. Previously, multiple patient procedures were delayed due to limited schedule availability, resulting in increased length of stay. In response, the team revised the scheduling system to address these issues.

Within the first three months following the change, the number of holdover cases decreased by 47.56%, and the average number of holds per day reduced by 50%. This early success has led to the decision to add more scheduling blocks to minimize delays and holdovers further, ultimately contributing to a reduction in inpatient length of stay.

ADULT INPATIENT UNITS AT OSF SAINT FRANCIS



STRATEGIC GROWTH

FIRST 24/7 ACCESSIBLE DONOR BREAST MILK DISPENSARY IN THE STATE OF ILLINOIS

OSF is committed to providing human milk to newborns and helping moms be successful in their breastfeeding journey. Although we always want to promote mom's milk for their baby, donor breastmilk is a safe, natural alternative to supplement during times when mom's supply is not enough.

In March 2024, OSF Saint Francis expanded its ability to provide donor breastmilk to community members beyond regular business hours. We became the first donor breastmilk dispensary accessible at all hours and days of the week. This is extremely helpful for moms who are worried about their milk supply and are discharged from the hospital on evenings or weekends.



INFUSION CENTER MOVE

OSF Saint Francis Outpatient Infusion Center's transition into the new OSF HealthCare Cancer Institute is groundbreaking. This move marked the expansion of our physical space and a profound evolution in how we deliver care to our patients. From a small clinic with 12 rooms and 24 chairs, we have grown into a vibrant, expansive facility with 42 private rooms and bays – each thoughtfully designed to foster comfort, privacy and healing.

This growth allows us to serve a larger, more diverse patient population with enhanced accessibility and specialized care, all within a centralized location, offering convenience, compassion and expertise under one roof.

This transformation has been far more than a physical relocation; it represents a fundamental shift in how we approach patient care. Our infusion team, deeply committed to clinical excellence and operational efficiency, played a crucial role in the redesign and relocation process. The team demonstrates an unwavering commitment to the Mission by exemplifying resilience, adaptability and dedication.

We implemented an innovative pod system scheduling to streamline patient flow and enhance access, navigated new workflows and learned new systems and processes to administer care. Our nurses, technicians and support staff were involved every step of the way, providing

feedback and ensuring that decisions were made collaboratively. Through monthly meetings and open communication channels, our frontline staff worked diligently with other support areas empowered to help shape the department's future. While the move required a huge amount of effort, patient care was not delayed.

The result? A seamless transition that our patients have recognized. Since the opening, our patient census has grown significantly, with roughly 100 additional patients being seen each month, 20 being chemotherapy patients. This

consolidation has streamlined patient care, ensuring families experience a seamless journey within one central location rather than navigating multiple sites for their treatment needs.

Patients praise the new space, highlighting the natural light, private rooms and the clean, welcoming atmosphere. Most importantly, they continue to receive the same exceptional care that has always defined us – the care provided by a team that brings warmth, expertise and compassion to every interaction.



HEAD AND NECK SUPPORT SERVICES

In 2020, Dr. Petruzzelli joined OSF and is the only head and neck surgical oncologist in the area. His expertise brought many new complex surgeries to our Ministry, including total laryngectomy. With a total laryngectomy, the entire upper airway is disconnected. This creates a new way to breathe and changes the emergency management of these patients. A typical high-volume treatment center performs approximately 10 total laryngectomies per year. In 2024, OSF Saint Francis performed approximately 20 cases.

Head and Neck Cancer Services recognized the extreme barriers to care for their patient population and developed a program called Above the Shoulders. This program started a workshop held within OSF Cancer Services that allowed the patient to meet with a dietitian, financial navigator, nurse navigator, speech pathologist and counselor all at one visit.

Through this collaboration, patients receive samples of protein shakes, training in using a feeding tube, help with any necessary financial or disability forms and guidance on home care supplies. The support staff also schedules regular phone follow-ups during their treatment.

To ensure safe care for total laryngectomy patients, a speech pathologist and nurse navigator provided in-service education to OSF Saint Francis units, home health care agencies and radiation oncology offices that care for these patients. Delivering education across the ministry has helped patient outcomes while also decreasing readmission.

A total laryngectomy support group was established with monthly meetings at the OSF Cancer Institute. This support group helps patients feel a sense of belonging and assures them they are not alone on their healthcare journey. At the first meeting, a patient walked into the group and said, “This is the first time I have not felt alone.”

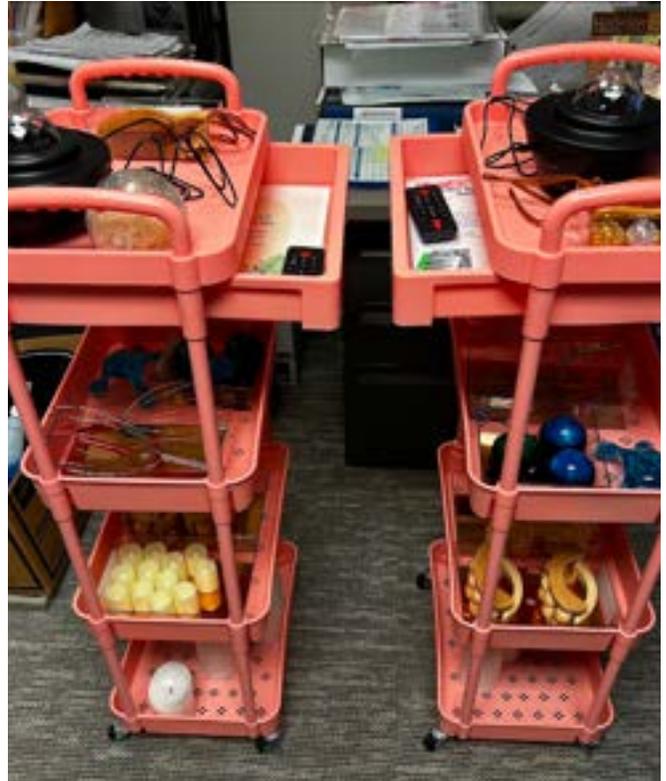
Since starting this program 11 months ago, almost 100 patients have attended Above the Shoulders Workshops. These patients were provided with the resources they needed to manage their treatment and transportation assistance when needed. The success of patient treatment and experience correlates to the support of staff involvement throughout the treatment process and individualized patient care.

PERSONALIZED EXPERIENCE

EMPOWER TOWER

Over the past year, OSF Saint Francis Family Birthing Center established a patient advisory council to capture their patients' voices and enhance the care provided. Feedback from this committee emphasized the desire for more personalized birthing plans for delivering their babies. In response to this feedback, the labor and delivery nursing team, led by Julie Hinderliter, developed the Empower Tower.

This Tower has several items that allow a mom to choose her birth plan during her stay. Some items included in the tower are no flame candles and massaging tools to help a mom relax throughout the laboring process. Attached to the Empower Tower is a menu for patients to work with clinicians to develop an individualized birthing plan that works best for them.



COMBATING FATIGUE PROGRAM

In the United States, it is estimated that 18.1 million people are living with cancer and are considered cancer survivors. A survivor is defined as anyone who has received a cancer diagnosis. This number is expected to rise with advancements in treatment and early detection. OSF Cancer Services recognizes that this population has specific needs, leading to the development of the START program – Survive Thrive Recover Together. This program helps shift the focus from treatment to survivorship.

When individuals are given a cancer diagnosis, they are in fight-or-flight mode. They go from one appointment to the next without giving much thought. Once treatment is over, survivors can stop, think and reflect. Survivorship is unique for every individual. In most cases, survivorship focuses on their mental, physical, emotional, social and financial health. OSF Cancer Services helps provide resources for those individuals.

One program developed in the START program is “Combating Fatigue.” Most treatments, whether surgery, radiation, chemotherapy or a combination, can affect the body. This is the most common and debilitating side effect of cancer and cancer treatment. Cancer-related fatigue is different from being tired. Cancer-related fatigue is overwhelming tiredness, exhaustion and weakness.

Combating Fatigue was established to assist individuals in overcoming fatigue and providing the necessary tools. Education focused on sleep, mindfulness, nutrition, and exercise. Combating Fatigue is a six-month program designed for survivors. The program begins with weekly meetings for the first six weeks, followed by monthly meetings. Each weekly session includes an educational component, and participants receive a small gift to support them on their journey.

At the end of six weeks, a final evaluation is conducted to assess the participants’ progress.

From the initial evaluations, participants reported learning a great deal, but most importantly, the program kept them motivated. The participants supported each other along the way and developed a special bond of “sisterhood.” Our goal for Combating Fatigue is to provide this experience to more survivors from various disease sites and more frequently throughout the year.

MISSION IN ACTION: OSF CHILDREN'S HOSPITAL FOOD BANK

The health care we provide is only 20% of a person's overall health. The remainder depends on social drivers where a person lives, works, and plays. OSF Children's Hospital created a multidisciplinary team of physicians, nurses and case managers to work on a quality improvement project that addresses the social drivers of health.

The team started by developing a process for screening pediatric patients admitted to the general pediatric unit for food insecurity and has since expanded the screening to the Pediatric Hematology Oncology Unit and Pediatric Intermediate Care Unit. The team started with food insecurity, understanding how nutrition impacts overall health and healing. Data shows that 10.6% of Illinois families are food insecure

OSF Children's Hospital is fortunate to have a partner in the Peoria Area Food Bank who has provided emergency food boxes for families with food insecurity. OSF Children's Hospital providers have screened over 2,500 patients and provided 50 emergency food boxes, feeding 214 people.

This program has been well received on the inpatient side, and other units and clinics have expressed interest in participating. The OSF Children's Hospital Congenital Heart Clinic has initiated a pilot screening program and is developing a pantry to provide food that addresses specific disease needs. Once this process is refined, the plan is to expand beyond these units.



MISSION IN ACTION: LIFE SKILLS SESSIONS

In May 2024, Faith Community Nurse Randall McClallen partnered with Golda Ewalt, director of Food and Nutrition, to host a series of life skills sessions on food preservation and preparation at the OSF Cancer Center's Teaching Kitchen.

These sessions were inspired by the disruptions to the food supply chain during the COVID-19 pandemic and aimed to promote food self-sufficiency and encourage the consumption of locally grown foods.

The program emphasized teaching participants how to grow, harvest, preserve and prepare the day's featured food. Along with hands-on cooking and food preservation methods, the sessions included crucial nutrition topics such as reading food labels, reducing sugar and salt intake, increasing dietary fiber and exploring best practices for maintaining fresh produce at its peak. The objective was to empower individuals with practical skills for improved health and food security, particularly in uncertain times.

From May to October 2024, a series of monthly sessions was held with a group of 72 Hispanic adults from Friendship House. These sessions provided hands-on opportunities for participants to engage in food preservation and preparation. Each participant received a sample of the prepared food, along with seeds to grow at home. The sessions aimed to empower participants with practical skills and knowledge related to food security and nutrition.

A survey conducted after the program showed positive results. Over half of the participants indicated that they had tried the recipes at home, spent more time reading food labels, made efforts

to reduce their sugar and salt intake and became more aware of local orchards where they could purchase produce.

In addition, a local support group for individuals recovering from addictions, comprising both housed and homeless participants, showed interest in the program. During this session, Smart Meals were tailored to meet the needs of homeless participants. The eight attendees reported that they tried the provided recipes and found the life skills discussed helpful for their recovery and overall well-being. This program exemplifies how our Mission extends beyond the walls of the hospital!





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