



Carle Health 2023 Nursing Annual Report

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A Message from Our Chief Nurse Executive

Dear colleagues,

Our health system experienced tremendous growth and change in 2023. As we added teams and sites to Carle Health, we had new opportunities to learn from each other and to advance our commitment to nursing excellence. Nurses from each region contributed their insights and expertise around what makes Carle Health nursing special – leading to the unveiling of a new Carle Health nursing campaign. And together, we confirmed the Quality Caring model as our unifying nursing theory across Carle Health nursing.

I hope you will take a few moments to reflect on the remarkable accomplishments highlighted in this report. Your expertise, compassion and skill continue to benefit our patients and allow us to provide the trusted care which is a source of pride for the communities we serve.

With deep gratitude,
Elizabeth



Elizabeth Angelo

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

Clinical Service Area

LOCATIONS

1. Champaign-Urbana Area

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

2. Hoopeston Area

- Carle Hoopeston Regional Health Center
- Hoopeston at Charlotte Ann Russell
- Carle Rossville

3. Danville Area

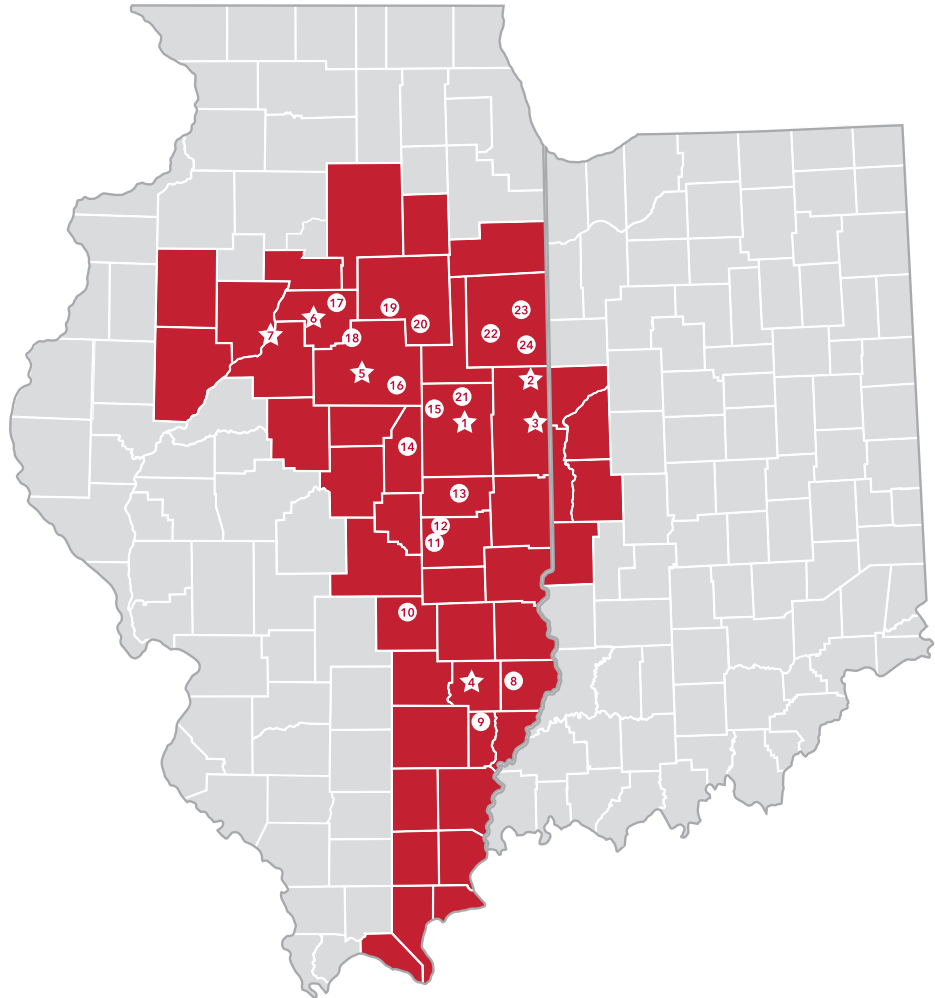
- Danville Medical Office Center at The Riverfront
- Danville on Vermilion
- Surgery Center at The Riverfront

4. Olney Area

- Carle Richland Memorial Hospital
- Carle Olney
- Carle Surgical Services

5. Bloomington-Normal Area

- Carle BroMenn Medical Center
- Carle BroMenn Outpatient Center
- Carle McLean County Orthopedics
- Bloomington on Eastland
- Bloomington on Hershey
- Bloomington on Jumer
- Normal on College
- Normal on Landmark



6. Eureka Area

- Carle Eureka Hospital
- Carle Eureka

7. Peoria Area

- Carle Health Methodist Hospital
- Carle Health Pekin Hospital
- Carle Health Proctor Hospital

8. Carle Bridgeport

9. Carle West Salem

10. Carle Effingham

11. Carle Mattoon on Lerna

12. Carle Mattoon on Hurst

13. Carle Tuscola

14. Carle Monticello

15. Carle Mahomet

16. Carle Le Roy

17. Carle Roanoke

18. Carle El Paso

19. Carle Pontiac

20. Carle Fairbury

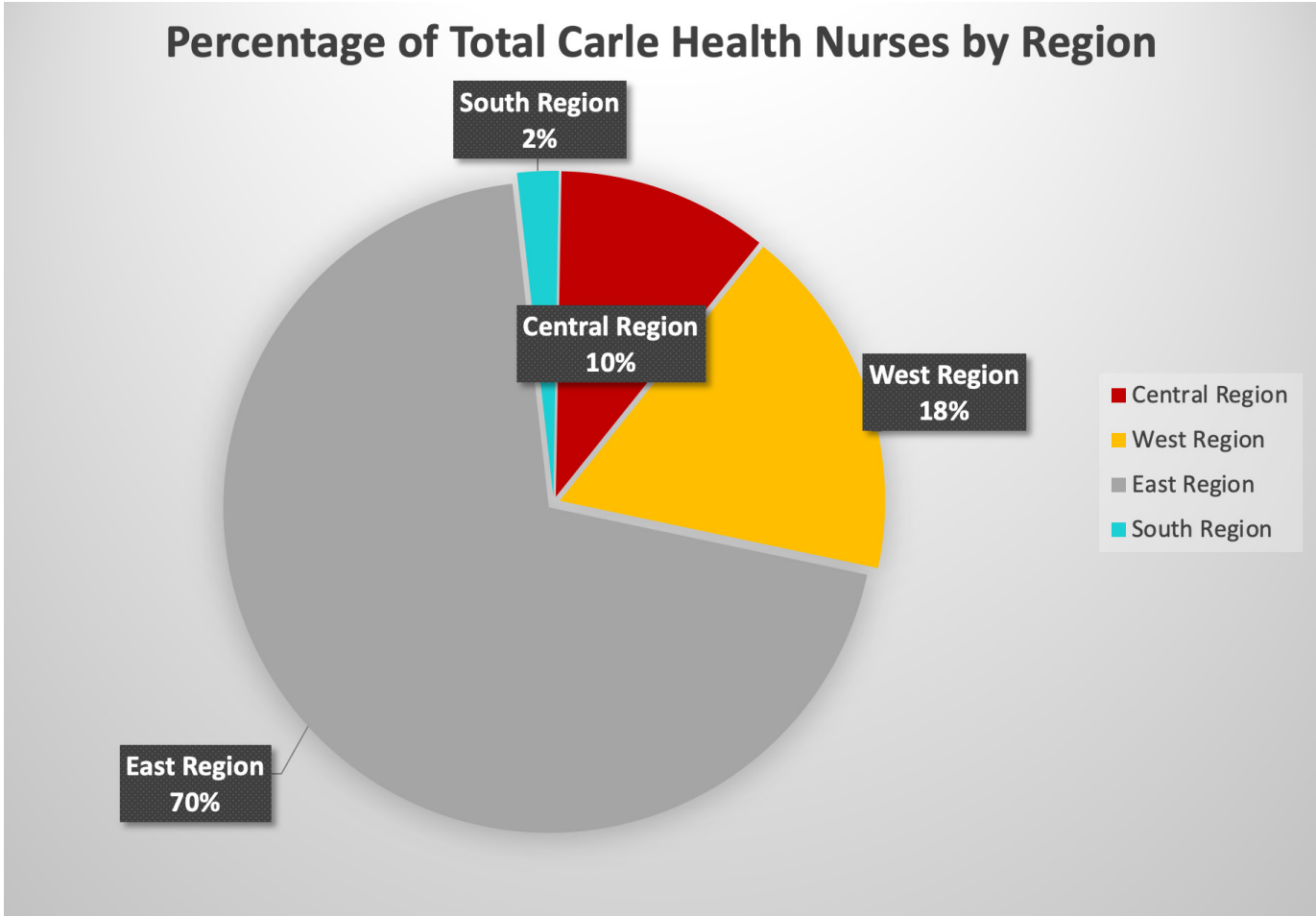
21. Carle Rantoul

22. Carle Cissna Park

23. Carle Watseka

24. Carle Milford

Carle Health Nurses by Region



Transformational Leadership





Transformational Leadership

TEDxCarleHealth: Sharing Ideas, Building Our Legacy

In April 2023, Carle Health team members took to the speaker's podium for TEDxCarleHealth: Sharing Ideas, Building Our Legacy. Among the presenters were three nurses whose leadership experiences offered meaningful insight and emphasis on communication and vulnerability, guiding teams to be trusted partners in all healthcare decisions. The goal of TEDx is to share ideas, create conversation and invest in our professional development.

DON'T WAIT FOR A CRISIS

"Why am I here? If I were to answer one question in 2022, what keeps you awake at night?," Jennifer Mohr, MSN, RN, NEA-BC, manager of outpatient care coordination, Health Alliance™, said as she began her TEDx speech. "For me, it was Epic. Epic was our goal for 2022. It was our epic year."



Jennifer Mohr, MSN, RN, NEA-BC

Her team was helping educate others on the improvements made to Epic, the electronic medical record system for Carle Health, and they thought they had everything planned and were ready for the rollout. But come

mid-October, she woke up early to prepare for a meeting. When she turned on her phone, everything stopped.

"A team member I had worked with for 15 years, who was leading this part of the project, had suddenly passed away, and now we were stuck," Mohr said.

The truth was they were not stuck. Her team member had set them up for success. She just needed to find her North Star to see the project through.

"I went ahead and decided to divide everything into three categories," Mohr said. "I had to find my 'why' and my North Star. We hear about the North Star here at Carle and Health Alliance, and the concept of the North Star has always resonated with me because I was born in Alaska. Finding your North Star is different for everybody, and sometimes it can vary on different days. Find your focus. Know your why."

Here are Mohr's three categories of concentration.

1. Focus on the team's well-being and experience – allow them to mourn.
2. Focus on member experience, making sure that it is at the forefront – their care.
3. Be intentional about quality.

Mohr shared that if you ever find yourself with a sudden loss in your department, reach out for help, and in this case, she brought in the Employee Assistance Program. Leaders need to also remember to practice the art of delegation early and often. And fill out a record of critical knowledge or "ROCK."

She also encouraged people to share their calendars with details or as a standing item during certain appropriate meetings so other team members could also be in the know.

“Don’t wait for a crisis,” Mohr said. “Empower your employees. Delegate, but delegate with grace. You do not need to fill anyone else’s shoes. Make your own footprints at the end of the day. We ran the race, limped sometimes, but we finished strong.”

FAILURE IS MY FAVORITE F WORD

Kayla Banks, PhD, RN, NEA-BC, interim Methodist College chancellor, said she loved how the term fail has become one of celebration and being more open to talking about when we don’t get things right.



Kayla Banks, PhD, RN, NEA-BC

“Failure and being open to its outcomes has transformed my work, personal relationships and self-confidence,” Banks said. “Confidence’s unwillingness to accept failure has prevented

countless people from achieving their full potential – from problems being solved and relationships being irreparably damaged by unwillingness to admit wrongdoing.

“Failure can be transformative if we allow it to be. I don’t claim to be an expert, but I’m very experienced at not always getting it right the first time.”

Banks then asked why failure is important.

- If you consider life to be a learning laboratory in which we perform a series of experiments, then we can accept mistakes for what they are.
- It’s an opportunity to learn and approach similar situations differently in the future. “After all, hardly anyone gets it right the first time,” she said.

We know you can’t avoid failure when you take a risk and are open to it. Failure allows us to identify when we can pivot. Identifying your goal from the start is also critical, Banks said.

“You might find yourself on a path toward achieving that goal despite not achieving the original outcomes you intended. A few years ago, I got it in my head that I wanted to run a half marathon,” she said. “Spoiler alert! I am not a runner, but I joined a training group, battled some miserable early spring runs where snow was still on the ground, and then I got bronchitis. Once I was better, I didn’t have the willpower required to get back out there and start training again. Instead, I signed up to join the medic team at the finish line for the marathon day. So, did I actually fail?”

Her original goal in training for the half marathon was to meet new people, get more involved in her community and push herself to try something new. And she completed all three.

“Turns out that failing didn’t feel so bad because I found a different way to achieve my goal. I just found a different way to the finish line,” Banks said.

Failing and learning to fail is a competency, and resilience is a muscle that can be built. We all owe it to our teams to allow them to admit, own and learn from their failures, Banks said.

The best way for us to do this is to lead by example. We must ask for input and feedback from our teams, especially when rolling out new processes, she said. We must accept that feedback in the spirit of iterative improvement.

“It takes compassion, courage, vulnerability and curiosity to do so. We all can be transformed by failure, leading to growth if we allow it to,” Banks said.

OVERBAKED TO SHOWSTOPPERS: A RECIPE FOR REVITALIZING YOUR TEAM

Charlie Hawkuff, MSN, FNP-BC, CEN, TCRN, NE-BC, NPD-BC, director of Clinical Education, compared how building up a team is like fine-tuning a recipe. “You can have all of the ingredients, but how you combine them will always be unique to your kitchen,” she said. Hawkuff shared her recipe for revitalizing a burned-out team.

Before becoming a nurse, Hawkuff studied to be an

actor. When she graduated from theater school and was about to enter the world as a real adult, she wasn't sure what she wanted to do with her life. She just knew it had to be something important.



Charlie Hawkknuff, MSN, FNP-BC, CEN, TCRN, NE-BC, NPD-BC

“I remember vividly going to lunch with my grandmother and telling her how much I wanted to make a difference and connect with people. I thought about that more. Eventually, I decided I needed to go back to school and become a nurse,” she said.

Today, she's privileged to work in healthcare because she feels that connection and impact she's making every day in people's lives. But that work can be hard. “It takes a lot of compassion, and sometimes we need to fill our cups,” Hawkknuff said.

In June of 2022, Hawkknuff became the director of Clinical Education for Carle Health. She was walking into a team without a leader for several months.

In her new department, Hawkknuff took stock of the ingredients in the cabinet. These were people she had never worked with before, but she knew they'd bring unique strengths and challenges to the table. Despite being away from the bedside and in a very different setting, she learned they were burned out, too.

So they began the arduous process of writing their recipe and looking for additional ingredients. “This was going to take everybody on the team, and it was going to be a trial-and-error process,” she said.

But Hawkknuff learned that the most fundamental part of their recipe was the dough or caring. And that's what she found when she turned to the experts and listened to her team.

What does caring look like? Or as she put it, what are the ingredients of this dough?

- Listen with empathy. Leaders need to listen to their teams, which seems like a given, but set aside dedicated time for it.
- Be flexible. That seems easy, but in reality, it can be difficult.
- Dismantle unhealthy coping mechanisms. When people aren't given healthy ways to deal with stress, they often develop coping mechanisms. It may manifest as people avoiding work.
- Foster accountability. This was something her team specifically requested.
- Recognize and engage. Teams crave recognition for the things that they have done well. Leaders often underestimate the importance of brief and informal feedback.

Her team found new energy in their work. But as soon as things were going exceptionally well, they began to backslide and feel burned out and overwhelmed again.

Hawkknuff went back to the beginning. She listened, observed and asked questions.

What she found was that they weren't sure whose expectations these were. “So I made sure that they understood that my expectations were clear. We discussed that you were never going to make everybody happy. And we decided who was going to set our priorities. My team even set unrealistic expectations for themselves. They set deadlines that didn't need to exist and needed permission to breathe,” she said.

“I realized that I had not given them the authority to tweak our recipe to add a floral fondant or a pinch of salt if that's what they thought it needed.” But in so doing, Hawkknuff and her team continued to find that new passion and energy for their work every day.

The Clinical Nursing Practice Specialist Role

The clinical nursing practice specialist role was developed to support best nursing practice throughout the different settings across the Carle Health system. Over the past two years, the role has grown to include three practicing

nurses who have a wide range of clinical and professional experiences. The clinical nursing practice specialists fill a shared job position, which requires them to provide direct patient care in a part-time position, ensuring that they remain relevant to current nursing practice. It allows them to keep the patient at the heart of what they do as they work towards best practice changes at a systemwide level.

The team is responsible for advancing and maintaining best nursing practice across the continuum of care, including acute, ambulatory, procedural and community practice settings. They work closely and extensively with unit partnerships and the shared governance professional practice councils, as well as other councils and committees across the system, reviewing and implementing evidence-based practice. Team members collaborate and coordinate with interdisciplinary teams and multisite discussions to facilitate and develop evidence-based structures that support nursing staff and improve patient and nursing outcomes.

Nursing leaders and direct patient care providers alike can collaborate with the practice specialists for a variety of practice-focused topics.

Here are some examples:

- Develop and refine structures and processes that support nurses in owning their practice and delivering quality patient outcomes.
- Assist and develop policies and procedures for nursing practice areas.
- Serve as a resource for policy and procedure development at a system/department/unit level.
- Perform and assist in the compilation and review of literature for practice-focused questions.
- Assist with questions about the scope of practice for licensed and unlicensed healthcare providers.
- Review of system-level/regional policies and practices to align, when appropriate and able, as supported by evidence.
- Collaborate with the Clinical Education team to develop educational content to support nursing practice.

Carle Health Greater Peoria nurse leaders earn recognition.

CARLE HEALTH GREATER PEORIA 40 LEADERS UNDER FORTY

Sara Caruso, Director of Nursing for Emergency Departments

Carle Health Methodist Hospital, Carle Health Proctor Hospital and Carle Health Pekin Hospital



Congratulations to Sara Caruso for being recognized in the 40 Leaders Under Forty in Central Illinois. This well-deserved designation is a testament to her dedication, leadership and impact on the Greater Peoria community.

“Sara is a servant leader and focuses on empowering her staff and giving them the autonomy to make decisions about their work and delivery of care. Sara is humble, compassionate and extremely empathetic,” her nominator said. “She is a very positive force in Carle Health Greater Peoria emergency departments.

“Sara is a big reason why Pekin ED is in the top 10% for care experience in the nation. Sara’s leadership has extended to Methodist and Proctor, both of which excel in patient experience.”

Outside of work, Caruso is active in her church, serving as a group leader for marriage and parent counseling. She has worked with many children and their athletic activities at Peoria Christian Center.

BUSINESS LEADER OF THE YEAR

Holly Stoner, BSN, RN, Med-Surg-BC
Carle Health Pekin



In October, the Pekin Area Chamber of Commerce recognized Holly Stoner, BSN, RN, Med-Surg-BC, as Business Leader of the Year during their Business and Community Recognition Luncheon. These awards are a testament to the

positive impact leaders have in the Pekin community.

Stoner has been a nurse manager in the acute care unit at Carle Health Pekin Hospital for the last five years. Stoner holds national certification and serves as the chair of nursing operations and quality and safety meetings. Additionally, she is the voice of the Pekin campus on most other regional Carle Health meetings.

Stoner has transformed the culture of her units since coming to Carle Health Pekin. She has a strong team whose efforts with fall prevention, wound prevention, pain management and employee engagement have soared under her leadership.

Stoner was involved in the development of a patient advisory committee at Carle Health Pekin Hospital, where community members collaborate with our hospital employees to improve the patient experience. Stoner leads her team with community initiatives like a recycling program, participating in the Marigold Festival parade and supporting the Pekin High School sports programs. She is also providing her strength and commitment to the community by working toward a goal of bringing Dash at Dusk back to Pekin next year.

Stoner is a visible leader, and her team shares that she is an incredibly supportive leader. She was honored to be the very first “DAISY® Nurse Leader” for our region in 2022. Stoner is a Pekin native and is proud to serve the community in this role.

Structural Empowerment





Structural Empowerment

Nursing awards and funding increase access and opportunities for Black team members.



Nurses play a critical role in caring for and connecting with patients, addressing health disparities and delivering innovative care. So it is crucial that Carle Health has a diverse nursing staff. The Building Racial Diversity in Nursing program is an ongoing effort to build a more representative nursing workforce.

For those hoping to transition to a new career by getting the necessary education, obstacles to racial diversity may make that dream seem unattainable. Thankfully, though, Carle Health has many resources – from tuition

reimbursement to career guidance and coaching – to help team members reach their goals. And the list of available resources continues to grow.

Diversity, Equity and Inclusion (DEI) recently received a \$10,000 grant from the Women’s Legacy Circle (WLC) for awards and professional development to increase access to opportunities for Black team members interested in pursuing a nursing career.

With this grant, six team members were granted a \$1,500 Building Racial Diversity in Nursing (BRDN) education award in 2023. Through BRDN, Carle Health provides education awards to team members from underrepresented racial groups who are pursuing a nursing degree and career. As some people must cut from full-time employment to part-time to accommodate their courses, this education award can be used for anything to support the recipients. To facilitate entry into the profession, recipients must not currently be in an RN or LPN position. Further, professional networking and development opportunities will be made available for Black team members.

SEEING A NEED

As part of DEI’s aim to promote a diverse and inclusive environment, the department looked across Carle Health to identify the greatest need.

“There’s a lack of representation of Black nurses in the healthcare field in general, but especially in relation to the communities and the population that Carle Health serves.



Lakita Scott, MSN, RN

“I think it’s important for our patients to see more diversity in the people caring for them. This education award will be a step forward in helping to close that gap,” Lakita Scott, MSN, RN, vice president of Quality and former DEI Steering Committee chair, said.

Scott observed, in looking at the data, that the numbers didn’t add up. The percentage of Black residents who live in Champaign County is 13.8%. But even as Black team members account for roughly 15% of nursing adjacent roles, like healthcare techs and certified nursing assistants (CNAs), they make up less than 3% of the Carle Health nursing staff.

Ashley Polnitz, MSN, RN, CLC, Healthy Beginnings and Community Health Initiatives nursing supervisor, anticipates having a more diverse staff would not only more accurately reflect our patient population but could

also result in improved health for patients.



Ashley Polnitz, MSN, RN, CLC

“[Studies](#) have shown better outcomes, in some cases, for patients when they are cared for by a nurse of the same race,” Polnitz said.

“Having a more diverse nursing population will reduce health disparities by destructing systemic biases and racial inequities that still exist in healthcare. It will also improve communication and increase trust in the healthcare system.”

This Building Racial Diversity in Nursing education award is intended to help bring about such change.

“While nursing education awards are available, very few are actually minority education awards that target the Black or African American community. This education award allows additional funding for an education that may be out of reach for some, even with the tuition reimbursement offered within our organization,” Polnitz said.

BUILDING A MORE DIVERSE AND INCLUSIVE ENVIRONMENT



Heather Hintz

“If you think about our new Behavior Standards on inclusivity, improving that representation sends a positive message, not only to the community but to team members working in different areas and those who aspire to grow into this area,” Scott said. “If there are

underlying barriers for this lack of representation of people of color in that world, we have a responsibility to see how we can address them. This is taking us in that direction.”

While the WLC received many grant proposals, Heather Hintz, LCPC, director of Behavioral Health and co-chair of the WLC Grants Committee, found this request particularly compelling in its aim to build a culture of inclusivity.

“As a leader at Carle Health and a member of WLC, I believe we should support initiatives that will allow Carle Health to continue to seek the North Star, to be the leader in care for our community members,” Hintz said. “This initiative supports opportunities for growth not only in the care we provide our patients but also for our employees, which is a win-win in my mind.”

SUPPORTING TEAM MEMBERS’ NURSING CAREER GOALS

Carle Health is here to support those interested in reaching their goal of becoming a nurse. A DEI specialist will meet with interested team members to discuss their career goals, review additional education awards, scholarships and resources available, and answer any questions before applying for the Building Racial Diversity in Nursing education award. Eligible team members interested are strongly encouraged to apply. DEI’s commitment to providing equitable care and experiences for all at Carle Health is more than any one effort, but this is a step forward in that journey.

The recipients of the 2023 Building Racial Diversity in Nursing education awards are:

- Janelle Tardy – CPG, Curtis Clinic.
- Brooklyn Robinson – CPG, Windsor Clinic.
- Nicole Parker – CPG, Otolaryngology.
- Adrienne Littlepaige – CPG, Carle at The Riverfront.
- Mari Hillsman – CPG, Curtis Clinic.
- Kristine Brown – CFH, Tower 6.

Reigniting the Light on Nurse Well-Being



In 2021, Carle Health Center for Philanthropy received a significant gift to establish the Josh Gottheil Memorial Nurse Resiliency Fund at Carle Health. This endowment, established by the Josh Gottheil Memorial Fund for Lymphoma Research, was to be used to provide programs and services that support the well-being of nurses.

Elizabeth Angelo, President of Carle Foundation Hospital and Chief Nurse Executive of Carle Health, approached the Continuing Education (CE) team in July and requested a Nurse Well-Being Conference take place before the close of 2023. CE usually has about a year to pull most large events like this together, but with guidance from Angelo and a lot of moving parts coming together quickly from the Planning Committee, things worked out in the most meaningful way.

The Nursing Well-Being Conference entitled Reignite the Light was held Nov. 17 and covered a variety of topics, including ethical dilemmas, presentations on how to ask for help, overcoming burnout, Zumba and yoga sessions were offered during a breakout session and much more. The overall takeaway from the conference was to give nurses the tools to positively impact their lives.

About 200 attendees from Carle Health and nurses and

students from other area healthcare organizations took part in this first-of-its-kind, one-time-only conference in Pollard Auditorium at Carle Foundation Hospital.

“People in the helping professions, like nurses, need seminars on how to take care of themselves.” That’s what the Rev. Patrick Rieke, dignity and spiritual care director and ethics chairperson at Parkview Health, a health system based in Fort Wayne, IN, said to nurses in attendance.

The keynote speaker was Joanne Duffy, PhD, RN, whose nursing theory has resonated with many Carle Health nurses and will support Carle Health’s new nursing Professional Practice Model.

The intent was for this conference to bring a fresh and unique perspective to nurses and hopefully reignite people’s passion for education as well. Overall, this was a well-attended event that met its purpose of bringing everyone together to connect, network and provide education on topics related to nurse well-being in a way that hasn’t been done before.

Quality Outcomes: A Primary Focus Throughout Carle Health

The Quality team focuses on several important aspects, including the systematic process of identifying, analyzing and enhancing the various aspects of healthcare delivery to improve patient outcomes, safety and satisfaction at Carle Health.

According to the [U.S. Department of Health and Human Services](#), medication errors are among the most common, harming at least 1.5 million people every year. In the United States, adverse drug events – or harm resulting from medication use – cause approximately 1.3 million emergency department visits and 350,000 hospitalizations yearly. The extra medical costs of treating drug-related injuries are at least \$3.5 billion a year.

Keeping patients safe from adverse drug events starts with keeping their home medication list up to date. When old medications clutter the medication list, patients may inadvertently get started back on a medication that doesn't align with their treatment plan.

Megan Bakaitis, a performance improvement specialist, worked with the Epic team and Primary Care practices to implement an enhanced workflow to improve medication list accuracy in the central, eastern and southern regions. Bakaitis said when staff prepares a patient to see the provider, they ask about the medications the patient is taking, and patients frequently report not taking at least one medication on their list.

With the enhanced Epic workflow, staff flag these medications in Epic, so when the provider opens the encounter, they can clearly spot the medications not taken. About 80% of the time, medications are deleted from the medication list. Sometimes, providers choose to leave the medication on the list and talk to the patient about barriers they may be having with accessing or taking the medication. The care team will then work with the patient to address these barriers so the patient can enjoy better health.

In September, Bakaitis said Primary Care practices in the central, eastern and southern regions saw about 36,000 patients, reviewed over 200,000 medications with patients and removed almost 46,000 of those medications from patients' lists. This is a big win for medication safety.

Here are some other accomplishments achieved by the Quality team across the regions:

Carle Eureka Hospital

- The Carle Eureka Inpatient Unit was listed as one of the top critical access hospitals in the U.S. for consistently excellent performance in three domains of patient satisfaction: nurse communication, physician communication and care transitions.

Carle Foundation Hospital

- Reduced hospital-acquired infections (year-to-date), which helps decrease the length of time some patients will need to be in the hospital. Catheter-associated urinary tract infections (CAUTIs) are down by 47%,

central line bloodstream infections by 27% and methicillin-resistant staphylococcus aureus events by 83%. These improvements are in collaboration with the clinical teams and Infection Prevention.

Carle Richland Memorial Hospital

- Daily care transition rounds at the patient bedside improve patients' experience and their quality of care, as evidenced by a variety of quality metrics at Carle Richland: 30-day readmissions are at 6.41% YTD (Jan. - Aug.); observation length of stay is at an average of 27.8 hours YTD (Jan. - Aug.); total inpatient net excess days for 2023 (Jan. - Aug.) is at -231.70 days.

Carle BroMenn Medical Center

- Over the last 18 months, the sepsis mortality rate has been reduced by 39% due to the efforts of the sepsis team's work to ensure all elements of the evidence-based sepsis bundle are implemented.

Carle Hoopston Regional Health Center

- Based on occurrence report trends, a medication management group including staff and leaders from clinical teams and Pharmacy was developed to identify trends and implement solutions to reduce the risk of harm to patients. The hospital was able to achieve a reduction in medication errors and medication near-miss events from 17 to four.

Carle Health Methodist Hospital

- Recognized by the American Heart Association® and the American Stroke Association® with the Get With The Guidelines® program. The team applies the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the communities we serve for optimal outcomes. They received Stroke Gold Plus with Target: Stroke Honor Roll Elite and Target: Type 2 Diabetes Honor Roll.

New clot-busting drug and telestroke services transform stroke care at Carle BroMenn and Eureka hospitals.

Promising firsts that should improve stroke outcomes were celebrated in April at Carle BroMenn Medical Center and Carle Eureka Hospital. Tenecteplase (TNK), a clot-busting drug now being used to treat ischemic stroke patients, was successfully administered for the first time at both hospitals – providing faster, easier treatment. Additionally, telestroke technology was used for the first time at Carle Eureka, linking a patient presenting to the emergency department (ED) with stroke-like symptoms to a remote neurologist for a prompt neurological evaluation and diagnostic and treatment recommendations.

Medical alert ... Stroke alert ... ER ... ETA 12 minutes.

An overhead announcement of less than 10 words puts into action a carefully composed and orchestrated lifesaving chain of events at hospitals throughout the Carle Health network of care when patients experiencing stroke-related symptoms are en route by ambulance. The chain of events begins with prompt recognition that a person is experiencing stroke-like symptoms. The next step is calling 911.



Melissa Reidy, RN, with Peg Clark Shea. Photo courtesy of WGLT.

“Don’t come in by private car. The best thing to do is call 9-1-1,” Melissa Reidy, RN, stroke program coordinator at Carle BroMenn Medical Center, said. “Calling 9-1-1 and being transported by ambulance allows EMTs in the ambulance to begin gathering important information to relay to the ED and signals us to call a Stroke

Alert, which brings our stroke response team together. We are waiting at the door when the ambulance arrives and ready to get the patient directly to Radiology for a CT scan.”

Stroke response at Carle Health hospitals is also gradually including telestroke services – virtually connecting with neurologists available 24/7 from telehealth provider Blue Sky Neurology. “Working via a teleconferencing device with the Blue Sky neurologist, we had the decision to administer TNK pending the CT scan results before we even had results back yet. It was a great timesaver enabling us to be prepared to quickly give the appropriate treatment as soon as we got the go-ahead,” Mark Lareau, RN, ED manager at Carle Eureka, said.

“The teleconferencing device makes it almost like having the neurologist right in the room. It allows the Blue Sky neurologist to perform their own exam and see the patient for themselves,” Lareau said. “They can zoom in and see the patient’s pupils, hear the patient and witness the aphasia or the difficulty speaking. They obviously can’t touch the patients, but it’s better than getting a description of what is going on by someone else.”

As a critical access hospital, Carle Eureka previously relied on the ED physician assessing the patient and then contacting a neurologist for guidance on whether or not medication could be administered after the patient’s CT scan results were known – steps which took more time. With 24/7 access to a neurologist and an easier drug for the nursing staff to administer, they are shaving off precious minutes in the process. “Prior to having the telestroke service in place, it was a challenge to meet our goal of administering the stroke medicine within 60 minutes of patient arrival,” Lareau said. Now, with their very first occasion to use both the Blue Sky neurologist and the TNK medicine, their patient received treatment in 46 minutes.

Telestroke services and TNK are getting treatment to patients faster and increasing the chances they can survive stroke without long-term disability. “Our first use of TNK at Carle BroMenn was with a patient who had an in-hospital stroke,” Reidy said. “She was administered the drug within 34 minutes of the stroke alert being called.”

“I had heard about this drug before and knew there was only a window of time in which it could be administered,”

Peg Clark Shea, a recent patient who suffered a stroke while in the hospital, said. "This was my second stroke, and I physically feel fine. I feel very blessed and very thankful that this drug was available, that the doctor was available, that I was in a place where I was helped immediately and have no physical symptoms of having had a stroke."

Carle BroMenn has had telestroke services available since the summer of 2019. They are contacted for all stroke cases at the hospital, so there is no confusion about when they need to be involved. Once a patient is out of the acute stage and is admitted to the hospital, if not already there, they are seen by our in-hospital neurologists.

"Every minute, 1.9 million brain cells die when a patient is having a stroke," Reidy said, "so as quickly as possible that you can treat the patient, the best possible chance they have for better outcomes and survival."

For Lareau, the change in process is welcome and will clearly be an improvement in health outcomes.

"Regarding our response, it was really good teamwork," Lareau said. "Everybody worked well together, and I am very proud of them. Even though it was our first time doing a couple of things, all the pieces fit together really well."

Regardless of your role in the stroke emergency chain of events, we should remember B.E.F.A.S.T.

- Balance – sudden onset of dizziness, loss of balance, room spinning.
- Eyes – sudden onset of vision changes.
- Face – facial drooping or uneven smile.
- Arms – weakness or numbness on one side of the body.
- Speech – difficulty speaking, understanding or finding words.
- Time – call 911.

Stroke is a time-sensitive emergency, but new technology, faster treatments, greater awareness of signs to watch for and the importance of calling 911 are improving outcomes and helping us win the race against the clock. The Carle Health system offers some of the most advanced neuroscience services and technology available. The growing family of hospitals all play a part and work together to provide patients with the lifesaving care they deserve.

A stuffed rabbit named Bertie inspires hope among bereaved parents.



Any mom who has had a late-term loss knows the agony of that long wheelchair ride out of the hospital without their baby. Most hospitals have a bunch of wonderful keepsakes that are gifted to bereaved parents, but it is still so heartbreaking to be discharged with a box instead of a baby.

This is when a Carle BroMenn Medical Center (CBMC) nurse from the Mother Baby Unit (MBU), who would like to remain anonymous, steps in. She reached out to her nurse supervisor, wanting to donate weighted stuffed animals to be given at the time of discharge to bereaved families.

"No parent should leave the hospital with empty arms. I would really like to give these mommas and their families something soft and cuddly to carry with them when they leave the hospital and hold when their arms are aching for their baby," the nurse donor said.

She hopes that gifting a weighted stuffed animal at the time of discharge will bring cuddles and comfort to bereaved families.

Although the nurse wasn't planning on this becoming a group project, she wanted to give her colleagues the opportunity to gift one of these stuffed animals in remembrance of their baby, in honor of a friend or relative who has suffered a loss, or just as an act of kindness

toward a grieving family. Seventy-five weighted stuffed animals were donated in a short two-day period.

The nurse donor said, “I can’t take credit for this idea. That belongs to my grandma, who is now in heaven, too. She bought a little stuffed rabbit for my parents when they lost their first baby almost 30 years ago. She wanted them to have something to hold. “Bertie” has always been a part of our family, and we’ve always known that he was given to remember the sibling we never met.”

Traditional celebration marks 20 years of Filipino nurses at Carle Health.



Carle Health welcomes nurses and other healthcare workers from many international locations, and each adds to the work culture.

Twenty years ago, Carle Foundation Hospital (CFH) began a successful endeavor that continues today – one that brought a special group of nurses to the hospital and community, nurses who emigrated from the Philippines. And on Aug. 8, Carle Health nurses celebrated to recognize the anniversary of the first Filipino nurses recruited directly from the Philippines specifically to work at CFH.

There is a long history of Filipinos immigrating to the U.S. to work as nurses. And Filipino nurses were working at Carle Foundation Hospital even before Carle

Human Resources and Nursing began actively recruiting Filipino nurses to Urbana. But it was 20 years ago the first of those recruited nurses joined the Carle Health nursing team, according to Kat Monterroyo, international recruitment liaison for Nursing.

Members of the initial group were Annabelle Maylas, RN (CFH Critical Care Unit); Vicente Piccio, RN (CFH Inpatient Rehabilitation); Karen Yap, RN (CFH Observation Unit); and Thelma Lamera, RN (CFH Inpatient Pediatrics).

“We thought it would be great to honor the four nurses who actually paved the way for the rest of us to come,” Monterroyo said. “But it was not just them that we celebrated, but all Filipino nurses.”

Monterroyo said that without the examples shown by these compassionate and dedicated nurses, the Carle Health community probably wouldn’t have embraced all those who have come since.

The celebration, planned by Audelle Abrinica, RN (CFH Medical-Surgical Unit), and Edessa Capistrano, RN (nurse supervisor, Otolaryngology, Head and Neck Surgery), was designed to mimic a traditional barrio fiesta held in the Philippines, she said. Carle Health Food Service went out of their way to prepare traditional fare. Ofelia White, a food service worker from the Philippines, helped guide Director Kevin Steffes and took him to the Filipino grocery store in town to get the proper food and ingredients. Some members of the Filipino nurses’ group also made extra dishes and desserts to achieve one of the typical goals for a barrio fiesta – to have an overflowing amount of food, Monterroyo said.



Food Service even prepared four lechones – roasted pigs – outside the CFH kitchen.

The event took place at The Forum and started with remarks from CEO and President James C. Leonard, MD, and Senior Vice President and Chief Nursing Executive Elizabeth Angelo. The four original Filipino nurses who began working at CFH 20 years ago also spoke to the crowd, which included Carle Health co-workers, friends and family members. Monterroyo pointed out that some of the children and spouses of Filipino nurses are now also part of the Carle Health employee family.

Dr. Leonard said, “I think it’s important for me to let you know, over 20 years ago when we began the planning of where we would reach out for the help that we desperately needed in the clinical areas, we didn’t just throw a dart at the map and say, ‘OK, we’ll go there.’ No, we did our homework. What people really represent a culture that would mesh with who Carle was, and beyond that would bring the resilience, a spirit of can-do and courage that it takes to pick up and come here that would make our culture better?”

Carle Health still recruits nurses from the Philippines and expects new nurses to arrive when the U.S. State Department allows them to receive visas to work in the U.S., something that is currently on hold.

When our new nursing team members arrive, they’ll find they’re welcomed, encouraged and supported by a vibrant group of nurses, including a strong contingent of nurses from the Philippines, who are invested in their success and are an important part of Carle Health.

“I feel gratitude for the way you have become a part of the fabric of Carle,” Angelo said to the Filipino nurses at the celebration. “You have become preceptors and educators and leaders. You’ve certified and become leveled and have gone back to school. Your commitment to excellence has raised the bar for all of us, and I truly believe our patients receive higher quality care because you are on our team.”

Carle BroMenn nurses look to the future with virtual reality.

The digital age continues to shape the way we learn and work. Carle BroMenn Medical Center (CBMC) nurses use virtual reality (VR) to grow their knowledge, skills and confidence. Angelia DeWeese, simulation education specialist, and Lori Harper, director of nursing practice, are partnering with Carle BroMenn Medical Center Endowed Professor Marilyn A. Prasun, Mennonite College of Nursing, on a program to learn more about the benefits of VR and its impact on growing the knowledge and skills of nurses in pursuit of improved patient outcomes.

Virtual reality is a three-dimensional, interactive world simulating real nursing environments and patients. It is fully immersive and gives nurses practice in a controlled environment where no harm is brought to a virtual patient.

Virtual reality lessens learning distractions, is standardized and responds to the actions of the learner. An immense strength of virtual reality learning is the ability to repeat a scenario for continued learning and growth. This is called rapid cycle practice, and research shows it is key to making learning “stick.”

In 2022, CBMC partnered with Oxford Medical Simulation, a healthcare virtual reality vendor, with a pilot group of 31 Emergency Department nurses and ICU charge nurses. After a successful pilot concluded, sepsis was chosen as the first scenario to use with staff. In 2023, the sepsis VR program expanded to include 105 inpatient nurses. For the inpatient launch, the first and last attempt sepsis VR scenario scores moved from 60.98% to 83.17%, a notable change.

Inpatient nurses rated themselves on perceived confidence in caring for a sepsis patient before entering the VR sepsis scenario. A 10-point scale was used for the rating, with zero representing not confident and 10, very confident. Before the VR sepsis learning, the self-reported average score for confidence was 6.64. After the VR sepsis learning, the self-reported average score

for confidence was 8.37.

Using the same 10-point scale, inpatient nurses who completed the sepsis VR scenario also self-reported their perceived competence in caring for a sepsis patient. Before entering the VR sepsis scenario, the average score was 6.75. After completion of the sepsis VR scenario, the self-reported score was 8.39.

Currently, behavioral health and addiction recovery nurses are learning in virtual reality with a simulated VR patient who is an alcoholic and exhibits suicidal ideation. In a face-to-face simulated environment, it can be challenging to realistically replicate behavioral health patient interactions. While virtual reality doesn't replace current simulation activities, it does provide an additional modality of simulated learning for nurses.

Through post-learner reaction surveys, Carle BroMenn nurses said this about VR learning for professional development:

"Great new technology to include in the simulation."

"I would enjoy doing other VR scenarios."

"I really liked VR – a cool way to learn!"

The use of virtual reality for the professional development of nurses in healthcare will continue to grow and expand. And as we continue to experience successful, effective VR learning environments for our nurses, VR will expand its reach into patient care.

Healthcare innovators are creating patient-focused VR scenarios to diminish the pain of women in labor and manage the suffering of patients experiencing acute and chronic pain. Virtual reality distracts patients during treatment, with evidence showing a reduction in both pain and anxiety. People with cerebral palsy are experiencing increased motor functions, and stroke patients demonstrate cognitive rehabilitation using virtual reality scenarios.

By the end of 2023, a total of 1,223 learner interactions utilized the VR simulations, with use expanding beyond the nursing discipline. Additional areas served by VR include security, Family Medicine residents and

volunteers, to name a few. Throughout the year, available topics have increased and now also include allergic reaction, de-escalation, overdose, stroke and suicide.

Carle BroMenn will continue a thoughtful, research-based approach to the use of virtual reality on behalf of nurse professional development as we grow, expand, and innovate.

Carle Health nurses impact the community through volunteer efforts.

Nurses don't only make a difference on the job, but often do so beyond the walls of Carle Health hospitals, clinics, and offices as well. Many Carle Health nurses have taken it upon themselves to make an even bigger impact within their communities by volunteering their time and talents.

The Employee Volunteers in Action (EVA) committee supports the Dollars for Doers program. By simply tracking volunteer hours using the VolunteerMatch app, employees can earn a free donation in their name to a designated nonprofit organization. [VolunteerMatch](#) is a tool to support Carle Health team members as they volunteer no matter where they live. Each hospital in the Carle Health organization has published needs for their specific service area.

Those nurses who reported volunteering at least 20 hours for a nonprofit in any community in the Carle Health footprint during a quarter has been offered the opportunity to designate a donation of \$50 from Carle Health in their name to a nonprofit from a list of organizations whose missions fit the [Carle Health Community Health Needs Assessments](#).

EVA supports the Dollars for Doers program year-round with new volunteer recipients announced every quarter. We recognize and thank the following nurses for making time to volunteer 20 or more hours within their communities. You truly make a difference.

2023 – First Quarter

- Sarah Ellison – CPG, Danville Surgery Center.
- Teresa Riegle – CPG, Outpatient Care Coordination.
- Diane Williford – CPG, Digestive Health Institute.
- Jennifer Singley – CBMC, Wound Care Center.

2023 – Second Quarter

- Diane Williford – CPG, Digestive Health Institute.
- Sarah Ellison – CPG, Danville Surgery Center.
- Alicia Settle – CPG, Family Medicine Residency.
- Teresa Riegle – CPG, Outpatient Care Coordination.
- Jennifer Singley – CBC, Wound Care Center.

2023 – Third Quarter

- Sarah Ellison – CPG, Danville Surgery Center.
- Teresa Riegel – CPG, Outpatient Care Coordination.

2023 – Fourth Quarter

- Sarah Ellison – CPG, Danville Surgery Center.
- Teresa Riegel – CPG, Outpatient Care Coordination.
- Diane Williford – CPG, Digestive Health Institute.



Carle Heart and Vascular Institute (HVI) helps to build homes one birdhouse at a time and goes red at the American Heart Association's *Go Red Lunch*.

"The Heart and Vascular Institute continually impacts the lives of Carle patients, but they also look for ways to support people where they are outside of Carle's walls," said Lori Lamarra, MSN, RN, director of HVI.

Members of the HVI departments participated in a Habitat for Humanity fundraiser by building birdhouses. Their birdhouses were among 64 birdhouses overall open for bids.

After weeks of bidding, the results revealed HVI raised

\$490 collectively for Habitat for Humanity. The birdhouse with the highest bid among the entries was the HVI Prep/Recovery Illini birdhouse, which sold for \$125.

"This Habitat for Humanity project allowed us an opportunity to collectively support others by helping them secure housing. We like to say that the HVI is helping build homes, one birdhouse at a time," Lamarra said.

Members of the HVI team also volunteered at the American Heart Association's Go Red Lunch on May 4 and the American Heart Gala on April 1.

Shanelle Huffman, BSN, RN, CMSRN, nurse supervisor of the HVI Procedures Center, said procedure room nurses don't often have the opportunity to make meaningful connections with the patients they care for prior to the start of anesthesia.

"The team often goes unseen behind the drape in the procedure room, carefully sedating and monitoring patients in their most vulnerable moments. However, attending the Gala and the Go Red for Women Luncheon allowed the team to connect with heart patients outside of the procedure room."

Nearly 20 team members volunteered their time planning, crafting decorations, assisting with the silent auction and ushering gala attendees to their tables.

Carle BroMenn Medical Center nurses lend a hand to build a dream home.



Carle BroMenn Medical Center (CBMC) has partnered with Habitat for Humanity of McLean County to bring a new home to the community for a family in need. On Saturday, April 22, volunteers constructed the walls of the home in the parking lot of CBMC and then transported them to the building site in Bloomington. This event was the kick-off to 10 months of weekly volunteer opportunities for Carle Health team members to assist with the construction.

For Carle Health team members, this is a great opportunity not only to give back to the community but also spend time with one another in a unique team-building opportunity.

Trayce Bartley, MSN, RN, CNOR, director of Perioperative and Surgical Services at CBMC, said, "As board president for Habitat for Humanity and a nurse at Carle BroMenn, I am excited Carle BroMenn nurses, staff and providers agreed to partner with Habitat for Humanity to sponsor and help build a new affordable home for a local family. Carle BroMenn's partnership will provide thousands of volunteer hours and significant monetary donations. Habitat and Deisy (homeowner) will truly be blessed by this partnership."

2023 Professional Nurse Advancement Program Promotions

LEVEL III PROMOTIONS

Name	Location
Central Region	
Jessica Brownfield	CBMC
Rebekah Lavicka	CBMC
Kari Amigoni	CBMC
Christine Gill	CBMC
Sunita Krugger	CBMC
Sonia Vercler	CBMC
Heather Paterson	CBMC
Kathleen Powell	CBMC
Ashley Boone	CBMC
East Region	
Hayley Siuts	CFH
Gwen Laguda	CFH
Raine Gula	CFH
Jolene Tschida	CFH
Alyssa Hobbs	CFH
Madilyn Hesterberg	CFH
Meaghan Floyd	CFH
Johanna Gray	CFH
Brittany Dahlstrom	CFH
Dipti Gadgil	CFH
Latricia Pearson	CFH
Megan Peterson	CFH
Misty LaRochelle	CFH
Amy Fisher	CFH
Charli Kahler	CFH
Susan Van Bibber	CFH
Lacey Miles	CFH
Jordan Weber	CFH
Ashton Entler	CFH
Emily Smith	CFH
Alexandra Dorsett	CFH

Laurie Marcott	CFH
Jordyn Hawkins	CFH
Dallas Thompson	CFH
Mercedes Mayernick	CFH
Jolynn Toma	CFH
Evangeline Mondello	CFH
South Region	
Kristen Piercefield	CRMH

LEVEL IV PROMOTIONS

Name	Location
Central Region	
Jessica Brownfield	CBMC
Katelyn Reynolds	CBMC
Crystal Westphal	CBMC
East Region	
Rebecca Flessner	CFH
Jessica Garrett	CFH

LEVEL V PROMOTIONS

Name	Location
Central Region	
Teresa Novy	CBMC

2023 Nursing Extended Degree Graduates

BACHELOR'S DEGREE

Central Region
Dane Alexander
Tess Birlingmair
Becca Blakeley
Jasmine Brown
Emma Burling
Cindy Cadena
Dillon Cherwin
Hailey Clark
Taylor Dusek
Madeline Exline
Kaitlynn Fairley
Gretchen Fisher
John Fogarty
Amanda Frempong-Manso
Kenadi Fuller
Ellen Giovanini
Cheyenne Grady
Ariel Hamer
Erin Jacquot
Sophia James
Jaclyn Judge
Payton Kerper
Erin Knowles
Sophia Lindenfelser
Debora May Rickard
Abigail Melvin
Thadius Meyers
Joselyn Mikulecky
Rosy Nziango
Theresa Paige
Ally Pruser
Mallorie Roseberry

Katherine Rossi
Karina Saini
Madison Sealley
Jackie Shabah
Jeffrey Shepherd
Mary Shoemaker
Andrew Stange
Wyatt Steidinger
Tami Tallyn
Sadie White
Delaney Woodbury
Jeffrey Zeitler
East Region
Rhonda Addison
Hayley Barrie
Grace Bartimus
Theresa Beck
Cassidy Blumenshine
Melissa Bogard
Mackenzie Brunk
Alexia Burnett
Michelle Cavin
Callie Champley
Alyssa Chapman
Samantha Christison
Dakota Clayton
Mason Coon
Holley Crozier
Angela Davis
Ciena Davis
Alexandria De Roeck
Alyse Deller
Teagan DeLorenzo

Ashley Devine
Diana Diener
Gabrielle Doss
Jamal Drea
Skye Etnier
Abraham Eugenio
Salina Fauver
Alexa Fifield
Maria Figueiredo
Abigail Flach
Kari Free
Angela Garcia
Shelby Gesell
Erin Gillis
Christina Goode
Jody Goodin
Chelsea Grubb
Anisa Hall
Lynnette Harrison
Ashlyn Haun
Miranda Heck
Ronald Hoppe-Hastings
Stephanie Houk
Mary Hyatt
Kala Jablonski
Jaime Johnson
Samantha Jones
Lindsay Keiken
Christy Kim
Noah Kimmell
Riley Kofoed
Melissa Kolzow
Kailey Lack
Elizabeth Lewis

Brianna Lilly
Ashley Madden
Samantha Mahaffey
Margaret Mendez
Andrew Meyer
Abbie Morman
Marysa Morrow
Sophie Osborne
Moriah Owens
Kenna Parrish
Harlee Phillips
Michele Priest
Halle Ramert
Lulcrisha Ray
Meghan Rhodes
Dani Rizzo
Robin Roach
Boston Roberts
Ellen Rosen
Hanah Schluter
Madison Schultz
Keagan Sims
Sharla Steidinger
Elizabeth Taylor
Dallas Thompson
Jolene Tschida
Brooke Valles
Hunter Varnes
Irene Veldhuizen
Teri Walk
Ashley Webber
Tyler Wegrich
Kelsey Wells
Riley Wienke
Elexus Williams
Konnor Williford
Kasie Winland Bean
Katherine Wyse
West Region
Ann Arriesgado

Brittini Beaupre
Trystan Bramham
Lauren Brown
Meghan Bryson
Kiersten Cathelyn
Carrie Caulkins
Natalie Clunk
Kristin Collier
Maria Contreras
Kiara Deatherage
Michael Ernst
Anna Francis
Brooke Gloeckler
Amanda Griffin
Lauren Haake
Heidi Harrison
Alexis Howell
Shelby Husemann
Priscilla Johnson
Calli King
Gabrielle Langdon
Chandler Little
Rebecca Madeira
Bryanne McBride
Kristina Melloy
Sarah Morrissey
Tiffany Obar
Sydney Ossman
Cambria Regan
Marissa Rettig
Emily Rowan
Grace Rumbold
Lindsey Schopp
Marcie Shannon
Shelby Shreeves
Madelyn Shutt
Taylor Stomberg
Kelsey Storm
Sydney Sumer
Bang Tat
Michelle Ulrich

Victoria Walter
Mackenzie Watlington
Hailee Welsh
Rylie Seward
South Region
Victoria Dehlinger
Branda Hardig
Valerie Hartz

MASTER'S DEGREE

Central Region
Stacy Barclay
Teresa Boyle
Karyn Flores
Andrea Markham
Alyssa Stoddard-Foley
East Region
Aseem Adoni
Breanna Baine
Stacie Bowden
Kelsi Boyd
Nathan Buchanan
Melissa Crozier
Jennifer Doege
Twila Douglas
Shelby Fathauer
Shannon Hadler
Sarah Harbin
Traci Knierim
Lindsey Loewenstein
Nicole McCoy
Kayla McCreary
Carrie Mingo
Danielle Mortenson
Jean Paula Nadonga
Miranda Overton
Michael Palmer
Marilyn Perez
Janelle Rear
Ashley Sanders
Whitney Shreves
Lucille Smallhorn
Kerry Steffes
Karissa Stokes
Kevin Sweeny
Erin Tienhaara

Fey Villagomez
Mindy Watson
Allison Wilkey
Laura Yeager
West Region
Yvonne Burse
Heidi Hutchison
Hannah Rossi
Erin Rylander
Brandon Burnett
Madison Dunham
Cealig Rial
Susan Walsh
South Region
Macie Christisen
Ashley Keepes

DOCTORATE DEGREE

East Region
Olivia Hayes
Joni Hornbeck
Heather Little
Jaden Moomaw
Joy Okumu
Kevin Sweeny
West Region
Maria Bertsche
Sydney Bontz
Richard Ellis
Valerie Fortier

2023 DAISY Award® Honorees

Name and Credentials	Location and Dept./Unit
Central Region	
Travis Phillips, RN	CBMC - Mental Health Services
Adie Klug	CBMC - Clinical Resource Unit
Kelsey Walker	CBMC - Clinical Resource Unit
Iva Punke	CEH - Day Surgery
East Region	
RaeEllen Linares, RN	CHRHC - ED
Kelly Eells, RN	CHRHC - ED
Connie Hopkins, RN	Mattoon Primary Care
Adam Greiff, BSN, RN	CHRHC - ED
Sue Ann Davis, RN	CATR - Allergy
Arvin DeVera, RN	CFH - CVICU
Anne Mikalik, RN	Healthy Beginnings
Katie Holland, RN	CFH - CT7 Advanced Care
Michelle Moyer-Litwiller, RN	CFH - CVICU
Hannah Johnson, BSN, RN	CFH - NT11 OB
Michelle Hughes, RN	CPG - OB-GYN
Lindsey Davis, BSN, RN	CFH - CCU
Becky Patrick, RN	Home Care
Danielle Schumacher, BSN, RN	CFH - Peds
Bomina Otto, BSN, RN	CFH - CIA
Kaci Lowery, BSN, RN	Healthy Beginnings
Natalie Aschbrenner, BSN, RN	CFH - NT8 Pediatrics
Maggie Kaniewski, BSN, RN	CFH - NT7
Camella Cox-Cato, BSN, RN	CFH - NT10
McKayla Norton, RN	CPG - Plastics
Kyle Ross, MSN, RN	CFH - NT8 Pediatrics
Will Swanson, BSN, RN	CFH - CIA
West Region	
Jennifer Gaul, RN	CPKH - ED
James Lyons, RN	CHMH - Nursing Admin
Kaitlyn Marvin, RN	CHMH - Cardiac 5C
Lindsey Prince, RN	CPKH - Infusion Center

South Region	
Rebecca Schmitt, RN	CRMH - Medical-Surgical
Timia Butler, RN	CRMH - Medical-Surgical
Dana Hawkins, BSN, RN	CRMH - Family Maternity Services
Elizabeth Zuber, BSN, RN	CRMH - ICU

2023 Professional Board Certifications

Name	Regional Location	Professional Board Certification
Central Region		
Mariah Applebee	Carle BroMenn Medical Center	International Board Certified Lactation Consultant
Linda Baer	Carle BroMenn Medical Center	Certified Lactation Counselor (CLC)
Amy Bevers	Carle BroMenn Medical Center	Certified Gastrointestinal Registered Nurse
Teresa Boyle	Carle BroMenn Medical Center	Family Nurse Practitioner
Jessica Brownfield	Carle BroMenn Medical Center	Certified Medical-Surgical Registered Nurse
Jessica Brownfield	Carle BroMenn Medical Center	Oncology Certified Nurse
Rebecca Buchwak	Carle BroMenn Medical Center	Certified Nurse Manager and Leader
Jason Burnett	Carle Eureka Hospital	Acute/Critical Care Nursing (Adult)
Tara Finck	Carle BroMenn Medical Center	Psychiatric & Mental Health Nurse
Karyn Flores	Carle BroMenn Medical Center	Family Psychiatric and Mental Health Nurse Practitioner
Christine Gill	Carle BroMenn Medical Center	Cardiac Vascular Nursing
Teresa Hogan	Carle BroMenn Medical Center	Certified Professional in Patient Safety
Angela Matlock	Carle BroMenn Medical Center	Oncology Certified Nurse
Theresa Paige	Carle BroMenn Medical Center	Nursing Case Management
Kelli Peterson	Carle BroMenn Medical Center	Cardiac Vascular Nursing
Angela Schoon	Carle BroMenn Medical Center	Certified Professional in Healthcare Quality
Colleen Sheese	Carle BroMenn Medical Center	Nurse Executive
Michelle Swartz	Carle BroMenn Medical Center	Electronic Fetal Monitoring
Andrew Terry	Carle BroMenn Medical Center	Progressive Care Nursing (Adult)
Melissa Tull	Carle BroMenn Medical Center	Nurse Executive
Machayla Ziemer	Carle BroMenn Medical Center	Inpatient Obstetric Nursing
East Region		
Jessica Amaya	Carle Foundation Hospital	Maternal Newborn Nursing
Kristen Baker	Carle Foundation Hospital	Acute/Critical Care Nursing (Adult)
Cristina Becerra	Carle Foundation Hospital	Certified Lactation Counselor (CLC)
Samantha Bishop	Carle Foundation Hospital	Nurse Executive
Stacie Bowden	Carle Foundation Hospital	Certified Registered Nurse Anesthetist
Nathan Buchanan	Carle Foundation Hospital	Adult-Gerontology Acute Care Nurse Practitioner
Hannah Candoleta	Carle Foundation Hospital	Certified Medical-Surgical Registered Nurse
Kerrie Carson	Carle Hoopeston RHC	Certified Nurse Manager and Leader
Amanda Castellani	Carle Foundation Hospital	Certificate for OASIS Specialist - Clinical
Shereka Collins	Carle Foundation Hospital	Family Nurse Practitioner - ANCC
Sheila Curtis	Carle Foundation Hospital	Acute Critical Care Knowledge Professional (Adult)

Abby Darling	Carle Foundation Hospital	Certified Flight Registered Nurse
Rebekah Dodds	Carle Foundation Hospital	Certified Lactation Counselor (CLC)
Kelly Donoho	Carle Foundation Hospital	Family Nurse Practitioner - ANCC
Twila Douglas	Carle Foundation Hospital	Certified Medical-Surgical Registered Nurse
Natalie Eagleson	Carle Foundation Hospital	Nursing Professional Development
Shelby Fathauer	Carle Hoopeston RHC	Family Nurse Practitioner - ANCC
Abigail Flach	Carle Foundation Hospital	Acute/Critical Care Nursing (Adult)
Laura Frerichs	Carle Foundation Hospital	Certified Post Anesthesia Nurse
Shelby Gesell	Carle Foundation Hospital	Certified Medical-Surgical Registered Nurse
Carolyn Gile	Carle Foundation Hospital	Certified Neuroscience Registered Nurse
Johanna Gray	Carle Foundation Hospital	Acute/Critical Care Nursing (Adult)
Jaymie Green	Carle Foundation Hospital	Nurse Executive, Advanced
Shannon Hadler	Carle Foundation Hospital	Family Nurse Practitioner
Kristi Hanks-Shook	Carle Foundation Hospital	Nurse Executive, Advanced
Scott Hansen	Carle Foundation Hospital	Nurse Executive
Christine Hawkknuff	Carle Foundation Hospital	Nursing Professional Development
Shaylee Hayes	Carle Foundation Hospital	Certified Pediatric Nurse
Kelly Holt	Carle Hoopeston RHC	Adult Psychiatric & Mental Health Nurse Practitioner
Alycia Klie	Carle Hoopeston RHC	Ambulatory Care Nursing
Traci Knierim	Carle Foundation Hospital	Family Nurse Practitioner - ANCC
Maria Kouzoukas	Carle Foundation Hospital	Certified Lactation Counselor (CLC)
Lindsay Kuhns	Carle Foundation Hospital	Stroke Certified Registered Nurse
Sandy Kwok	Carle Foundation Hospital	Certified Medical-Surgical Registered Nurse
Kristin Lewis	Carle Foundation Hospital	Ambulatory Care Nursing
Heather Little	Carle Foundation Hospital	Neonatal Nurse Practitioner
Lindsey Loewenstein	Carle Foundation Hospital	Family Nurse Practitioner - ANCC
Kimberly Longfellow	Carle Foundation Hospital	Nurse Executive, Advanced
Sydney Lowry	Carle Foundation Hospital	Certified Flight Registered Nurse
Laurie Marcott	Carle Hoopeston RHC	Ambulatory Care Nursing
Lynette Marx	Carle Foundation Hospital	Nursing Professional Development
Nicole McCoy	Carle Foundation Hospital	Family Nurse Practitioner - ANCC
Suzanne Meece	Health Alliance	Nurse Executive
Christine Meeker	Carle Foundation Hospital	Adult Psychiatric & Mental Health Nurse Practitioner
Andrew Meyer	Carle Foundation Hospital	Certified Medical-Surgical Registered Nurse
Jaden Moomaw	Carle Hoopeston RHC	Family Nurse Practitioner - ANCC
Danielle Mortenson	Carle Foundation Hospital	Family Nurse Practitioner - ANCC
Alexandra Moss	Carle Foundation Hospital	Certified Post Anesthesia Nurse
Jean Paula Nadonga	Carle Foundation Hospital	Adult-Gerontology Acute Care Nurse Practitioner
Stacy Nicholson	Carle Hoopeston RHC	Ambulatory Care Nursing

Jodi Niebrugge	Carle Foundation Hospital	Certified Medical-Surgical Registered Nurse
Susan Oliver	Carle Foundation Hospital	Certified Medical-Surgical Registered Nurse
Miranda Overton	Carle Foundation Hospital	Family Nurse Practitioner - ANCC
Michael Palmer	Carle Hoopeston RHC	Family Nurse Practitioner - ANCC
Marilie Parafina	Carle Foundation Hospital	Progressive Care Nursing (Adult)
Kelly Parker	Carle Foundation Hospital	Nurse Executive
Marilyn Perez	Carle Foundation Hospital	Family Nurse Practitioner - ANCC
Kimberly Peters	Carle Hoopeston RHC	Nurse Executive
Ashley Polnitz	Carle Foundation Hospital	Nurse Executive
Laurie Sanford	Carle Foundation Hospital	Certificate for OASIS Specialist - Clinical
Christina Schable	Carle Foundation Hospital	Ambulatory Care Nursing
Natalie Schneider	Carle Foundation Hospital	Ambulatory Care Nursing
Lucille Smallhorn	Carle Hoopeston RHC	Family Nurse Practitioner - ANCC
Michelle Stichnoth	Carle Foundation Hospital	Certified Post Anesthesia Nurse
Karissa Stokes	Carle Foundation Hospital	Adult Psychiatric & Mental Health Nurse Practitioner
Nikki Thomson	Carle Foundation Hospital	Certified Flight Registered Nurse
Erin Tienhaara	Carle Foundation Hospital	Certified Registered Nurse Anesthetist
Lauren Tranchant	Carle Hoopeston RHC	Family Nurse Practitioner - ANCC
Susan Van Bibber	Carle Foundation Hospital	Oncology Certified Nurse
Emily Verone	Carle Foundation Hospital	Nursing Professional Development
Jordan Weber	Carle Foundation Hospital	Certified Pediatric Nurse
Tyler Wegrich	Carle Foundation Hospital	Certified Medical-Surgical Registered Nurse
Jia Qiu Wu	Carle Foundation Hospital	Family Nurse Practitioner - ANCC
Laura Yeager	Carle Foundation Hospital	Certified Registered Nurse Anesthetist
Suzanne Zercher	Carle Foundation Hospital	Certified Nurse Manager and Leader
Dana Ziegler	Carle Foundation Hospital	Nurse Executive, Advanced
West Region		
Lori Akins	Carle Health Methodist Hospital	Wound Care Certified
Kyleigh Bair	Carle Health Methodist Hospital	Certified Pediatric Nurse
Sydney Bontz	Carle Health Methodist Hospital	Certified Registered Nurse Anesthetist
Carrie Donnelly	Carle Health Methodist Hospital	Psychiatric and Mental Health Nurse
Madison Dunham	Carle Health Methodist Hospital	Adult-Gerontology Acute Care Nurse Practitioner
Lindsay Glenn	Carle Health Methodist Hospital	Medical-Surgical Registered Nurse
Leah Hulse	Carle Health Methodist Hospital	Family Nurse Practitioner - ANCC
Tonya Kline	Carle Health Methodist Hospital	Certified Emergency Nurse
Samantha Nelson	Carle Health Methodist Hospital	Nurse Executive
Abigail Ott	Carle Health Methodist Hospital	Wound Care Certified
Cealig Rial	Carle Health Methodist Hospital	Adult Psychiatric & Mental Health Nurse Practitioner

Crystal Simpkins	Carle Health Methodist Hospital	International Board Certified Lactation Consultant
Morgan Skinner	Carle Health Methodist Hospital	Family Nurse Practitioner - ANCC
Maria Bertsche	Carle Health Proctor Hospital	Family Nurse Practitioner - ANCC
Brandon Burnett	Carle Health Proctor Hospital	Family Nurse Practitioner - ANCC
Maria Meschewski	Carle Health Proctor Hospital	Family Nurse Practitioner - ANCC
Nikki Miller	Carle Health Proctor Hospital	Family Nurse Practitioner - ANCC
Katy Northcutt	Carle Health Proctor Hospital	Emergency Nurse Practitioner
Katy Northcutt	Carle Health Proctor Hospital	Family Nurse Practitioner - ANCC
Jacquiline Kimmey	Greater Peoria	Certified Hospice and Palliative Nurse
Susan Walsh	Greater Peoria	Adult Psychiatric & Mental Health Nurse Practitioner
South Region		
Macie Christisen	Carle Richland Memorial Hospital	Family Nurse Practitioner - ANCC
Ashley Keepes	Carle Richland Memorial Hospital	Adult Psychiatric & Mental Health Nurse Practitioner
Carrie Miller	Carle Richland Memorial Hospital	Nurse Executive, Advanced

Auxiliary Nursing Excellence Award Honorees



On Jan. 26, 2023, nursing's Clinical Recognition Council, in conjunction with the Auxiliaries of Carle Health, honored 16 dedicated nurses at the 2022 Auxiliaries' Nursing Excellence Award ceremony.

The nurses nominated for this award proved their dedication to the nursing profession through the compassion and care they show every day. They model the Carle Health Behavior Standards and exemplify the components of professional excellence while eagerly working to advance the mission of Carle Health.

It was a milestone year as this ceremony marked the 35th anniversary of the award, previously called the Professional Excellence Award. More nurses were able to be honored due to additional sponsorship from the regional auxiliaries. This year, the award was sponsored by all four Carle Health auxiliaries or auxiliary funds, including Carle BroMenn Medical Center Service Auxiliary Board, Carle Foundation Hospital Auxiliary, Carle Eureka Auxiliary Fund and Carle Richland Memorial Hospital Auxiliary.

A record number of 41 nominations were received for consideration. There was strong competition among nominees throughout the Carle Health system to advance to the final round. Of the 16 finalists, seven honorees were selected.

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

Through the support of the Carle BroMenn Medical Center Service Auxiliary Board:

- Theresa Prosser, BSN, NE-BC, CMSRN (CBMC – Clinical Administration).



Through the support of the Carle Foundation Hospital Auxiliary:

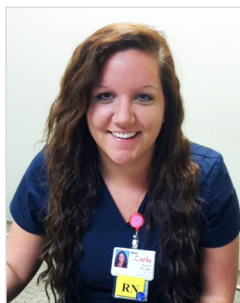
- Dipti Gadgil, BSN, RN (CFH – CT9B).



- Staci Homann, BSN, RN (Carle Health – Clinical Education).



- Natalie Marchal, BSN, RNC-MNN (CFH – Mother-Baby NT11).



- Carmen Raney, RN-BC, TNS (CPG – Allergy and Immunology Clinic).



Through the support of the Carle Eureka Auxiliary Fund:

- Susan Allensworth, BSN, RN (CEH – Medical-Surgical).



Through the support of the Carle Richland Memorial Hospital Auxiliary:

- Aurora Volk, RN (CRMH – Medical-Surgical).



Finalists

Emilie Halm, BSN, RN (CBMC – Hospice)

Ashley Edwards, BSN, CMSRN (CFH – Expanded Care)

Rachel Jackson, RN (CFH – Wound Healing Center)

Courtney Lawson, BSN, RN, CDP (CPG – Monticello Family Practice)

Kathryn Lowe, BSN, RN (CPG – Maternal Fetal/ Reproductive Medicine)

Erin Smith, BSN, RN (CPG – Champaign Surgery Center)

Megan Wood, BSN, RN, OCN (CPG – Cancer Institute)

Karen Vance, BSN, RN-BC (CEH – Medical-Surgical)

Laura Weidner, RN (CRMH – Orthopedic Clinic)

2023 Nurse Exemplars define excellence.

NURSE LEGACY EXEMPLAR

Maria Rudolphi, BSN, RN, CIC
Infection Preventionist, Quality Improvement,
Carle Richland Memorial Hospital



Maria Rudolphi, BSN, RN, CIC, Carle Richland Memorial Hospital (CRMH) infection control specialist, works to keep nurses up to date with always-evolving practices of infection prevention.

Maria has been a nurse for 31 years. She has dedicated herself to Carle Richland Memorial Hospital and the surrounding community for the entirety of her career. She has had experience on the medical/surgical unit, in Home Health and on the psychiatric unit as a care manager in utilization review. When the CRMH inpatient psychiatric unit was closed, Maria assumed the infection prevention role. While unfamiliar with, and perhaps wary of, the intricacies of infection prevention at the time, Maria offered to serve in this capacity and embraced the organization's needs ahead of her own personal interests. Maria has since grown to love this role and is passionate when educating others about infection control principles. She also continues to use her psychiatric expertise to teach Crisis Prevention Institute (CPI) training to team members.

Her Legacy: Pick up the baton.

And then came COVID. I came to Employee Health in the midst of COVID. Maria had a grip on things. Her days were consumed with phone calls from leaders and staff, with visitors to the office to either discuss a plan or just vent, or with system virtual Teams® meetings with COVID on the agenda. She continued throughout the pandemic displaying great confidence to share

COVID information in an organized manner and limit the spread during a time of chaos. Maria rose to the intense challenges brought on by the COVID pandemic.

During the last couple of years of “everything COVID,” Maria has worked to keep nurses, patients and families safe. Constant changes in practice and understanding have made it a challenge to keep everyone well-informed. There were additional problems with the availability of personal protective equipment (PPE), as well as frequently changing guidelines and practices. Maria was a constant and consistent resource, as well as a sounding board for difficulties that staff encountered.

Her Legacy: A sister, a daughter and two nieces.

She is observant in the little things that tend to lead to bad practice, kind of like having bad habits that one is not aware of. In a motherly way, she gets me back on track. We work well together and support each other in our roles. Maria, thank you for all that you do and all that you are.

She is frequently asking questions while telling a story attempting to understand the big picture. Why would there not be an isolation order in Epic? How many admissions did they have? Did they have a bad night? Was the nurse new and did not understand an order that needs to be put in? With her experience and analysis, her time is not spent on a blame game but in figuring out the puzzle, in search of a solution.

NURSE LEADER EXEMPLAR

Amy Hammerschmidt, BSN, CMSRN
Manager, CT9 and R8, Carle Foundation Hospital



Amy Hammerschmidt, BSN, CMSRN, CFH manager, CT9B and R8, believes high employee engagement leads to the professional development of nurses, higher patient satisfaction and better patient outcomes. She supports employee engagement by

tasking on the unit, one-on-one rounding, recognition and celebrations. When employees are engaged, they want not only to do a good job but to excel by leveling and becoming certified. They want to be involved. She has been so successful at employee engagement and professional nurse development that she's been asked to speak at two different employee engagement webinars. Amy has even become a mentor to other Carle Health leaders. This year, she was also selected to conduct a Carle Health TEDx talk – highlighting an RN with double certification – SCRN (Stroke Certified RN) and CNRN (Neuroscience Certified RN).

Amy models engagement. Noticing the nursing shortage even before COVID, Amy, thinking outside the box, brought on LPNs to fill open RN positions. Previously, LPNs were trialed unsuccessfully on inpatient units. So, Amy created a map to make them successful. There were concerns, such as the LPN working on the RN's license. In the end, her map led to the LPN role becoming a huge success. Today, every medical-surgical unit is utilizing the LPN role. Now Amy is back at it again. She's been approved to fill an open RN request with a physical therapy assistant. The future of bedside nursing depends on being creative about how we can ensure patients receive the high-quality care they deserve despite a nursing shortage. The PTA will ambulate patients, get them up to the chair and help turn patients to prevent skin breakdown. This visionary and innovative idea will change how every med-surg unit cares for patients at Carle Health.

Most importantly, Amy leads her team by example. She does med passes, starts IVs, dopes chest compressions in a code and helps complete baths. In 2022, when we cared for a patient with Norwegian scabies, she was the first one to learn the correct way to put on a hazmat suit and bathe the patient. Because Norwegian scabies is extremely contagious, the staff was anxious about caring for this patient. Amy turned it in to an opportunity to care for a condition no one at Carle Health had ever cared for before. She was at shift huddles explaining the “how” and “why” to care for this patient.

When Amy volunteered in her son's classroom for their annual Halloween party, she noticed that not a single child washed their hands. This past fall, the United States was facing a triple threat of viral infections due to RSV,

influenza and COVID-19. Amy intervened. She came back to teach the class about the importance of washing their hands, using a black light and Glo Germ to demonstrate how many germs you wash away the longer you wash your hands. The kids in the classroom were so excited to have Nurse Amy come and talk to them.

NURSE LEADER EXEMPLAR

Justin K. Eighner, RN
Clinical Resource Unit, Carle BroMenn Medical Center



Justin Eighner, RN, is an experienced nurse who works in the Clinical Resource Unit at Carle BroMenn Medical Center floating to units in need. Justin, a nurse for 24 years, has worked at BroMenn for 17 years. He works in our ED, in our ICU taking the most critical patients, in both

of our intermediate level units, on our medical floor, on our surgical floor, on the acute rehab unit, in peds/infusion and in the mental health unit.

The nurses he works with attest to his excellent mentoring skills. He takes new grads under his wing, helping them along. He is kind and patient with our more experienced staff who have questions or want to learn something new. Justin is a resource on all these units. He takes the time to explain and to show them where to find the answers. As needed, he will demonstrate a nursing procedure. Justin is approachable and calm in the most stressful circumstances.

Involved in ED shared governance, Justin is a champion for change. He's often the first to identify a process issue, and he comes prepared with ideas on how we can fix the process. He's well-informed on best practices. Justin will champion the change even if he himself might doubt the process at first. Since he believes in our intentions to do the right thing for the patients, he supports the process, encouraging others to do the same.

Justin comes to work with a positive attitude every day. He helps patients and their families, and he wants to make a difference in their lives. He shows up to support his peers and to help educate and mentor them. If Justin didn't love nursing, he wouldn't be able to show up every day after 24 years in nursing with a positive attitude, good humor and a smile on his face. Even during our roughest times of extremely high census and low staffing, Justin kept a positive attitude and picked up extra shifts to help as he provided the patients quality care.

Approximately 12 years ago, Justin was diagnosed with a somewhat rare cancer. Justin recently cared for a patient with this same type of cancer. This patient was young like Justin was at the time and had a young family just as Justin did. They were scared for their future. They were uneducated when it came to this diagnosis, and they weren't sure what to expect. Justin provided both the patient and his wife with literature, resources and support. He was able to share with them his own personal experience and how he and his wife navigated this with their young children. They felt Justin went above and beyond for them, and I do, too. Justin was also able to help them find the best possible physician to handle this type of cancer and continued to provide ongoing support to the patient. Justin is someone they'll never forget.

Chelsea Klekamp, BSN, RN
Community Health Initiatives, Carle Foundation Hospital



Chelsea Klekamp, BSN, RN, transferred to the Mobile Health Clinic (MHC) early in 2022. Since that time, she has been our primary nurse. She oversees all PRN employees that come to MHC to help us during larger events and those who fill in when we are short-staffed. Chelsea is

a quality preceptor for nurses, CMAs and even APPs and MDs that come to the Mobile Clinic to help fill staffing gaps. She must establish near-immediate rapport with staff, as often they only fill in for a day or two in our environment which functions differently than most

of the rest of Carle Health. She can communicate the entirety of their roles with grace and efficiency.

Her experience in nursing leadership has transferred successfully to the MHC and enabled her to institute many new practices. Chelsea has instituted:

- Daily synopsis emails to track daily patient volumes, leading to identifying needs, exploring new ideas and enhancing troubleshooting. The daily synopsis has decreased errors, missing supplies and meds that went unfilled. Each staff member can identify needs and create the opportunity for team-identified solutions.
- Staffing calendar that clarifies specifics, including drivers (it's a big deal to organize for Certified Driving Licensed drivers vs. non-CDL drivers).
- An organized system for stocking/ordering supplies, ensuring adequate availability for the MHC.
- Resource numbers that we needed and did not have readily available.
- The new end-of-busy-season team retreat, which she also hosted, to debrief and brainstorm how we can improve for the future.

Chelsea is committed to personal development that advances the MHC. To that end, she's currently getting cross-trained as a PSR. Yes, that stands for a patient service representative. Contrary to taking away from her nursing duties, this broadens them. During our busy back-to-school season, the inability to get patients registered and insurance confirmed often limits how many patients we can serve. Last summer, she learned rudimentary PSR skills on her own, but she's now formally getting trained. Chelsea is truly indispensable!

Chelsea remembers patients: their life stories and what they're going through, and she'll connect with them the next time they come to the MHC. We have many repeat patients in what is a completely walk-in appointment environment, a testament to Chelsea's commitment to connection with her patients and our community. Chelsea has a passion for healthcare equity.

During Chelsea's first year at the MHC, she noticed opportunities for improvement in the management of our heavily attended back-to-school events. To involve us all in doing things better, Chelsea organized an entire staff retreat. She organized it, hosted it in her home and

fed us two meals. She planned it so that the date did not interfere with the MHC's service days or any staff member's availability, a feat in itself!

This is only one example of Chelsea's amazing qualities that I have trouble defining at times: Chelsea sees people better than most co-workers, friends or leaders do. She also goes more than the extra mile to encourage those around her in ways such as the creation and enactment of this specific retreat. She applies her caring, nurturing, nursing heart to the workplace and to her patients. The world is better for it, and for having Chelsea Klekamp. Certainly, the Mobile Health Clinic is greatly improved by her contributions.

Gwen Laguda, MSN, RN
Neuro/Med-Surg, Carle Foundation Hospital



Gwen Laguda, MSN, RN, CFH Carle Tower 9B, is very hands-on. During times of high census and high acuity, she's out on the unit helping. In addition, she often picks up shifts. Staff feel very comfortable talking to her and asking her questions. Gwen leads by example, setting high

standards for herself and others.

Gwen began as a staff nurse in the Philippines at an acute care hospital. Promoted to supervisor at that facility, she held that position for seven years. When she moved to the Urbana area, she became a floor nurse on CT9B. A year ago, she became the CT9 unit educator. Her commitment to education extends both to the caregivers and to the patients. Gwen has started many PI projects to improve outcomes in neurology, specifically for stroke victims. She recruits staff to help with projects. She monitors these outcomes. She has created stroke education in LMS (Learning Management System).

She attends several workgroups including: UPC (Unit Practice Council) meetings, HAPI (Hospital Acquired Pressure Injuries) workgroup and Neuro IR

(Interventional Radiology) performance improvement group; and she leads a Stroke Performance Improvement workgroup to improve the care that we give to our patients as well as making our staff's jobs more efficient and safer. She's honest when providing feedback to both staff members and the leadership team. When creating and providing education, she uses many types of learning, including in-person competency fairs, one-on-one checkoffs, online, email, staff meetings and posters. She also sends out weekly updates and information called "Gwenie" updates.

She is a great role model of professionalism as she is dedicated to continuous learning and helping those around her, both nurses and patients, continue to learn as well.

She's particularly successful in increasing education around issues involving stroke patients. She has done work on NIH Stroke Scales completed by nurses after a stroke alert. Gwen has also worked on RN Bedside Swallow Screen Compliance. She's part of a committee looking at changing the frequency of vital sign and neuro checks at night to 7 p.m. – 11 p.m. – 7 a.m. for stable stroke patients to foster better sleep, rest and recovery.

Gwen believes that the best results will come if we lift each other up. She's always willing to go above and beyond to provide what's best for staff and patients to ensure the patients are receiving the best care. When one of the floor nurses had to go home for a family emergency, the floor would go into allocation as no nurses were available to cover for her. Gwen volunteered to take her patient assignment so that unit would not be in allocation.

Gwen is always positive and brings joy to the teams she works on. She is accountable and hard-working. My personal experiences with Gwen have been with the stroke program and the Brain Tumor Quality meetings. In our Brain Tumor Quality meetings, we discussed the need for additional brain tumor patient education, both for consistency and just more education. Gwen volunteered to be a part of the educational video that describes the care and expectations of the tumor patients while they're in the hospital. She also updated the education for nursing to give to patients and let the staff know the importance of educating this group of patients.

Amanda Pellum, RN
Digestive Health Institute, Carle Foundation Hospital



Amanda Easter Pellum, RN, Digestive Health Institute, encourages and guides new nurses and other staff in her everyday practice. She puts new nurses at ease, guiding them through the complex and demanding nursing specialty. Assessing the best learning style

for each new nurse, Amanda mentors them through their orientations. As charge nurse, she works her way through the daily complications and difficult questions as they arise. Staff are comfortable presenting issues that confront them as they work; Amanda is never too busy to listen and to help. A prep nurse recalls Amanda saying to her, “I just want to make sure that you are taken care of.” She never leaves a staff member to struggle, always encouraging and guiding them to the best possible outcome.

When Amanda previously worked on the medical floor, she earned her med-surg certification and perfected her nursing skills. While the Digestive Health Institute (DHI) also provides care to inpatients, the staff are more accustomed to taking care of outpatients. Because she is knowledgeable about inpatient procedures, Amanda has elevated the responses of the DHI staff in skills that aren't routine for them. Amanda assists her co-workers in starting blood transfusions, accessing ports, placing NG tubes, conducting bladder scanning and other practices. A highly prized skill throughout nursing is doing IV starts. Amanda is excellent. She has taught her co-workers tricks and tips on how to get difficult IV sticks. She's both a teacher and a resource.

She performs flawlessly as charge nurse. She navigates the intricate scheduling of 50 to 80 patients cycling throughout the unit on a day-to-day basis.

Amanda has become involved and integrated into every part of Digestive Health. She has become a charge nurse, a reliable team member and the Unit Practice Council (UPC) chair. Patients undergoing procedures in Digestive

Health often find the procedures to be intimidating and even scary. Because Amanda has excellent patient communication skills, after talking to Amanda, the patient is better prepared and knows what to expect during their procedure. She puts patients at ease, making them more comfortable during their visit.

There was the day when Amanda exhibited her extraordinary skills and virtues all at the same time. There was a teenager in recovery and his very distressed mother. Every teenager responds differently to anesthesia. And this teenager had a very adverse reaction. After the procedure was completed, he woke up screaming, panicking and hitting himself. He was confused and combative. The teenager was saying things that his mother had never heard him say before. The recovery nurse called out for help. The patient was out of bed; and it was unsafe for everyone. Charge nurse that day, Amanda went to help the recovery nurse. The recovery nurse had multiple patients in recovery. Amanda took over the patient. She was the calm voice and demeanor that was required. She reassured the mother multiple times, making her feel less anxious. Security was called to assist. The patient was restrained. The entire time Amanda navigated the crisis, she continuously communicated with all involved in the care: physicians, other nurses and staff, security and the mother. Amanda moved the teenager from the prep/recovery room to a procedure room where there was less stimulation for the teenager. This assisted the patient in calming down. Amanda stayed at the patient's side the entire time they were in recovery and until they went to the emergency room for further care. Amanda provided excellent care to the patient and the mother.

Sarah Rumbley, RN
Emergency Department, Carle Foundation Hospital



Rumbley, as everyone in the ED at Carle Foundation Hospital knows her, is an amazing mentor. I personally look up to her as a mentor in our department, and I go to her continuously for guidance. She is always

willing to teach and lend a helping hand to new nurses in our department, and she is well-respected, even among our very experienced nurses.

Rumbley is a part of our education team. She's constantly trying to improve our department. I love to watch her brain work as she brainstorms ideas on how to improve processes, workflows, relationships ... simply make the department better. She is proactive with change.

Rumbley is always professional. She holds her co-workers accountable to the Carle Health standards, and she expects for us to do the same for her. She creates a great role model for the new staff that she's orienting and educating.

Rumbley works alongside multiple different groups in our community. She has a background in psychological support services and is a resource to those who are struggling with different things in life. I love to hear her personal stories of how she touches the lives of others outside the walls of our hospital.

If you know Rumbley, you know she loves her job AND working for our community. She loves to provide care and work alongside her team in the hospital. She is an asset to our Emergency Department, and I love getting the honor to work with her as her teammate. Our department is better because she is in it.

I will share one story of a patient encounter that Rumbley and I had together. Rumbley knew this patient outside of work and recognized the vulnerable state this patient was in. Rumbley was working in her education role that day and ended up taking half a personal day in order to be at the bedside with this patient. She was so kind. She made the patient feel heard and empowered. She made me feel confident and important as this patient's nurse. She continuously provided support to the patient throughout the entirety of the patient's care. Rumbley was able to build an amazing rapport with the patient. At multiple times, the patient cried, and Rumbley simply held her hand and supported her. The patient was extremely hesitant and scared. Rumbley supported her, encouraged her and made sure the patient knew that she was supported, and we stood by her side. After the patient was discharged, Rumbley received an update from the patient. The patient felt empowered and

comfortable enough to seek out legal action with regard to her situation. Because of Rumbley, the patient felt empowered to use her voice after someone selfishly took it away a few hours prior. It was amazing.

Mindy Watson, BSN, RN
Emergency Department, Carle Foundation Hospital



Mindy Watson, BSN, RN, Carle Foundation Hospital Emergency Department, is a great resource for the ED. Within the past six months, she became the ED pediatric coordinator and has transformed the way we give care to our littlest patients. When she is supposed to be

having an office day and the ED is crazy and hectic, she will come out to help, whether that's to provide an extra set of hands, to lunch someone or to help when traumas or codes happen. She is very approachable, and she has developed ways to mentor and coach newer staff with tips and tricks to care for our pediatric population. Each week, she provides pediatric education in our ED newsletter to enhance our learning about pediatric patients. Then, monthly, she displays a creative "Peds Pro" board with ED staff (docs, techs and nurses) who provide excellent care to pediatric patients.

Mindy has been a nurse for over 10 years. She brings new ideas to the department and initiates them through the proper channels so staff can learn to provide quality care to our peds patients. Our pediatric competence fair is required education. Normally, we have a separate peds competence fair during the year for staff. This year, Mindy has reached out to the RSNs, ATCs and experienced nurses to have 1:1 comp fair training with them. She is spending about two hours with each of them to sit down one on one with these nurses to go over important topics that are needed for our peds population. It was a great refresher. Even as an experienced peds nurse, I would sometimes feel too intimidated to ask questions about what I was unsure of or I felt rushed to go through like a normal comp fair.

Mindy is currently in school for her MSN in nursing leadership. She holds multiple certifications: TNS (trauma nurse specialist), CEN (certified emergency nurse) and SANE (sexual assault nurse examiner). She is a Level III nurse on the Carle Health professional advancement nursing ladder. Being the ED peds coordinator, she is on multiple committees, not just for Carle Health, but outside committees also.

Mindy's true calling is being a nurse. She has a heart of gold. She will go out of her way for patients, for families or for staff to help in any way that she can assist. When she is supposed to be having office days, she will come out to assist the ED in even the littlest ways. She is a positive influence for our department, a breath of fresh air for all.

Mindy is one of the SANE nurses at CFH. One day, we had multiple requests for SANE nurses. Mindy was doing office work and was supposed to leave earlier this day. She volunteered to go to one of the floors and see one of the patients so they wouldn't have to wait any longer. Mindy changed her personal plans to help accommodate the needs of the department and provide quality care to this patient. It was a little more complex case, and Mindy took the time to explain the proper steps and things that could be offered to this patient. Although we're used to taking care of sexual assault patients in the ED, floor staff (usually nurses and doctors) don't know the proper protocols or the special needs of these patients. In addition to caring for the patient, Mindy took the time to educate the floor nurses and the doctor taking care of this particular patient regarding the proper ways that a SANE nurse could perform a medical forensic exam and provide comfort and care to this vulnerable patient. Mindy treated not only the patient with respect and compassion, but she also took the time to educate other healthcare staff regarding this important process.

FRIENDS OF NURSING

Desirae Crawford, Unit Assistant Medical/Oncology Specialty Unit, Carle BroMenn Medical Center



Desirae Crawford, unit coordinator, Carle BroMenn Medical Oncology Specialty Unit (MOSU), is supportive to the nursing/HCT staff. She is the "face" of MOSU. When staff or visitors arrive, she offers help along with her greeting. She monitors patient call lights to help

staff respond quickly. For her, message taking includes follow-up with busy nursing staff and offers to facilitate any responses. For Desirae, listening is followed by doing. Hearing about a procedure, she proactively has forms printed and packets made. Her work streamlines patient care and lifts burdens off the unit staff. She works to the fullest of her scope within the role. She will sit and talk with a patient, or a family, as needed. She gets family members/patients drinks. She arranges for end-of-life trays for hospice families without being asked.

When Desirae started in her role, our unit struggled with poor morale and high burnout. She picked up on this very early in her role. One of her more dazzling accomplishments was the daily report sheet she created. She collected data from Epic and created a report sheet, reviewed once a shift, for our daily safety huddles with all the team's caregivers. It includes: turn patients, CHG baths, foley patients, confidential patients, care concerns, isolation rooms, chemotherapy precautions, potential discharge patients and additional safety-driven needs. She adds in reminders for staff for central line changes and hospital rounding needs. This initiative, that Desirae created and maintains, allows the unit to have streamlined quality/safety data to ensure the safest and highest quality of care to each patient.

Of the many times Desirae has acted as a Friend of Nursing, these are my favorite examples. Several months ago, we were short-staffed on our medical

oncology unit and experiencing a very high acuity. Our patient population consists of end-of-life, total care and behavioral patients pending skilled nursing facility placement. During this time, our unit was experiencing a more-than-normal number of patients who were confused and impulsive. Desirae, knowing we had several patients who were confused/impulsive, brought in additional crayons and colored pencils for patients to use. Desirae took the time to learn the interest of one of the patients and printed specific color sheets to his hobbies. Since this patient needs routine in his day, she helped manage the day (along with HCT and RN) to provide him a daily routine for meals, activities, ambulation and someone to listen. Desirae would walk with this gentleman in the halls numerous times a day to provide him the feeling of going somewhere. On a unit that is short on nurses and techs, especially when facing higher-than-normal acuity, Desirae's actions were a blessing to the unit. Staff never have to ask for this help; she happily jumps in to absorb whatever she can as a team player. During this same day, Desirae was assisting with an impulsive patient, who was very confused and looking for her husband. Desirae walked with her in the hall to prevent her from entering other patient rooms. Desirae also sat and played cards and Go Fish with her to keep her mind busy. The nurse assigned to this patient was unable to get to lunch throughout the day, and Desirae was getting ready to leave for the day. Desirae offered to stay late to assist with the patient to allow the nurse a moment to eat. Desirae spent additional time on the unit to help the staff in all ways possible.

**Sarah Fehrenbacher, MPH, Director
Quality Improvement, Carle Richland Memorial Hospital**



“How can I help your performance improvement project succeed?” This is the question that Sarah Fehrenbacher asks frequently. As director of quality at Carle Richland Memorial Hospital, she's charged with ensuring quality healthcare is being administered to

our patients, families and communities we serve. Sarah collaborates with nursing team leaders to develop assurance plans, works with employees to implement our strategies, reviews documents for accuracy and monitors our successes and needs for improvement. Sarah has a great understanding of our clinical guidelines and assists us in policy development and adherence. Sarah believes in the purpose, patients, professionals, processes and patterns in quality improvement. She continually looks for new and innovative ways for us to provide safe, effective, patient-centered, timely, efficient and equitable care.

As a Friend of Nursing, Sarah provides the patient perspective that we nurses may at times lose sight of. Being a non-nurse colleague, she can offer different viewpoints of a patient situation through the eyes of a patient experience. She supports the nursing division in exceptional ways by motivating and inspiring us to develop performance improvement projects that can truly make a difference in the lives of our patients. She has a unique ability to help others maintain perspective and focus on our priority goal of improving the personalized quality of care we provide. Her commitment and passion to reach and maintain top-decile performance is evident in her ability to provide timely feedback and follow-up on our current projects and devise fresh processes for new ones. She creates a culture of trust and is able to anticipate and act on changing patient needs. Sarah takes ownership in a way people can count on regardless of the outcome.

Sarah has an unselfish and inclusive mindset and expresses gratitude for the opportunity to serve our patients and team members. She demonstrates empathy in dealing with others' emotions, and her warmth and sincerity shine through. Sarah is trustworthy and can be counted on always to do the right thing. When Sarah must address an issue, she does so promptly with courtesy and respect while seeking to understand multiple perspectives, and she finds practical ways to overcome challenges. This is obvious in her role on the Ethics Committee. Sarah is committed to safeguarding the best interests of our patients and isn't afraid to speak her mind and stand up for our patients' rights.

Sarah is the epitome of the Carle Health values and supporting behavior standards. She and her team

happily collaborate with leaders and team members in all departments encouraging open expression of ideas. They are consistently gathering workgroups to use creative solutions to solve current and future challenges and workflows. She is an active listener with timely responses and always displays tact and reverence. She believes that collaboration includes being transparent, visible and connected with others. As a leader, Sarah drives effective change, hardwires improvements and takes action to help others through change.

Sarah began her career in the Quality department as the QA manager in April 2018 and became the director in December 2019. She received her CPHQ in 2020. With her positive can-do attitude and calm-under-pressure demeanor, Sarah is sought out for her leadership abilities. In addition to her role as chairperson for multiple hospital committees, her leadership and direction during the transition from HFAP to DNV was irreplaceable, and her background and education in public health enabled her to lead the hospital through the COVID pandemic. Her knowledge of mental health resources has proven to be an asset in the ED on more than one occasion. Nurse managers, ancillary staff and her QA team often seek her out for her expertise and wise-beyond-her-years advice on multiple issues.

Rookie of the Year

Rookie of the Year award candidates may be nominated by any of their nurse preceptors, leadership team members or a clinical coach through the submission of a nomination form. Rookie of the Year award recipients are honored at a ceremony with a certificate, baseball card created with their picture and individual nursing statistics, badge charm, and small gift basket. The awardee is also featured in a nursing blog post and on the Carle Health nursing website.

2023 ROOKIE OF THE YEAR AWARDEES

February 2023:

Stephanie Freed, RN,
CBMC – ICU

June 2023:

Kaylee Bowers, RN,
CFH – NT8 Pediatrics

August 2023:

Jenny Lai, RN,
CBMC – Mental Health Unit

December 2023:

Kala Jablonski, RN,
CFH – NT8 Pediatrics

Carle Health Center for Philanthropy

2023 Scholarship Recipients

Phyllis Wickert-Rogers Nursing Scholarship		
Cileste Dillon	CFH – NT7 Surgical	
Alexis Stevens (Burr)	CFH – ED	
Jamie Agront	CHMH – ED	
Carle Advancing Professional Excellence (CAPE) Nursing Scholarship		
Holly Jones	CFH – ED	Dr. Jan G. Houston Nursing Scholarship
Isabelle Snapp	CFH – CT7A	Ritz Family Nursing Scholarship
Jordan Thomas	CFH – Carle Health Internal Agency	Dr. Jan G. Houston Nursing Scholarship
Brandi Stockton	Employee Health	Dr. Jan G. Houston Nursing Scholarship
Tami Tallyn	CWPG	Dr. Jan G. Houston Nursing Scholarship
Kristi McNamara	CPG – Pediatric Specialties	Ritz Family Nursing Scholarship
Nicole Meredith	Champaign Surgery Center at The Fields	Ritz Family Nursing Scholarship
Julia McNaught	CFH – NICU-NT9	Ritz Family Nursing Scholarship
Gracie Plank	CFH – R6-Oncology	Douglas and Bridget Miller Memorial Scholarship
David Taylor	Champaign Surgery Center at The Fields	Ritz Family Nursing Scholarship
Xuan Wang	CFH – Inpatient Rehab	Dr. Jan G. Houston Nursing Scholarship
Chelsea Skinner	CFH – NT7 Surgical	The dRAGONfly Fund
Vonzille Williams	CFH - OBS 2	Ritz Family Nursing Scholarship
Baylee Tackitt	CFH - North Tower 6	Ritz Family Nursing Scholarship
Samantha Mahaffey	CPG - Orthopedics Sports Medicine/Carle Tower 8	Dr. Jan G. Houston Nursing Scholarship
Christina Goode	CPG - Genetics	Edward and Mary Hays Family Scholarship
Kasie Winland-Bean	CFH - Labor and Delivery	Nurse Education
Dennis Hillard	CBMC - ED	Nurse Education
Jaime Johnson	CFH - Advanced Care/EMU CT7B	Nurse Education
Marion E. Compton Tuition Assistance Scholarship		
Bonita Brown	CFH – NT11 (OB)	

2023 Nursing Professional Development Awards – Greater Peoria Service Area

Each September, our Greater Peoria Service Area celebrates Nursing Professional Development Week by recognizing our nurses who are taking steps in their professional growth. Our Nursing Professional Development (NPD) department has led the celebratory charge for the last several years. In August, the NPD department sent a form out to all hospital staff to nominate for four awards: Preceptor of the Year, Mentor of the Year, Charge Nurse of the Year and NPD Specialist of the Year.

Preceptor of the Year

Roni Roos, RN, Medical-Surgical 6 Crescent, Carle Health Methodist Hospital



Roni Roos (Left) with Manager

Mentor of the Year

McKenzy Sayles, NPD Specialist, Emergency Department, Carle Health Methodist



McKenzy Sayles and Her Leadership Team

Charge Nurse of the Year

Heather Tillman, PACU



Heather Tillman and Her Leadership Team

NPD Specialist of the Year

Chelsey Getz, Nurse Residency Coordinator, Carle Health Methodist



Chelsey Getz and the NPD Team

Exemplary Professional Practice





Exemplary Professional Practice

A new spin on delivery – Carle Health nurses trained in process to help with smoother births.

The word “spinning” just does not seem to go with the word babies. In fact, labor and delivery nurses find the opposite holds true. The combination generally makes for a smoother birth, fewer C-section deliveries, less pushing time and therefore less exhaustion for the mother.

Alicia Settle, CNM, has been a midwife for more than four years, and she first heard about Spinning Babies® in midwifery classes. The pelvic floor muscles can prevent the baby from being in an ideal position and stretches at home can help loosen or strengthen those muscles to balance the pelvis, so she talks to patients about the importance of staying active during pregnancy, including activities such as Spinning Babies exercises and prenatal yoga.

Settle said typically, a medical professional can feel a baby’s position around 32 weeks, and parents can learn how to get the baby into an ideal position before labor begins. “It is part of our normal labor support.”

Labor and Delivery department nurses at Carle Richland Memorial Hospital in Olney, Carle BroMenn Medical

Center in Normal, Carle Health Methodist Hospital in Peoria and Carle Foundation Hospital in Urbana are receiving training and training other area nurses as well. Being an important part of that process is empowering for nurses and provides added bedside contact with mothers giving birth.

Nurses in Labor and Delivery at Carle Foundation Hospital recently took part in a Spinning Babies training course, thanks to a grant from Women’s Legacy Circle. Because of the grant, 85% of staff can offer the course’s expertise to aid in promoting vaginal birth, a statewide quality initiative.

April Hine, RN in Labor and Delivery at Carle Foundation Hospital, said the classes retaught anatomy and physiology specific to techniques that work to create more space for the baby during a vaginal delivery. There are only seven stateside instructors on spinning, and the nurses at Carle Foundation Hospital connected with an instructor in the Quad Cities.

“Safety is No. 1,” she said. Trained nurses recommend three balancing exercises for the expecting mother to do to stretch the ligaments, so the pelvis is moveable and creates space to help the baby descend, she said.

“Nurses then continue to provide bedside support by asking: Where is baby versus what is mom’s dilation? Nurses continue to provide techniques and maneuvers related to where the baby is, decreasing labor and pushing times,” Hine said.

Katy Doty, RN, at Carle Health Methodist Hospital said, “Spinning Babies has become a paradigm or a new view on childbirth. By understanding birth physiology better, we can help the birth be easier. Spinning Babies is how we are changing birth on Earth. It is so important for the nurses to learn to best help our patients here at Carle Health Methodist. We have enhanced and improved the patient’s experience with childbirth and promoted vaginal birth while decreasing C-sections,” Doty said.

Stephanie Ochs, RN, and a nurse manager at Carle Richland said, “We know we gave 110% when we work with a patient utilizing Spinning Babies and other labor support, yet a vaginal delivery is not achieved.”



Madison Walsh with Rory.

Madison Walsh, RN, and a nurse supervisor at Carle Foundation Hospital experienced firsthand how spinning works as she delivered her first baby, Rory, on July 4. Before giving birth, Walsh said she did a lot of bouncing on an exercise ball and walking. When it was time to deliver, she received an epidural injection,

and nurses came in every hour and used a positioning ball to help the baby move through the hips.

“Being a nurse, you want to make a connection with the patient, and with this method, you feel like someone is in it with you,” Walsh said. At 7 a.m., her cervix dilated to 3 centimeters, and by 11 a.m., she was at 10 centimeters and fully dilated to deliver Rory, who weighed 9 pounds, 2 ounces. Twelve hours of labor and 30 minutes of pushing in total with minimal pain, she said.

“I would absolutely do this again,” Walsh said.

Carle Health Methodist Hospital ranks among best in the country for bariatric surgery.

Carle Health Methodist Hospital in Peoria has earned accreditation for its bariatric surgery center.

Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) designate the recognition, a joint venture of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery. Accredited bariatric surgery centers must apply for reaccreditation every three years.

“A great deal of work has gone into getting this designation,” Amy Hill, RN, MBA, Carle Health Methodist director of Surgical Services, said. “I am extremely proud to be a bariatric center of excellence. It was a multidisciplinary approach to get to a place where we are providing the best possible care to the bariatric patient.”

MBSAQIP accredits inpatient and outpatient bariatric surgery centers in the United States and Canada that undergo an independent, voluntary and rigorous peer evaluation in accordance with nationally recognized surgical standards. The accreditation promotes uniform standard benchmarks and continuous quality improvement.

Achieving accreditation means that centers take a multidisciplinary approach to support patients, including nutrition and psychology while providing access to other specialties that are important to the care of patients with obesity. Accreditation means that surgeons have appropriate credentialing and training, that patients have good outcomes, that centers have a quality improvement program, that centers have the right equipment and that staff have completed sensitivity training.

Carle Health Methodist administration and staff, in partnership with Springfield Clinic administration and bariatric doctors, have been working on accreditation for several years, Hill said. Springfield Clinic bariatric

surgeons Jacob Hopping, MD, FACS, FASMBS, and Jayaraj Salimath, DO, FACOS, FASMBS, perform the surgeries at Carle Health Methodist.

For many years, patients at Carle Health Methodist could receive bariatric surgery. The accreditation designates the hospital as a center of excellence, Hill said.

“This process helps patients identify where they can get safe and quality surgical care,” Hill said. “The program is tough and comprehensive. It is also recognized by top government and private insurance when making insurance coverage decisions.”

Carle Health Bariatric Surgery services include laparoscopic options for surgical weight loss, such as gastric bypass and sleeve gastrectomy. Nutrition counseling and post-surgical support help patients maintain weight loss and feel confident about transforming their lives.

New Knowledge, Innovations and Improvements





New Knowledge, Innovations and Improvements

McLean Mobile Health Clinic

As a brand-new service to McLean County, the new McLean Mobile Health Clinic is opening access to care for more people across more neighborhoods. Since its launch in the summer of 2023, the mobile clinic's staff have only begun to see the potential for the significant impact they'll have moving forward. With future growth in mind and pride in all they've accomplished since August, the clinic is grateful for the generosity provided by Carle Health Center for Philanthropy and their partnerships in making this important work possible. These partnerships include:

- o United Way.
 - o Tinervin Family Foundation.
 - o City of Bloomington.
 - o Town of Normal.
 - o McLean County.
 - o LIUNA Local Laborers Union.
- **Service and location** – Currently, the mobile clinic provides service two days a week, rotating between four consistent locations (Wood Hill Towers, Western Avenue, Mennonite Church and the YWCA) and additionally supporting District 87 and Unit 5 school districts with back-to-school health events.



- **Demographics** – Approximately 75% of the people served do not speak English. This shows the mobile clinic is meeting a significant need for these families in the community. However, this also means visits are much more labor-intensive, as the team must translate (and enter into the electronic record system) multiple documents as well as work with state software like iCare to track vaccination records for children.
- **Social work** – A breakdown follows, showing some of the key buckets of social work referrals the mobile clinic is making out into the community, the number of Medicaid enrollments completed and more. This has been where some of the mobile clinic's biggest success stories have come from – examples of how these services have been truly life-changing and impactful for the people they've reached.

	Basic Needs	Bx	CFAP	Dental/ Vision	Food	Housing	Insurance	Rx	Misc.	Medicaid	Total
August	10	13	3	26	21	6	1	0	4	4	88
September	4	1	16	4	0	0	0	0	8	0	33
October	0	1	20	2	2	0	0	2	6	9	42
November	2	1	7	0	0	1	0	0	4	3	18
December	0	1	4	0	0	2	1	0	2	8	18

• **Community Connections** – Since the initiation of the McLean Mobile Health Clinic, and with the help of their partners, the clinic has diligently cultivated partnerships with local schools, healthcare agencies and community resources to ensure a collaborative and comprehensive approach to addressing all aspects of patient needs and referral sources. The team actively maintains updated resource guides to ensure the provision of accurate information to families. Presently, the mobile clinic has collaborations with the following entities:

- McLean County Unit 5 School District.
- Bloomington School District 87.
- Immigration Project.
- Bloomington Housing Authority.
- Chestnut Health Systems (FQHC).
- McLean County Health Department.
- Community Health Care Clinic.
- Tinervin Family Foundation.
- Numerous other local organizations facilitate connections to resources such as food, housing/ utility assistance, vision/dental and behavioral health, among others.

Here is a sample success story highlighting the impact the clinic has had on one family:

A family came to the clinic after only being in the U.S. for three days. They'd obtained housing and food resources but hadn't been able to plug into the healthcare system. They had all their health records, but everything was in Spanish. The children were registered into the Carle Health electronic medical record system. The nurse spent a great amount of time translating the documents and putting their records into the system. The social worker began their applications for Medicaid and CFAP for full financial coverage. The children received their school physicals and required immunizations. The family

was on board the mobile clinic for over two hours, but it was more than worth it – after the visit, the children were on their way to full health insurance, updated on their required healthcare needs and enrolled in school. The doctor told the family to return to the mobile clinic for their second round of vaccines and placed referrals for their subsequent primary care. The family was very grateful for the truly life-changing service they received from the entire team.

Even though the McLean Mobile Health Clinic only began providing services in August, it's already fulfilling a need in the community and providing high-impact services for families who otherwise lack access to care. With every new month under its belt, the mobile clinic team is recognizing how much of an impact they can have in the years to come and hopes to extend the clinic's reach to more underserved areas of McLean County.

Telemedicine enhances rural access to care.

Carle Health received a U.S. Department of Agriculture (USDA) Distance Learning and Telemedicine Grant in 2021 to enhance rural access to telemedicine. The grant allowed the implementation of telemedicine to go live in the Intensive Care Unit (ICU) at Carle Richland Memorial Hospital (CRMH) in Olney on Dec. 5, 2022.

Due to the shortage of critical care and specialty medical providers in Richland County, patients had to travel to Champaign or Springfield, or Indiana or St. Louis, MO, to access a hospital with intensivists on staff. However,

after installing a Teladoc Health TV Pro+ Solution in select patient care areas, CRMH could provide telemedicine capability on-site from the patient's room utilizing the grant-funded equipment.



Taylor Kater, RN

The hospital saw significant improvements in its ICU after a year of operation. There was a decrease in readmissions and mortality in the ICU and in the number of patients transferred to another facility for higher care. The ICU readmission rate

dropped from 11.84% in 2021 to 2.94% in 2023. The ICU mortality rate also decreased from 28 deaths in 2021 to 10 deaths in 2023. The hospital also implemented three additional service lines to further utilize telemedicine equipment, which are Tele-Palliative, Tele-Pharmacy and Tele-Nursing.

Furthermore, providers at CRMH have been trained and granted access to the equipment to connect directly to patient rooms, creating continuity of care in the event they can't make it into the hospital or receive an inquiry after hours while on-call.

New color-coded initiative at Carle Richland helps staff give better patient care.

Family members are often the patient's biggest advocate. They can help the care team understand when a patient has a cognitive issue that might hinder their ability to understand what's happening with their care. But what happens when a family member or close relative is unable to be there in the room with the patient? How will the care team know and communicate with other staff members that the patient may be

experiencing issues that make understanding their care plan difficult?

At Carle Richland Memorial Hospital (CRMH), the Medical-Surgical unit was tasked with finding a solution that would help identify when a patient on the unit was admitted with an issue that might make it difficult for them to communicate with or comprehend hospital staff. Specifically, Aurora Volk, who was heading up a unit practice committee (UPC) group was tasked with the challenge.

"Joan Sager (nurse manager, Medical-Surgical unit) brought this to us in our regular meeting after it was brought up by a former patient's family member. The patient had Alzheimer's, and the family member was concerned that not all members of the care team, such as Rehab and Food Services, were aware that he was nonverbal and didn't understand simple commands," Volk said.

The patient's family member was Kathy Hursta, who is also a member of the CRMH Patient Family Advisory Council. Hursta shared her experience at one of the quarterly meetings, and it was promptly directed to UPC for ideas on how to make all departments aware of a patient's mental status or other possible issues upon the first meeting. Thanks to Hursta's willingness to bring this forward, a new initiative is being trialed on the Medical-Surgical unit to ensure that any member of the patient's care team can identify if the patient has any sort of special needs upon entering the room.

"We have put into use a color-coded graph and magnets that are placed near the patient's name on the whiteboard in the rooms, Volk said. "Each color represents a different issue, so as soon as a member of the care team enters the room and sees the colored magnet next to the patient's name, they know what to expect."



Aurora Volk and Kathy Hursta

The list of colors and the cognitive issue they're associated with isn't posted in the patient's room, but instead has been made into small badge cards the staff carry with

them. If they can't remember what the colored magnet on the patient's board identifies, they can look at their badge card as a refresher.

"We didn't want to put the chart that lists what each color means where patients could see. We realize that some patients with Alzheimer's or one that may be identified as a behavioral threat due to combativeness may get upset when they see what the magnet by their name signifies. We will always be truthful with patients if they ask what the colored magnet next to their name means, but we want to be mindful of those who may not be able to comprehend the meaning of this initiative also," Volk said.

"I remember several times when we would be in the hospital with my dad and would have to announce to each new person that came into the room to care for him that he had dementia and was nonverbal. I remember always feeling like I had to whisper it to avoid him hearing so he wouldn't get his feelings hurt. Most times people with dementia don't realize they have it or become argumentative and deny they have it, which also makes it difficult when you have to repeat it over and over for each person coming into the room," Hursta said.

This process is currently being used on the Medical-Surgical and ICU units at CRMH and based on feedback from the areas and departments involved in patient care, it may be tweaked a bit and then implemented hospital-wide.

"We've currently identified five medical issues that we feel are the most important for staff members to be aware of when entering a patient's room. They are behavioral, dementia, nonverbal, blind and deaf/hard of hearing. We want to ensure that we have been as inclusive as possible, and once we have determined that we don't need to make any further additions/changes to the pilot program, we will discuss rolling it out to other areas of the hospital," Volk said.

As for Hursta, she was glad that bringing up what she felt was an important issue for her and her family was taken seriously.

"It's really nice to see that as part of this Patient and Family Advisory committee, what I brought up as a genuine concern was taken seriously by other members and staff.

And now, there is a whole initiative moving forward to help ensure patients with communication or cognitive disorders are identified so they can be better cared for. I'm very pleased with the outcome," Hursta said.

External Posters and Presentations 2023

Title	Author	Dissemination Site	Date
Donor Milk for Infant Feedings	Chris Wetzel, DNP, RN, RNC-NIC, IBCLC (CFH)	WCIA – CBS Affiliate News Program	February 2023
Post-op Music to Reduce Pain/Anxiety (Poster)	Julie Beatty, MSN, RN, CPAN (CFH)	Illinois State University/Mennonite College of Nursing Virtual Research/EBP Symposium	March 2023
Mentoring = Engagement (Podium)	Crystal Bricker, MSN, RN, CNOR (CBMC)	AORN Global Surgical Conference & Expo San Antonio, TX	April 2023
CNESA The Power of Connection: Perioperative Educator Challenges & Navigating Them by Leveraging Networking (Podium)	Crystal Bricker, MSN, RN, CNOR (CBMC)	AORN Global Surgical Conference & Expo San Antonio, TX	April 2023
Perioperative Educators United: How You Can Become Involved in Your Specialty Assembly (Webinar)	Crystal Bricker, MSN, RN, CNOR (CBMC)	AORN Global Surgical Conference & Expo San Antonio, TX (Recorded Webinar for Virtual Dissemination)	April 2023
High Risk Infants	Chris Wetzel, DNP, RN, RNC-NIC, IBCLC (CFH)	University of Illinois College of Nursing at Urbana Campus	April 2023 and November 2023
Improving Nurse Turnover Rates by Utilizing AWHONN Staffing Standards for Post-Partum Department (Poster)	Cecilia Lopez, MSN, RN (CFH)	Illinois Perinatal Quality Collaborative Annual Conference Lombard, IL	November 2023

2023 Internal Presentations by Nurses

Title	RN Presenters	Dissemination Site	Date
Anemia Cases	Hannah Dignan, APRN (CPG)	APP Education Series	January 2023
STABLE: Stabilization Care of Sick Infants	Chris Wetzel, DNP, RN, RNC-NIC, IBCLC (CFH)	Carle Health Meeting of Vermont Oxford Network (VON) and Neonatal Practice Group	January 2023 and September 2023
Neurosurgery Cases	Lindy Drollinger, APRN (CPG)	APP Education Series	February 2023
Overview and Management of Sickle Cell Disease (Podium)	Melissa Phillips, MSN, FNP-BC, AOCNP (CPG)	Central Illinois Med-Surg Conference	February 2023
End of Life Care: How to be the Supportive Presence Needed for our Patients and Families as They Move Through the Dying and Grieving Process (Podium)	Theresa Prosser, MSN, RN, NE-BC, CMSRN (CBMC)	Central Illinois Med-Surg Conference	February 2023
The Do's and Don'ts of De-escalation: Inpatient Nursing Pro Tips (Podium)	Whitney Ypya, DNP (CPG)	Central Illinois Med-Surg Conference	February 2023
Sustaining Your Passion for Patient Care: Med-Surg Nursing in the New Era (Podium)	Elizabeth Angelo, DNP, RN, CPHQ, NEA-BC (System)	Central Illinois Med-Surg Conference	February 2023
The Game is Cliffhanger for Successful Employee Engagement (Podium)	Amy Hammerschmidt (CFH)	TEDxCarleHealth	April 2023
Reinvigorating a Depleted Team (Podium)	Charlie Hawkknuff, MSN, FNP-BC, NE-BC, NPD-BC, CEN, TCRN (CFH)	TEDxCarleHealth	April 2023
How Curiosity Saved the Cat (Podium)	Crystal Bricker, MSN, RN, CNOR (CBMC)	TEDxCarleHealth	April 2023
Enhance Your Employees' Talents Now, Don't Wait for a Crisis (Podium)	Jennifer Mohr, MSN, RN, NEA-BC (Health Alliance)	TEDxCarleHealth	April 2023
Failure Is My Favorite F Word (Podium)	Kayla Banks, PhD, RN (CFH)	TEDxCarleHealth	April 2023

The Need to Breathe (Podium)	Kelly Matson, MSN, MHA, RN-BC (Carle Health Home Care, Champaign-Urbana Service Area)	TEDxCarleHealth	April 2023
A Compassionate Approach to Onboarding New Employees (Podium)	Franni Vlahovich, MSN, RN, NPD-BC (CPG)	TEDxCarleHealth	April 2023
Seeing the Beauty in Our Shadow (Podium)	Ryan Millsap, MLD, BSN, RN (CRMH)	TEDxCarleHealth	April 2023
This Meeting Should Have Been an Email (Podium)	Shaylee Hayes, MSN, RN, CPN, CCRN (CFH)	TEDxCarleHealth	April 2023
Carle Community Health Initiatives	Julianna S. Sellett, DNP, MBA, RN, CPHQ, CENP (CFH)	Environmental Justice and Racism Roundtable (Virtual)	April 2023
Stroke in Special Populations: Pediatrics and During Pregnancy (Podium)	Uzoamaka Nwosu, DNP, FNP-BC (CPG)	Synapse: Stroke Conference	May 2023
BE-FAST to Recognize and Treat Stroke	Lindy Drollinger, DNP, APRN, NP-C (CPG)	Synapse: Stroke Conference	May 2023
Improving Clinic Workflow – BroMenn Wound Healing Center (Poster)	Jennifer Singley, BSN, RN, CRNO (CBMC) Melanie Evelsizer, RN, CHRN (CBMC) Missy Smith, BSN, RN, CHRN (CBMC)	Carle BroMenn Virtual Poster Presentation	May 2023
The Impact of COVID-19 on Patients in Cardiac Rehabilitation Phase II – BroMenn (Poster)	Marilyn Prasun, PhD, CCNS, CHFN, FAHA (Carle BroMenn Endowed Professor) Kim Crutcher, BSN, RN (CBMC)	Carle BroMenn Virtual Nurses' Week Poster Event	May 2023
Promoting Vaginal Birth Through Best Practice – BroMenn (Poster)	Keli Sidebottom, MSN, RNC-OB, CBC (CBMC)	Carle BroMenn Virtual Nurses' Week Poster Event	May 2023
Restraint Reduction with Decrease in Lorazepam Use – BroMenn Intensive Care Unit (Poster)	Hannah Denault, BSN, RN, CCRN (CBMC)	Carle BroMenn Virtual Nurses' Week Poster Event	May 2023
Healthcare-Acquired Pressure Injury Reduction – BroMenn Progressive Care Unit (Poster)	Melissa Reidy, MSN, RN (CBMC)	Carle BroMenn Virtual Nurses' Week Poster Event	May 2023
Standardizing Ortho Surgery Discharge Instructions – BroMenn Surgical Unit (Poster)	Sarah Huber, BSN, RN, CMSRN (CBMC)	Carle BroMenn Virtual Nurses' Week Poster Event	May 2023

Daily Supply Cost Reduction – Eureka Inpatient Unit (Poster)	Karen Vance, BSN, RN-BC (CEH)	Carle BroMenn Virtual Nurses' Week Poster Event	May 2023
Continuous Glucose Monitoring	Tricia Hogg, APRN (CPG)	APP Education Series	June 2023
Let's Focus: Forensic Photography	Jaime Elzy, MSN, RN, TNS, CMSRN, CPN, AA & PA SANE (CFH)	ED & SANE Nurse Competency Fair	June/July 2023
Opioid Use Disorder	Sophia Sinanon-Reid, APRN (CPG)	APP Education Series	July 2023
Colon Rectal Surgery	Nancy Bollero, APRN (CPG)	APP Education Series	August 2023
Breast Imaging	Hannah Dignan, APRN (CPG)	APP Education Series	September 2023
Don't Pressure Me into a HAPI! (Podium)	Susan Rubenking, BSN, RN, CWON (CFH)	Respiratory Fall Forum	September 2023
Cardiology Basics	Kathy Lewis, APRN (CPG)	APP Education Series	October 2023
Strangulation	Jaime Elzy, MSN, RN, TNS, CMSRN, CPN, AA & PA SANE (CFH)	ED & SANE Nurse Competency Fair	October 2023
The Patient Experience with the Diabetes Nurse Educator: From Referral to Success (Podium)	Julie Uebinger, BSN, RN, CDCES (CPG)	Regional Seminar on Diabetes	October 2023
Name that Peristomal Skin Complication (Podium)	Nancy Bollero, APN, CNP (CPG)	Skin, Wound and Ostomy Virtual Symposium	October 2023
The Power of Suction (Podium)	Teresa Novy, DNP, GERO-BC, CNEcl, CWON (CBMC) Jennifer Hackel, BSN, RN, CWON (CBMC)	Skin, Wound and Ostomy Virtual Symposium	October 2023
The Significance of Antimicrobial Resistance in Wound Care (Podium)	Heather Winqvist, MSN, APRN, FNP-C (CWPG)	Skin, Wound and Ostomy Virtual Symposium	October 2023
When Helpers Need Help (Podium)	Cara Crumrine, BSN, RN-BC (CHMH)	Nursing Well-Being Conference	November 2023
COVID-19 Experiences Panel (Podium)	Dana Ziegler, MSN, RN (CFH) Kelci Steeples, DNP, RN, CMSRN (CFH) Nathan Welsh, BSN, RN, CMSRN (CFH) Lindsey Etheridge, RN (CBMC)	Nursing Well-Being Conference	November 2023
It's Not OK! – Calling Out and Calling In for Self-Care (Podium)	Johnalene Radek, MSN, RN (CFH)	Nursing Well-Being Conference	November 2023

Symptom Management (Podium)	Miranda Lam, APRN (CPG)	Palliative Care Lunch & Learn Series (Virtual)	November 2023
C. Diff Reduction (Poster)	Aurora Volk, RN, CMSRN (CRMH)	Nursing Clinical Inquiry Conference	December 2023
Improving Clinic Workflow	Jennifer Singley, BSN, RN, CRNO (CBMC) Melanie Evelsizer, RN, CHRN (CBMC) Missy Smith, BSN, RN, CHRN (CBMC)	Nursing Clinical Inquiry Conference	December 2023
Depression Screening	Melissa Kuenstler, APRN (CRMH)	Nursing Clinical Inquiry Conference	December 2023
HAPI Reduction (Poster)	Angela Harrison, MSN, RN, CMSRN (CBMC)	Nursing Clinical Inquiry Conference	December 2023
Emergency Department Mentors (Poster)	McKenzy Sayles, BSN, RN (CMH)	Nursing Clinical Inquiry Conference	December 2023
SQ Pain Management – End of Life (Poster)	Kelci Steeples, MSN, RN, CMSRN (CFH)	Nursing Clinical Inquiry Conference	December 2023
Standard Discharge Instructions – Ortho (Poster)	Sarah Huber, BSN, RN, CMSRN (CBMC) Paula Wiesenhofer MSN, RN, CMSRN (CBMC)	Nursing Clinical Inquiry Conference	December 2023
Pediatric Rest (Poster)	Joy Okumu, DNP, RN, CPN (CFH)	Nursing Clinical Inquiry Conference	December 2023
Post-Partum Staffing Standards (Poster)	Cecilia Lopez, MSN, RN (CFH)	Nursing Clinical Inquiry Conference	December 2023
Barriers to Post-Partum Tubal Ligation (Poster)	Alexa Ellis, BSN, RNC-OB (CHMH) Lakendra Derenzy, BSN, RN (CHMH)	Nursing Clinical Inquiry Conference	December 2023
THC Education During Pregnancy (Poster)	Natalie Baldwin, BSN, RN (CHMH) Eden Yetter, BSN, RNC (CHMH)	Nursing Clinical Inquiry Conference	December 2023
HVI Staff Retention (Poster)	Jenna Linton, MSN, RN, CNL (CFH)	Nursing Clinical Inquiry Conference	December 2023
Surgical Starts – 7:30 a.m. (Poster)	Tracy Hill, BSN, RN (CATF-Surgery)	Nursing Clinical Inquiry Conference	December 2023
PACU Pause (Poster)	Michelle Stichnoth, BSN, RN (CATF-Surgery)	Nursing Clinical Inquiry Conference	December 2023
Glidescope (Poster)	Janelle Rear, CRNA (CFH) Aron Oakley, CRNA (CFH)	Nursing Clinical Inquiry Conference	December 2023
Hypertension Policy (Poster)	Ashley Polnitz, MSN, RN, NE-BC, CLC, et al. (Healthy Beginnings)	Nursing Clinical Inquiry Conference	December 2023

Faith Community Nursing (Poster)	Greg Scott, MS, RN, PHRN, TNS (Carle Health, Champaign-Urbana Service Area) Danna Williamson, MSN, RN, NPD-BC (Carle Health, Champaign-Urbana Service Area)	Nursing Clinical Inquiry Conference	December 2023
Gamification as an Education Tool (Poster)	Amanda Archibald, MSN, RN (CFH) Jodi VanKeuren, MSN, RN (CFH)	Nursing Clinical Inquiry Conference	December 2023
Nurse Well-being – Code Teal (Poster)	Rebecca Wahlfeld, BSN, RN, CCRN, TNCC, SCN (CHMH) Mellanie Nincevic, GSN, RN, MedSurg-BC (CHMH) Courtney Stortzum, MSN, RN, CV-BC (CHMH)	Nursing Clinical Inquiry Conference	December 2023
The Carle Nursing Professional Practice Model (Podium)	Jaymie Green, MSN, RN, NEA-BC (CFH)	Nursing Clinical Inquiry Conference	December 2023
The EBP Internship (Podium)	Lori VanWingerden, BSN, RN, NPD-BC (CFH)	Nursing Clinical Inquiry Conference	December 2023
P.A.I.N. Icon Study (Podium)	Dena Sauder, MSN/Edu, RN, CMSRN, SCR, CCRN (CFH)	Nursing Clinical Inquiry Conference	December 2023
Heart Failure Research (Podium)	Marilyn Prasun (Carle BroMenn Endowed Professor ISU/MCN, CBMC)	Nursing Clinical Inquiry Conference	December 2023
EASE Virtual Counseling (Podium)	Brad Thompson, APRN, PMHNP-BC (CPG)	Nursing Clinical Inquiry Conference	December 2023
Safety Monitoring Unit (podium)	Dani Welch, BSN, RN, SCR, (CFH)	Nursing Clinical Inquiry Conference	December 2023
Clinical Resource Nurse Role (podium)	Brooke Remmert, MSN, RN, SCR, MedSurg-BC (CHMH)	Nursing Clinical Inquiry Conference	December 2023
Virtual Inpatient Nurse (Podium)	Toni Jugenson, MBA, BSN, RN, CNML (CHMH) Cynthia Martin, MSN, RN, OCN (CHMH)	Nursing Clinical Inquiry Conference	December 2023
NICU Skin to Skin at Delivery (Podium)	Chris Wetzel, DNP, RN, RNC-NIC, IBCLC (CFH)	Nursing Clinical Inquiry Conference	December 2023
Pediatric Sepsis (Podium)	Sheila Curtis, MSN, RNC-NIC, CPHQ, CCRN-K (CFH)	Nursing Clinical Inquiry Conference	December 2023
Procedural Sedation Simulation Training (Podium)	Charlie Hawknuff, MSN, FNP-BC, NE-BC, NPD-BC, CEN, TCRN (CFH)	Nursing Clinical Inquiry Conference	December 2023
Post-op Music to Reduce Pain/Anxiety (Podium)	Julie Beatty, MSN, RN, CPAN (CFH)	Nursing Clinical Inquiry Conference	December 2023

Peri-op Normothermia (Podium)	Cara Pals, BSN, RN, CNOR (CFH)	Nursing Clinical Inquiry Conference	December 2023
EBP Competence in Professional Advancement (Podium)	Dena Sauder, MSN, RN, CMSRN, SCRN, CCRN (CFH) Franni Vlahovich, MSN, RN, NPD-BC (CPG)	Nursing Clinical Inquiry Conference	December 2023
EBP + AIM = EBP Internship (Podium)	Lori VanWingerden, BSN, RN, NPD-BC (CFH) Kelsey Staley, MBA, RN, CPHQ (CFH) Tara Ganley, BSN, AMB-BC, CPHQ (CFH)	Nursing Clinical Inquiry Conference	December 2023
Not My Problem: Fostering a Culture of Accountability and Ownership (Podium)	Charlie Hawknuff, MSN, FNP-BC, NE-BC, NPD-BC, CEN, TCRN (CFH)	Education & Professional Development Conference	December 2023
Racism in Healthcare: Notice, Understand and Act (Podium)	Theresa Green, MSN, RN (Carle Health)	Education & Professional Development Conference	December 2023
The Engagement Tour (Podium)	Chelsey Getz, MBA, BSN, RN, MedSurg-BC, NPD-BC (CHMH)	Education & Professional Development Conference	December 2023
A Roadmap for Competency Success (Podium)	Charlie Hawknuff, MSN, FNP-BC, NE-BC, NPD-BC, CEN, TCRN (CFH)	Education & Professional Development Conference	December 2023
Donna Wright Competency Model (Podium)	Katie Nelson, BSN, RN (CFH)	Education & Professional Development Conference	December 2023

2023 Nursing Research Studies

Nursing Research Study Title *Carle IRB	Study Status	Carle Health Site	Name(s) of Organization's Nurse Principal Investigator (PI), Co-PI, and/or Site PI for Each Study
Evaluation of an Advanced Practice Provider (APP) Preceptor Program and Onboarding Process: Phase II	Analysis Phase	Carle Foundation Hospital	Mary Beth Voights, MS, APRN, TNS, TCRN
Auditory Exposures for Preterm Infants	Ongoing	Carle Health	Carey Gaede, NP Sara Drysdale, NP Lisa Davis, NP Audra Armstrong, NP Julie Wetmore, NP Ambrosia Boothe, MSN, RN (Interdisciplinary collaboration with Derrick Rollo, DO, FAAP)
Testing the Road to Birth Application in Clinical Practice	Ongoing	Carle Physician Group – Urbana	Elizabeth Munoz, DNP, CNM
Testing of the Implementation of the Perceived-Assessed-Intervened-Notation (P.A.I.N.) Icon	Analysis	Carle Foundation Hospital	Dena Sauder, MSN/Edu, RN5, CMSRN, SCRN, CCRN (Interdisciplinary Collaboration with Principal Investigator – Michael Aref, MD)
The Health of the Health Care Worker: A Sensor-Based System to Predict, Identify and Respond to Nurse Burnout	Ongoing	Carle Foundation Hospital	Morgan Blankenship, BSN, RN (University of Illinois Collaboration)
Quasi-Experimental Study of Nurse-Family Partnership (NFP) Effectiveness among Multiparous Women Enrolled as part of the Multiparous Formative Study (Previous Study on Primiparous Women)	Ongoing	Carle Health Community Health Initiatives	Julianna Sellett, DNP, MBA, RN, CQH, CENP Jonathan Woods, MSN, RN Sarah Spotts, BSN, RN Ashley Lingafelter, MSN, RN Kristin Farney, MSN, RN (University of Colorado Collaboration)
Improving Healthy Homes Outcomes Through Partnerships Between Healthy Home Evaluators and Health Providers	Closed	Carle Health	Julianna Sellett, DNP, MBA, RN, CQH, CENP Jonathan Woods, MSN, RN Kristin Farney, MSN, RN Haley Ogle, MSN, RN (University of Illinois Collaboration)

The Impact of Intubation Timing on Clinical Outcomes Among Patients Diagnosed with COVID-19	Ongoing	Carle BroMenn Medical Center	Marilyn Prasun, PhD, CCNS, CNL, CHFN (ISU/Carle BroMenn Endowed Professor) Mitch Corlas, BSN, RN
Survey to Understand Current Gaps in Clinical Practice and Training Associated with Sepsis Bundle Compliance	Ongoing	Carle Foundation Hospital and Carle Physician Group	Charlie Hawknuff, MSN, APRN
The Impact of Exercise Therapy on Heart Failure Preserved Ejection Fraction	Ongoing	Carle BroMenn Medical Center	Marilyn Prasun, PhD, CCNS, CNL, CHFN (ISU/Carle BroMenn Endowed Professor) Rebekah Lavicka, BSN, RN

Celebrating Carle Health Nurse Publications, 2023

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

Bilimoria, K.Y.,... Cradock, K.A., **Boyd K.**, ... Yang, A.D. (2023). Development of the Illinois Surgical Quality Improvement Collaborative (ISQIC): Implementing 21 components to catalyze statewide improvement in surgical care. *Annals of Surgery Open: Perspectives of Surgical History, Education, and Clinical Approaches*, 4(1), e258. <https://doi.org/10.1097/AS9.0000000000000258>

Broderick, C.T., ...**Voights, M.B.**, ...Stey, A.M. (In press). Characterizing re-triage guidelines: a scoping review of states' rules and regulations. *Surgery*.

DeBoer, S., ... **Webb, M.**, Seaver, M., & Tito, T. (2023). To tube or not to tube ... that continues to be the question. *Air Medical Journal*, 42(4), 276–279. <https://doi.org/10.1016/j.amj.2023.05.003>

Drollinger, L., & ***Prasun, M.A.** (2023). Bundled approach to improve inpatient stroke recognition and time to treatment. *The Journal of Neuroscience Nursing: Journal of the American Association of Neuroscience Nurses*, 55(1), 18–23. <https://doi.org/10.1097/JNN.0000000000000685>

*Carle BroMenn Medical Center Endowed Professor/
Mennonite College of Nursing, Illinois State University –
Affiliation as Nurse Faculty

Jones, K., ... Drone-Silvers, F., ... **Vanwingerden, L.**, ... & Vonderheid, S.C. (2023). Significance of an online evidence-based practice education module for acute, ambulatory, public and school health nurses. *Journal of Continuing Education in Nursing*, 54(4), 176–184. <https://doi.org/10.3928/00220124-20230310-07>

Krebs, H., **Crutcher, K.**, Su, Y., & ***Prasun, M.A.** (2024). Cardiac rehabilitation phase II outcomes prior and during COVID. *Heart & Lung*, 63, 13-17. <https://doi.org/10.1016/j.hrtlng.2023.08.011>

*Carle BroMenn Medical Center Endowed Professor/
Mennonite College of Nursing, Illinois State University –
Affiliation as Nurse Faculty

Linton, J. (2023). Staff retention in a time of never-ending national shortages. *Cath Lab Digest*. <https://www.hmpgloballearningnetwork.com/site/cathlab/cath-lab-management/staff-retention-time-never-ending-national-shortages-0>

Miller, B., & Rogers, N.M. (2023). Enhancing knowledge of registered nurses working in the primary care setting. *Nur Primary Care*, 7(5), 1-3. <https://www.scivisionpub.com/pdfs/enhancing-knowledge-of-registered-nurses-working-in-the-primary-care-setting-2964.pdf>

Smith, P.C., Yonkaitis, C.F., & **Reigart, M.M.** (2023). Standardizing care of the late preterm infant. *MCN. The American Journal of Maternal Child Nursing*, 48(5), 244–251. <https://doi.org/10.1097/NMC.0000000000000936>

VanWingerden, L., Drone-Silvers, F., & Owens, L.K. (2023). Development and resting of the RN confidence in evidence-based practice (RNcEBP) survey: Assessing evidence-based practice culture. *Journal for Nurses in Professional Development*, 39(2), 97–103. <https://doi.org/10.1097/NND.0000000000000891>

Wetzel, C. (2024). Contributed chapters in: Wright V. *NICU nursing stories* (pp.21-31). Cognella.
*Retired Carle Health nurse **Swartz, L.J.** (pp.38-43) and **Zonfrilli, M.J.** (pp.36-37) also contributed chapters.

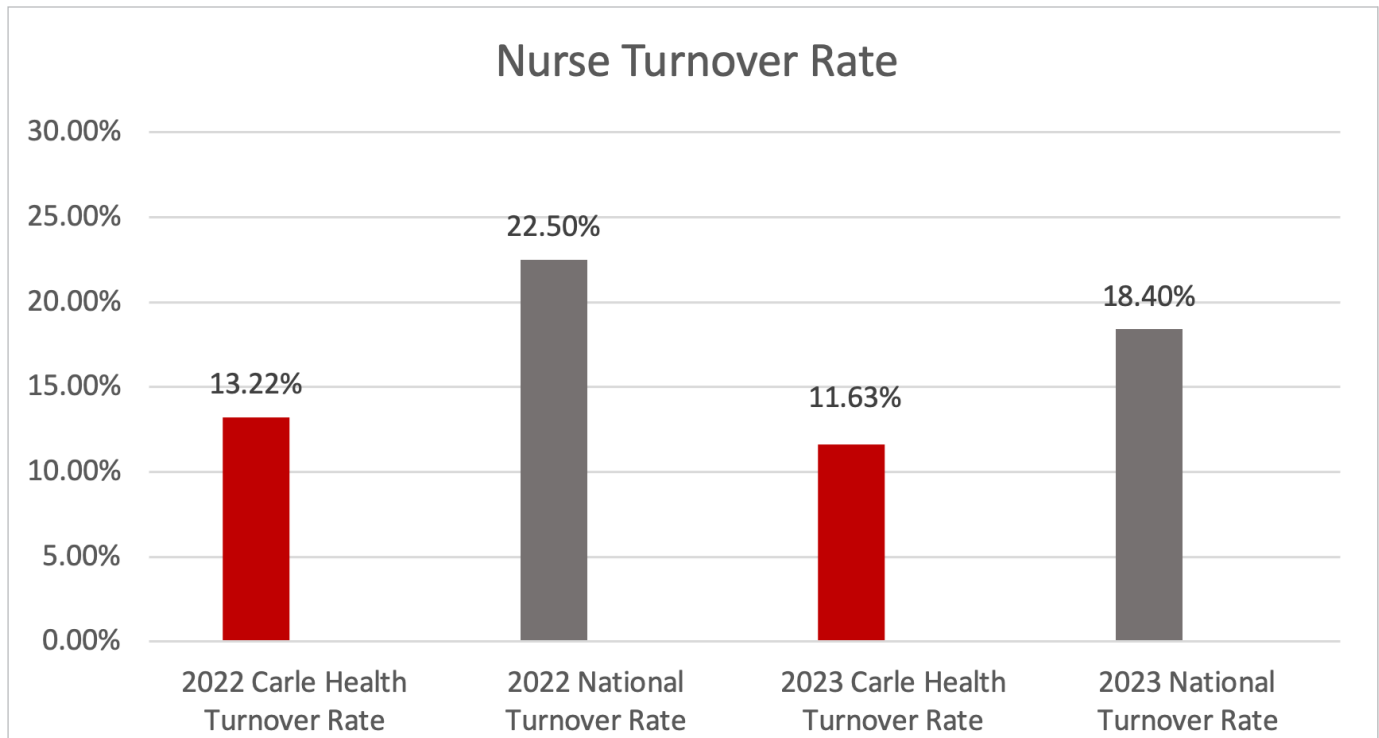
Empirical Outcomes





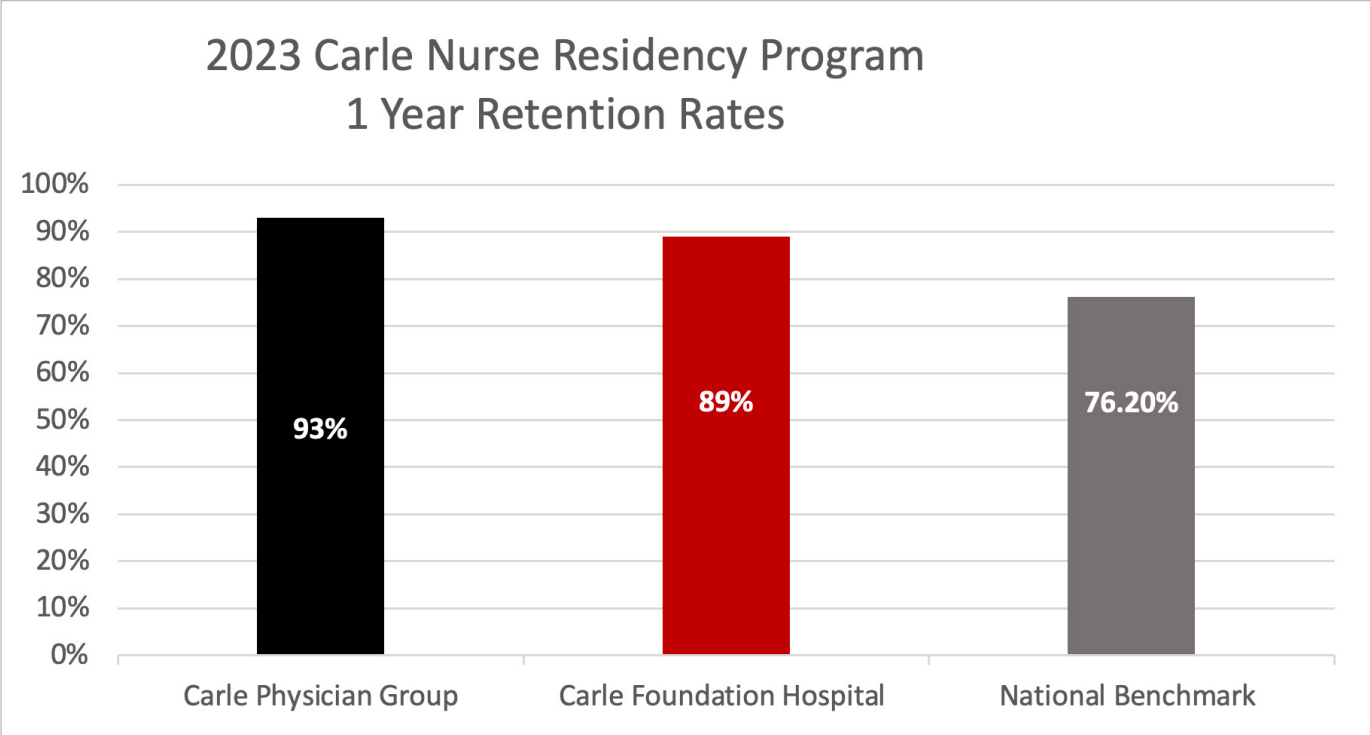
Empirical Outcomes

Turnover Rates, Carle Health and National



Carle Foundation Hospital and Carle Physician Group Nurse Residency Programs

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



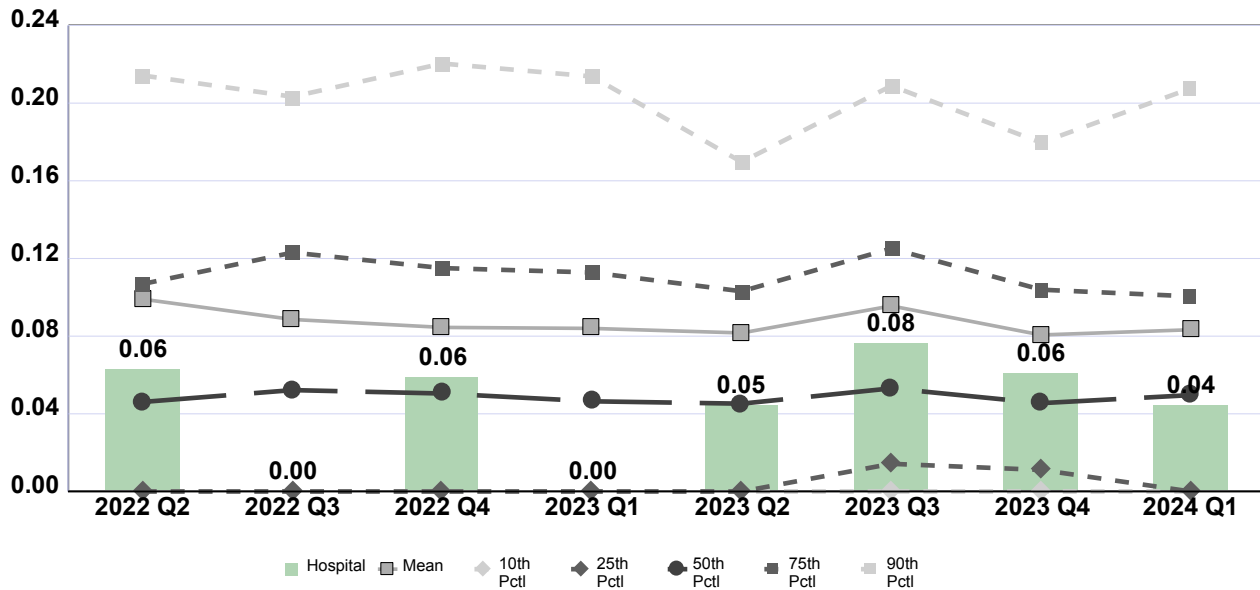
Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Patient Falls - Ambulatory

Measure: Injury Falls Per 1,000 Patient Visits/Cases (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.06	0.00	0.06	0.00	0.05	0.08	0.06	0.04	0.04
Mean	0.10	0.09	0.08	0.08	0.08	0.10	0.08	0.08	0.09
Standard Deviation	0.26	0.12	0.11	0.14	0.15	0.19	0.13	0.14	0.16
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00
50th Percentile (Median)	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
75th Percentile	0.11	0.12	0.12	0.11	0.10	0.13	0.10	0.10	0.11
90th Percentile	0.21	0.20	0.22	0.21	0.17	0.21	0.18	0.21	0.20
# Hospitals	434.00	452.00	445.00	453.00	451.00	451.00	446.00	428.00	445.00

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

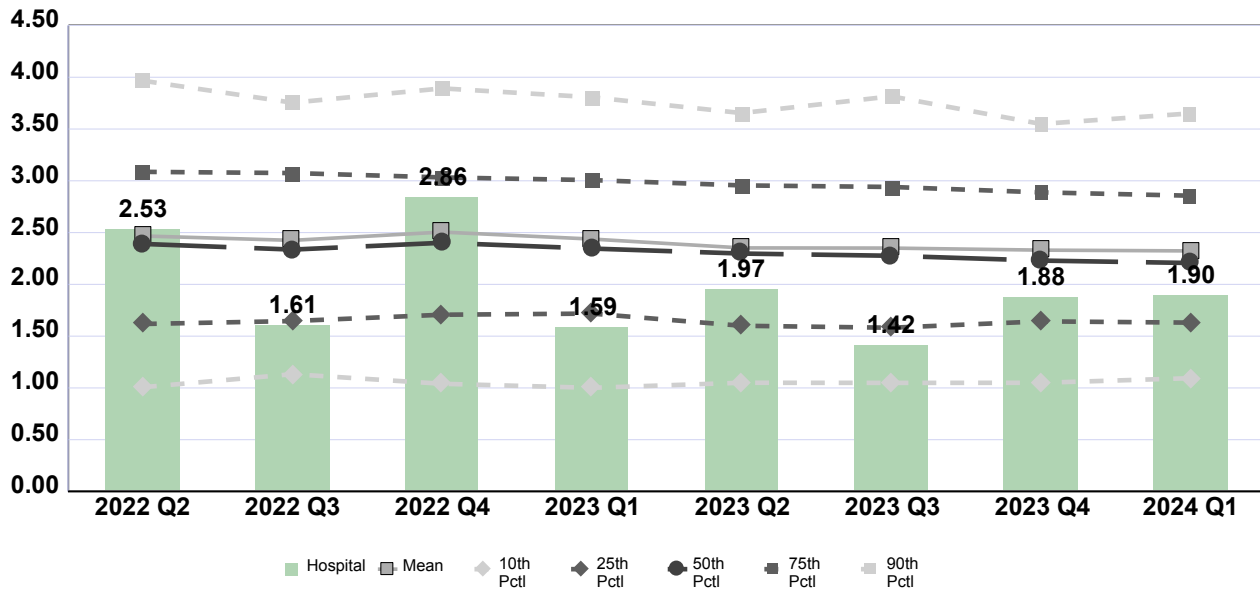
Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Patient Falls

Measure: Total Patient Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	2.53	1.61	2.86	1.59	1.97	1.42	1.88	1.90	1.97
Mean	2.47	2.42	2.51	2.44	2.35	2.35	2.33	2.32	2.40
Standard Deviation	1.25	1.18	1.32	1.17	1.10	1.11	1.11	1.14	1.17
10th Percentile	1.01	1.13	1.04	1.00	1.05	1.05	1.05	1.09	1.05
25th Percentile	1.62	1.65	1.71	1.72	1.60	1.58	1.64	1.63	1.64
50th Percentile (Median)	2.39	2.34	2.40	2.35	2.30	2.28	2.23	2.21	2.31
75th Percentile	3.09	3.07	3.03	3.01	2.96	2.94	2.89	2.86	2.98
90th Percentile	3.97	3.75	3.89	3.81	3.65	3.82	3.55	3.65	3.76
# Hospitals	666.00	673.00	676.00	678.00	673.00	677.00	669.00	643.00	669.38

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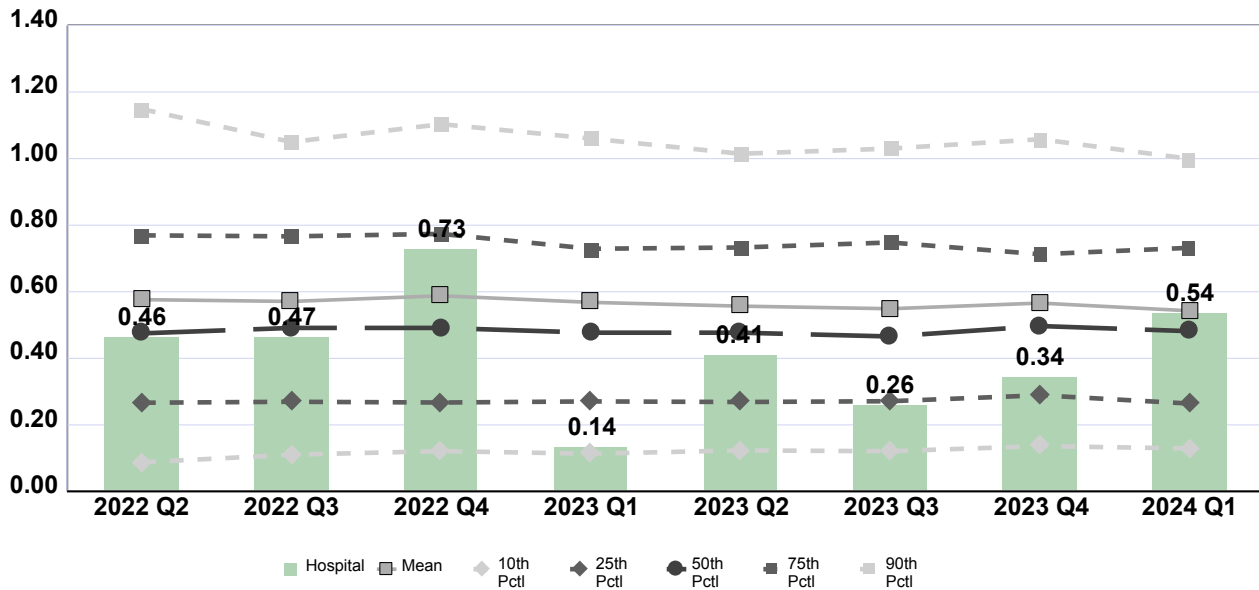
Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Patient Falls

Measure: Injury Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.46	0.47	0.73	0.14	0.41	0.26	0.34	0.54	0.42
Mean	0.58	0.57	0.59	0.57	0.56	0.55	0.57	0.54	0.56
Standard Deviation	0.50	0.47	0.58	0.48	0.46	0.40	0.43	0.41	0.47
10th Percentile	0.09	0.11	0.12	0.11	0.12	0.12	0.14	0.13	0.12
25th Percentile	0.27	0.27	0.27	0.27	0.27	0.27	0.29	0.26	0.27
50th Percentile (Median)	0.48	0.49	0.49	0.48	0.48	0.47	0.50	0.48	0.48
75th Percentile	0.77	0.77	0.77	0.73	0.73	0.75	0.71	0.73	0.75
90th Percentile	1.15	1.05	1.10	1.06	1.01	1.03	1.06	1.00	1.06
# Hospitals	666.00	673.00	676.00	678.00	673.00	677.00	669.00	643.00	669.38

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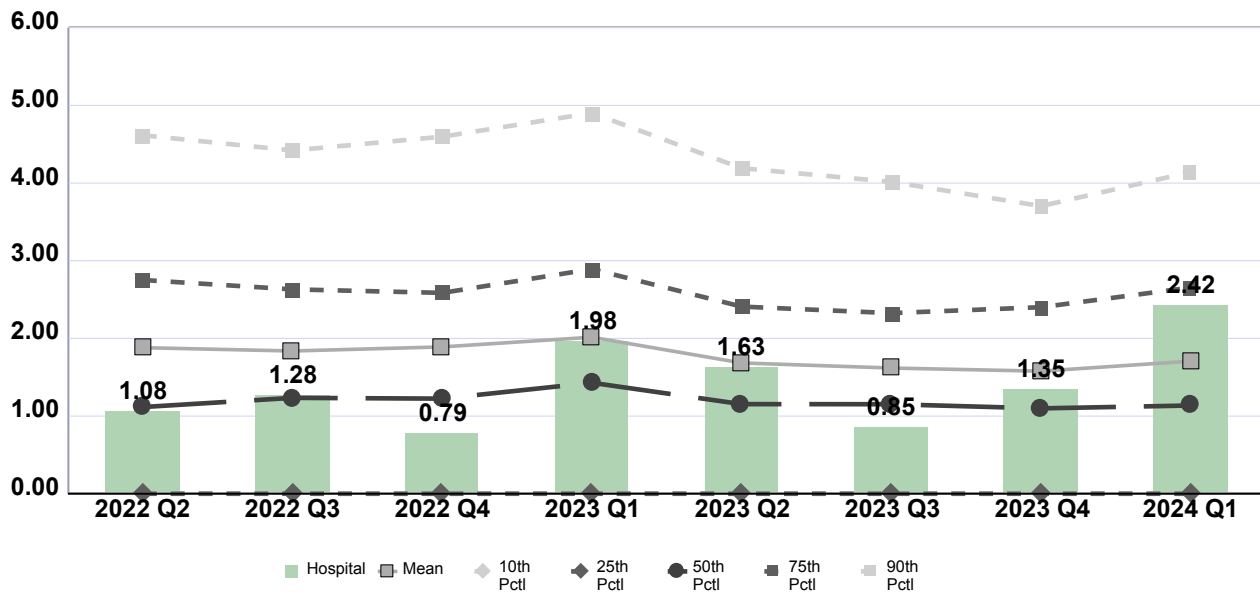
Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Pressure Injuries

Measure: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	1.08	1.28	0.79	1.98	1.63	0.85	1.35	2.42	1.42
Mean	1.88	1.84	1.89	2.02	1.68	1.62	1.58	1.71	1.78
Standard Deviation	2.40	2.16	2.58	2.46	2.01	1.87	1.90	2.01	2.18
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	1.12	1.23	1.22	1.43	1.15	1.15	1.10	1.14	1.19
75th Percentile	2.75	2.63	2.59	2.89	2.41	2.33	2.40	2.65	2.58
90th Percentile	4.62	4.42	4.60	4.90	4.19	4.02	3.70	4.14	4.32
# Hospitals	615.00	602.00	611.00	621.00	619.00	618.00	620.00	605.00	613.88

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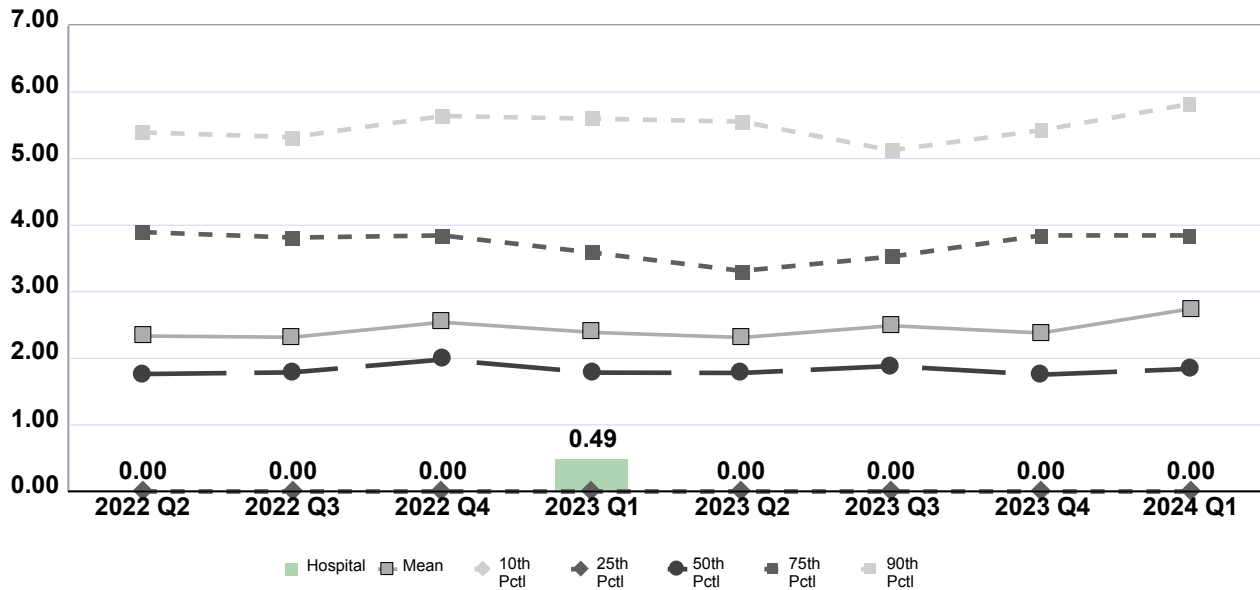
Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Restraints

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



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.49	0.00	0.00	0.00	0.00	0.06
Mean	2.34	2.32	2.54	2.39	2.31	2.49	2.38	2.74	2.44
Standard Deviation	2.33	2.25	2.91	2.79	2.97	5.02	2.61	5.80	3.33
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	1.76	1.79	1.98	1.79	1.78	1.88	1.75	1.84	1.82
75th Percentile	3.90	3.81	3.85	3.59	3.31	3.53	3.85	3.85	3.71
90th Percentile	5.39	5.32	5.64	5.60	5.56	5.12	5.43	5.82	5.49
# Hospitals	508.00	495.00	500.00	501.00	506.00	496.00	505.00	487.00	499.75

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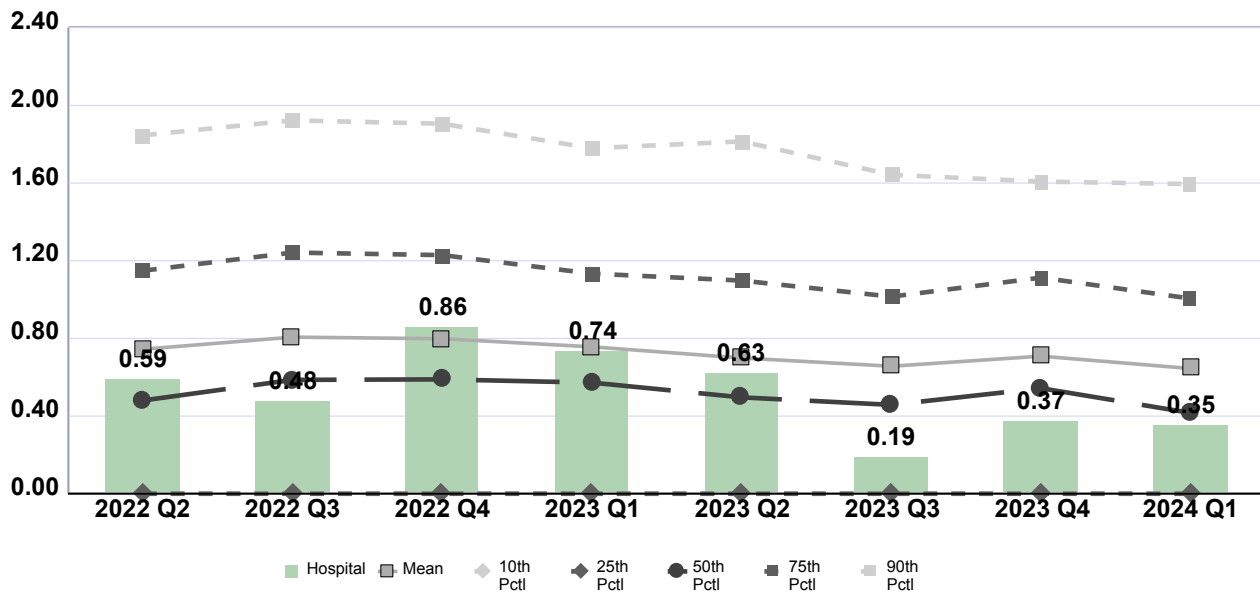
Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Central Line Associated Blood Stream Infections

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.59	0.48	0.86	0.74	0.63	0.19	0.37	0.35	0.53
Mean	0.74	0.81	0.80	0.76	0.70	0.66	0.71	0.64	0.73
Standard Deviation	0.99	0.99	0.94	0.93	0.81	0.82	0.81	1.12	0.93
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.48	0.59	0.59	0.57	0.50	0.46	0.54	0.42	0.52
75th Percentile	1.15	1.24	1.23	1.13	1.10	1.02	1.11	1.01	1.12
90th Percentile	1.85	1.92	1.91	1.78	1.81	1.64	1.61	1.59	1.76
# Hospitals	575.00	586.00	586.00	588.00	584.00	587.00	580.00	559.00	580.63

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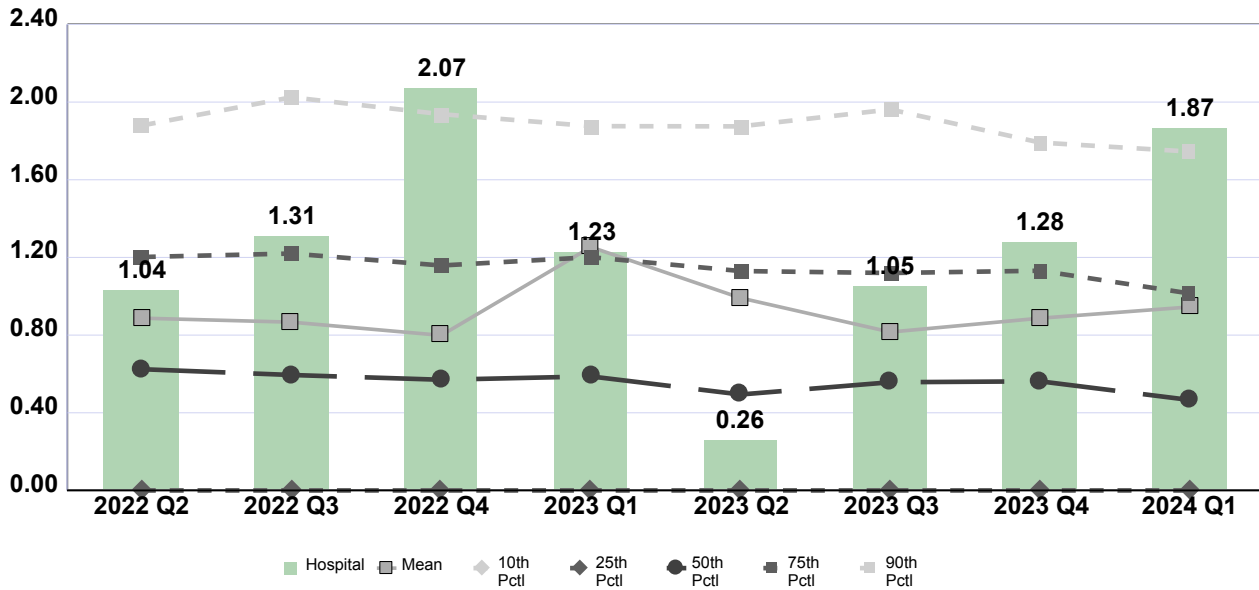
Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Catheter Associated Urinary Tract Infections

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	1.04	1.31	2.07	1.23	0.26	1.05	1.28	1.87	1.26
Mean	0.89	0.87	0.80	1.25	0.99	0.82	0.89	0.94	0.93
Standard Deviation	1.44	1.13	1.03	10.31	4.69	1.19	2.41	5.03	3.40
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.62	0.59	0.57	0.59	0.49	0.56	0.56	0.47	0.56
75th Percentile	1.20	1.22	1.16	1.20	1.13	1.12	1.13	1.01	1.15
90th Percentile	1.88	2.02	1.94	1.88	1.88	1.96	1.79	1.75	1.89
# Hospitals	579.00	591.00	589.00	592.00	593.00	593.00	588.00	568.00	586.63

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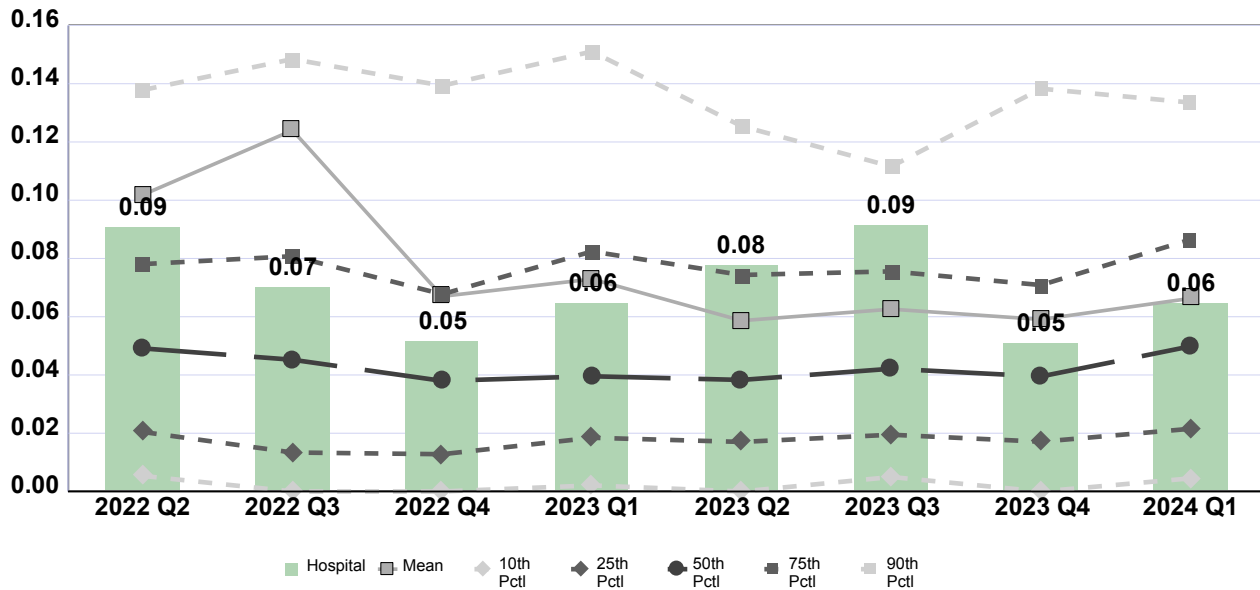
Carle Foundation Hospital

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Assaults on Nursing Personnel

Measure: Total Assault on Nursing Personnel Rate (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.09	0.07	0.05	0.06	0.08	0.09	0.05	0.06	0.07
Mean	0.10	0.12	0.07	0.07	0.06	0.06	0.06	0.07	0.08
Standard Deviation	0.44	0.78	0.12	0.12	0.08	0.10	0.08	0.09	0.23
10th Percentile	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.02	0.01	0.01	0.02	0.02	0.02	0.02	0.02	0.02
50th Percentile (Median)	0.05	0.05	0.04	0.04	0.04	0.04	0.04	0.05	0.04
75th Percentile	0.08	0.08	0.07	0.08	0.07	0.08	0.07	0.09	0.08
90th Percentile	0.14	0.15	0.14	0.15	0.13	0.11	0.14	0.13	0.14
# Hospitals	194.00	207.00	206.00	214.00	214.00	215.00	217.00	210.00	209.63

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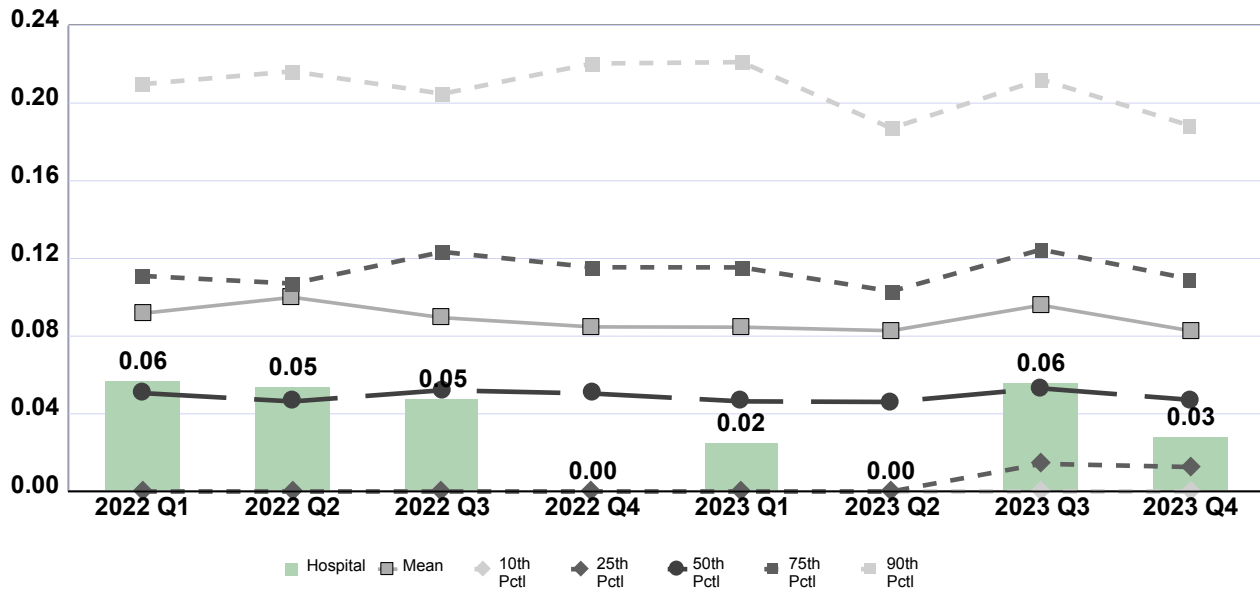
Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Patient Falls - Ambulatory

Measure: Injury Falls Per 1,000 Patient Visits/Cases (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.06	0.05	0.05	0.00	0.02	0.00	0.06	0.03	0.03
Mean	0.09	0.10	0.09	0.08	0.08	0.08	0.10	0.08	0.09
Standard Deviation	0.15	0.27	0.12	0.11	0.14	0.15	0.19	0.13	0.16
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00
50th Percentile (Median)	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
75th Percentile	0.11	0.11	0.12	0.12	0.12	0.10	0.12	0.11	0.11
90th Percentile	0.21	0.22	0.20	0.22	0.22	0.19	0.21	0.19	0.21
# Hospitals	425.00	433.00	451.00	443.00	451.00	449.00	449.00	426.00	440.88

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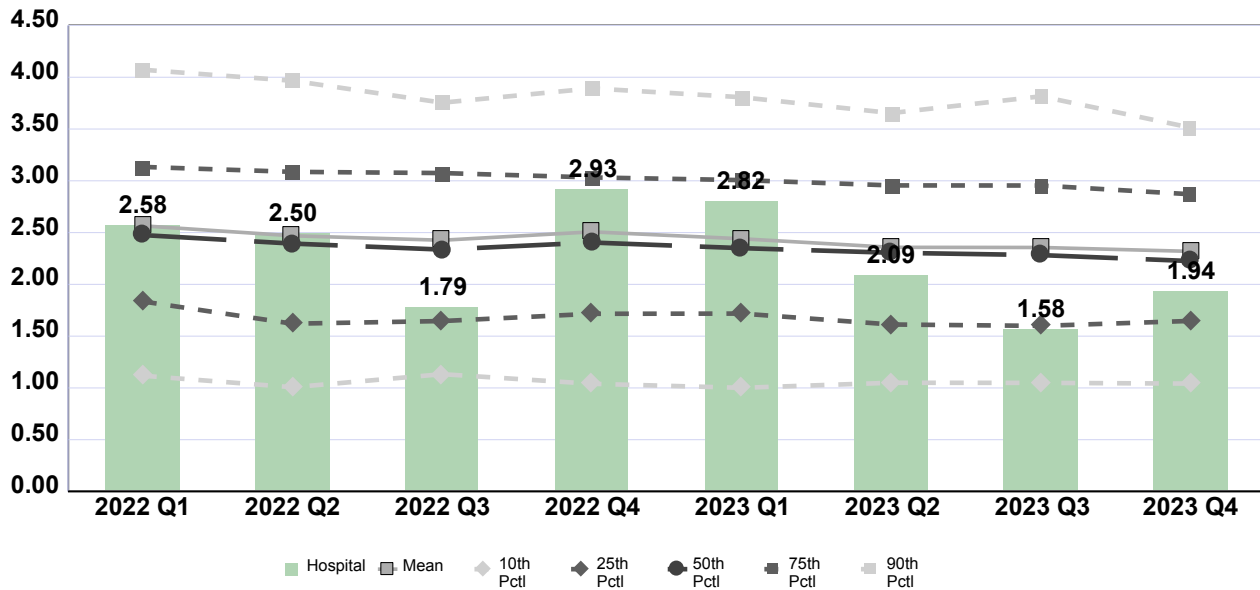
Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Patient Falls

Measure: Total Patient Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	2.58	2.50	1.79	2.93	2.82	2.09	1.58	1.94	2.28
Mean	2.57	2.47	2.43	2.51	2.44	2.36	2.36	2.32	2.43
Standard Deviation	1.20	1.25	1.17	1.32	1.17	1.09	1.12	1.10	1.18
10th Percentile	1.12	1.01	1.13	1.04	1.00	1.05	1.05	1.04	1.05
25th Percentile	1.83	1.62	1.65	1.72	1.72	1.61	1.60	1.65	1.67
50th Percentile (Median)	2.48	2.39	2.34	2.40	2.35	2.31	2.28	2.22	2.35
75th Percentile	3.13	3.09	3.07	3.03	3.01	2.96	2.95	2.87	3.01
90th Percentile	4.07	3.97	3.75	3.89	3.81	3.65	3.82	3.51	3.81
# Hospitals	663.00	666.00	673.00	676.00	677.00	671.00	673.00	648.00	668.38

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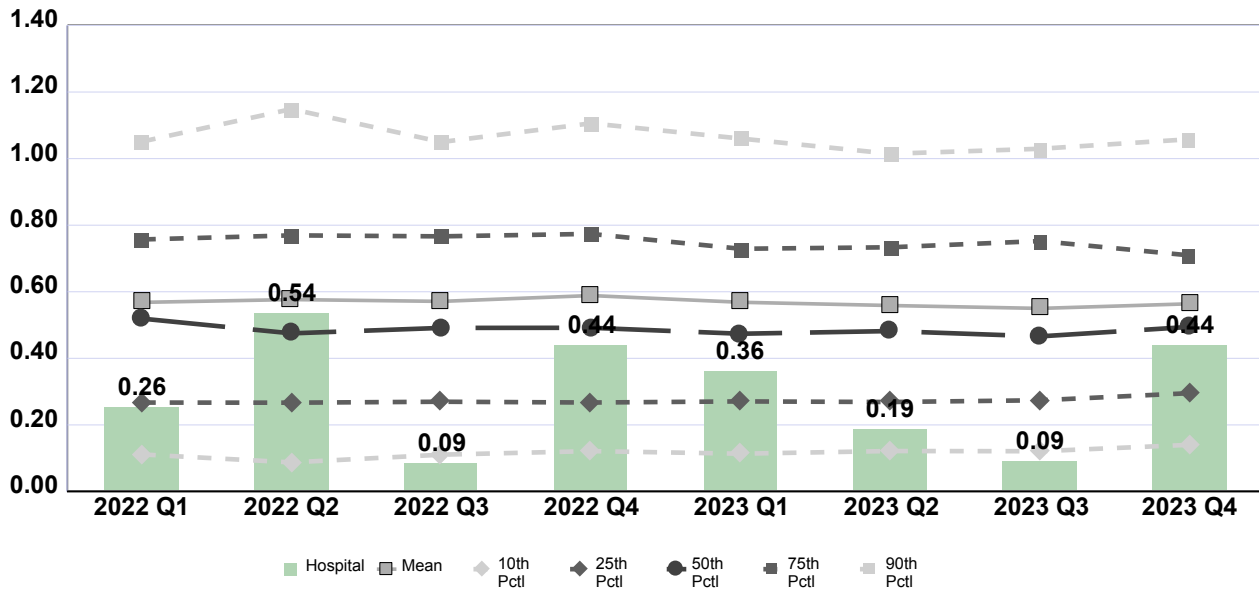
Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Patient Falls

Measure: Injury Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.26	0.54	0.09	0.44	0.36	0.19	0.09	0.44	0.30
Mean	0.57	0.58	0.57	0.59	0.57	0.56	0.55	0.56	0.57
Standard Deviation	0.43	0.50	0.47	0.58	0.48	0.46	0.40	0.42	0.47
10th Percentile	0.11	0.09	0.11	0.12	0.11	0.12	0.12	0.14	0.12
25th Percentile	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.30	0.27
50th Percentile (Median)	0.52	0.48	0.49	0.49	0.47	0.48	0.47	0.49	0.49
75th Percentile	0.76	0.77	0.77	0.77	0.73	0.73	0.75	0.71	0.75
90th Percentile	1.05	1.15	1.05	1.11	1.06	1.01	1.03	1.06	1.06
# Hospitals	663.00	666.00	673.00	676.00	677.00	671.00	673.00	648.00	668.38

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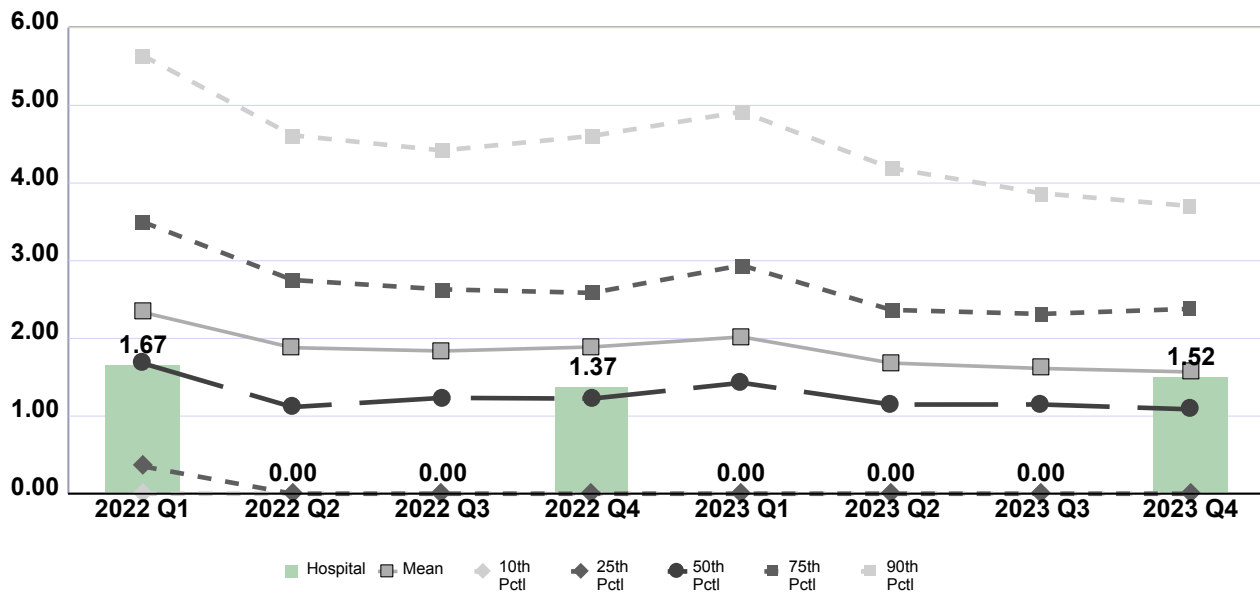
Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Pressure Injuries

Measure: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	1.67	0.00	0.00	1.37	0.00	0.00	0.00	1.52	0.57
Mean	2.34	1.88	1.84	1.89	2.02	1.68	1.61	1.57	1.85
Standard Deviation	2.52	2.40	2.16	2.59	2.46	2.01	1.87	1.91	2.24
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.04
50th Percentile (Median)	1.68	1.12	1.23	1.22	1.43	1.15	1.15	1.09	1.26
75th Percentile	3.50	2.75	2.63	2.59	2.94	2.37	2.31	2.38	2.68
90th Percentile	5.64	4.62	4.42	4.61	4.92	4.19	3.87	3.70	4.50
# Hospitals	602.00	615.00	602.00	610.00	619.00	618.00	617.00	613.00	612.00

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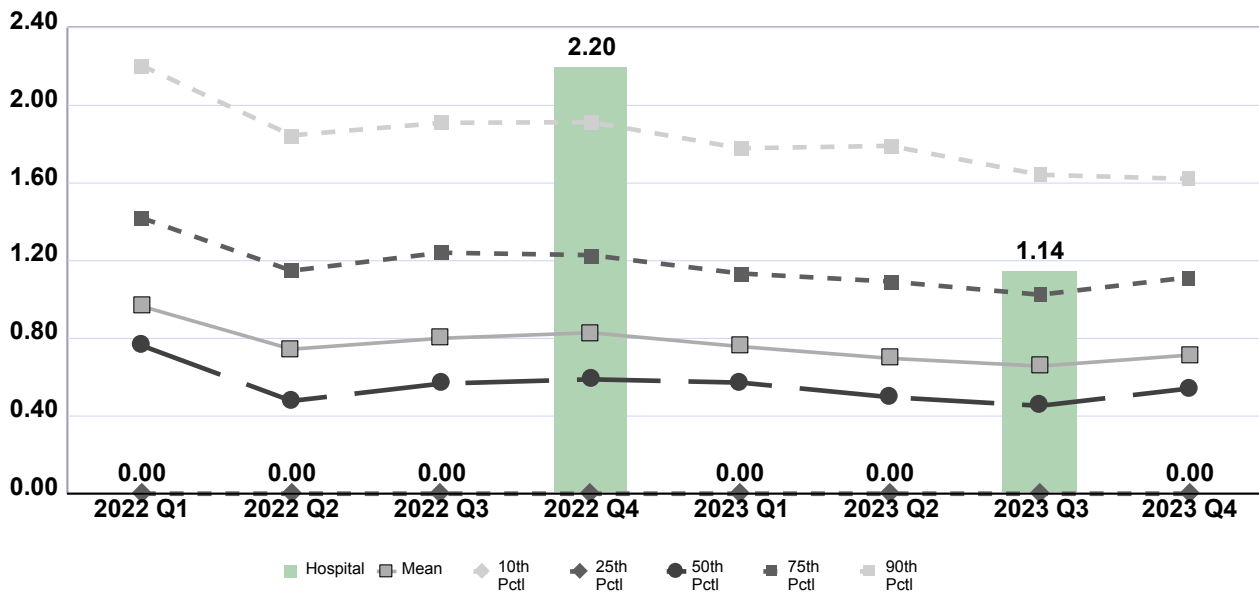
Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Central Line Associated Blood Stream Infections

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	2.20	0.00	0.00	1.14	0.00	0.42
Mean	0.97	0.74	0.80	0.83	0.76	0.70	0.66	0.71	0.77
Standard Deviation	1.05	0.99	0.98	1.20	0.93	0.81	0.82	0.82	0.95
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.76	0.48	0.57	0.59	0.57	0.50	0.45	0.54	0.56
75th Percentile	1.42	1.15	1.24	1.23	1.13	1.09	1.03	1.11	1.18
90th Percentile	2.21	1.85	1.91	1.91	1.78	1.79	1.64	1.62	1.84
# Hospitals	573.00	573.00	585.00	585.00	585.00	580.00	583.00	569.00	579.13

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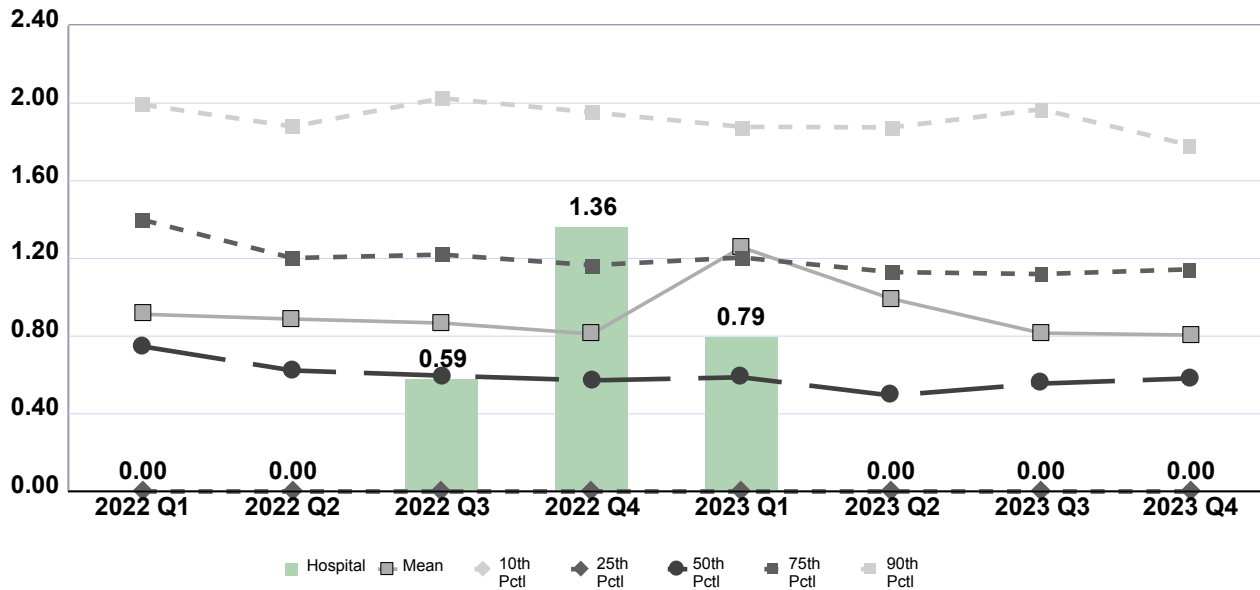
Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Catheter Associated Urinary Tract Infections

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.59	1.36	0.79	0.00	0.00	0.00	0.34
Mean	0.91	0.89	0.87	0.81	1.26	0.99	0.82	0.81	0.92
Standard Deviation	0.99	1.45	1.14	1.07	10.32	4.70	1.19	1.13	2.75
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.75	0.62	0.60	0.57	0.59	0.49	0.56	0.58	0.59
75th Percentile	1.40	1.20	1.22	1.17	1.20	1.13	1.12	1.14	1.20
90th Percentile	1.99	1.88	2.03	1.95	1.88	1.88	1.97	1.78	1.92
# Hospitals	576.00	577.00	590.00	589.00	590.00	591.00	589.00	573.00	584.38

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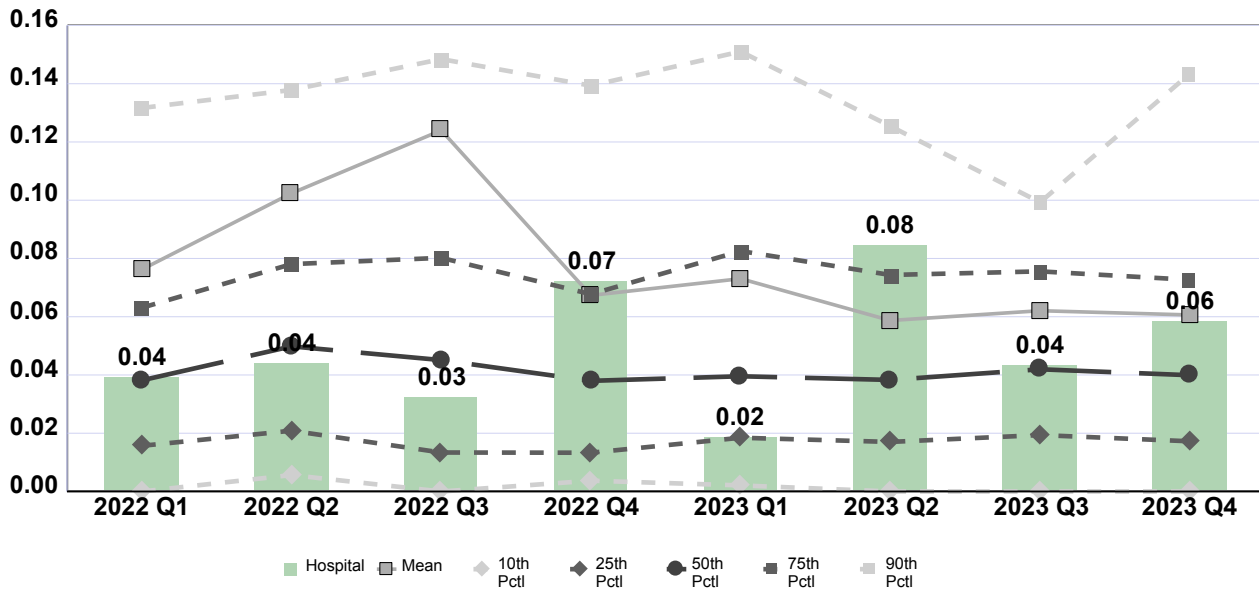
Carle BroMenn Medical Center

Compared by: Teaching Status

Peer Group: Teaching Facilities

Indicator: Assaults on Nursing Personnel

Measure: Total Assault on Nursing Personnel Rate (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.04	0.04	0.03	0.07	0.02	0.08	0.04	0.06	0.05
Mean	0.08	0.10	0.12	0.07	0.07	0.06	0.06	0.06	0.08
Standard Deviation	0.18	0.45	0.78	0.12	0.12	0.08	0.10	0.08	0.24
10th Percentile	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.02	0.02	0.01	0.01	0.02	0.02	0.02	0.02	0.02
50th Percentile (Median)	0.04	0.05	0.05	0.04	0.04	0.04	0.04	0.04	0.04
75th Percentile	0.06	0.08	0.08	0.07	0.08	0.07	0.08	0.07	0.07
90th Percentile	0.13	0.14	0.15	0.14	0.15	0.13	0.10	0.14	0.13
# Hospitals	189.00	193.00	206.00	205.00	214.00	214.00	215.00	213.00	206.13

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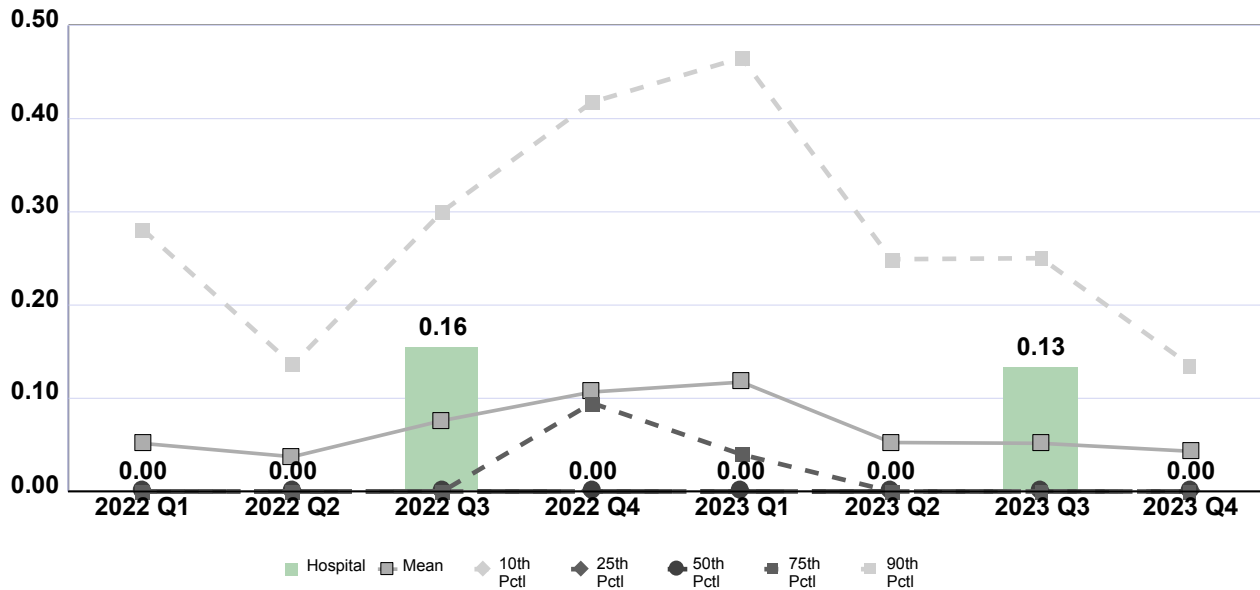
Carle Eureka Hospital

Compared by: Hospital Type

Peer Group: Critical Access Hospitals

Indicator: Patient Falls - Ambulatory

Measure: Injury Falls Per 1,000 Patient Visits/Cases (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.16	0.00	0.00	0.00	0.13	0.00	0.04
Mean	0.05	0.04	0.08	0.11	0.12	0.05	0.05	0.04	0.07
Standard Deviation	0.15	0.12	0.17	0.21	0.26	0.14	0.14	0.13	0.17
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.00	0.00	0.00	0.09	0.04	0.00	0.00	0.00	0.02
90th Percentile	0.28	0.14	0.30	0.42	0.47	0.25	0.25	0.13	0.28
# Hospitals	57.00	58.00	60.00	60.00	66.00	70.00	73.00	71.00	64.38

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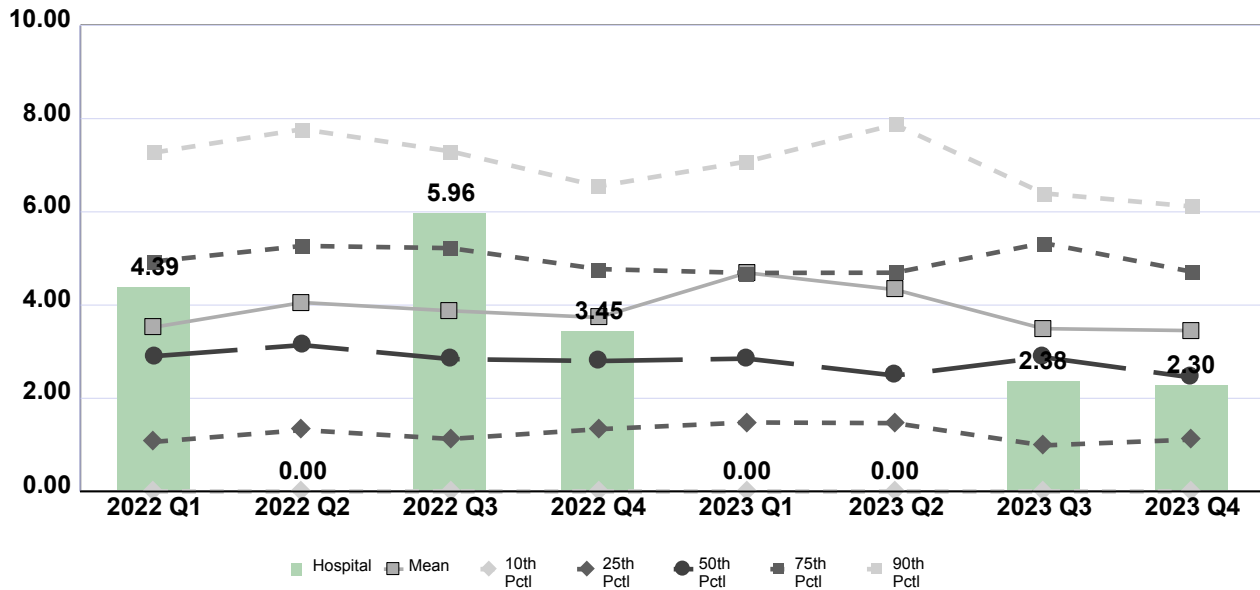
Carle Eureka Hospital

Compared by: Hospital Type

Peer Group: Critical Access Hospitals

Indicator: Patient Falls

Measure: Total Patient Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	4.39	0.00	5.96	3.45	0.00	0.00	2.38	2.30	2.31
Mean	3.53	4.05	3.88	3.73	4.69	4.33	3.49	3.45	3.90
Standard Deviation	3.58	5.38	5.04	5.41	11.28	8.41	3.61	4.86	5.95
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	1.06	1.32	1.13	1.34	1.48	1.47	0.99	1.11	1.24
50th Percentile (Median)	2.90	3.14	2.84	2.80	2.85	2.49	2.88	2.45	2.79
75th Percentile	4.94	5.27	5.22	4.77	4.69	4.69	5.33	4.72	4.95
90th Percentile	7.27	7.77	7.30	6.55	7.08	7.87	6.40	6.12	7.05
# Hospitals	111.00	115.00	111.00	109.00	117.00	113.00	114.00	113.00	112.88

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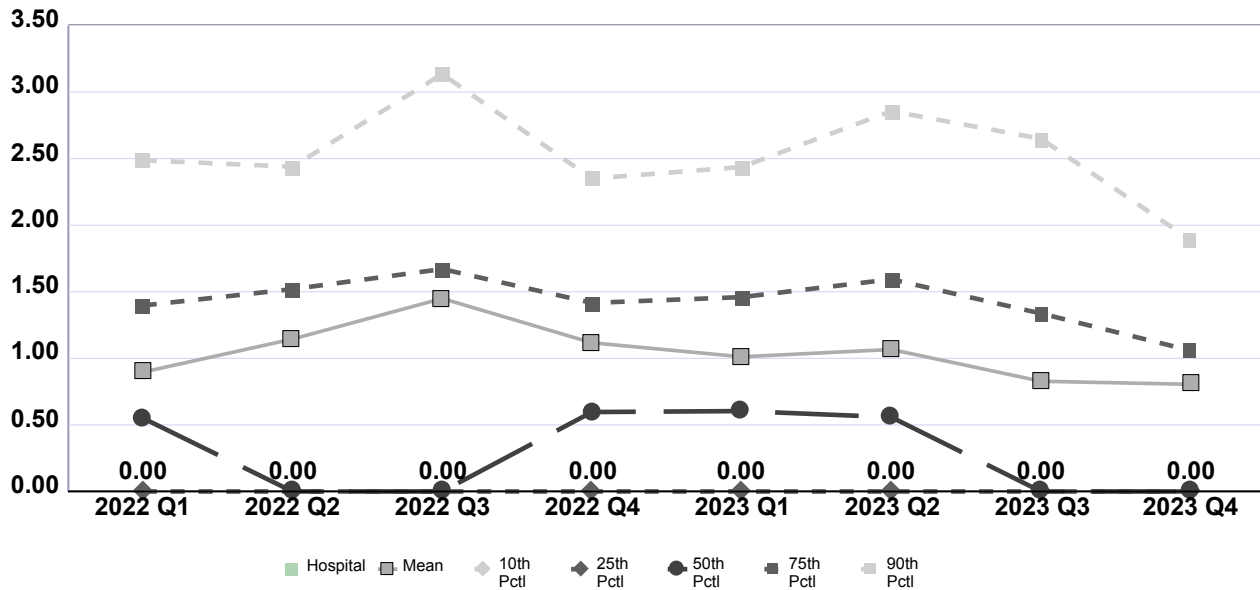
Carle Eureka Hospital

Compared by: Hospital Type

Peer Group: Critical Access Hospitals

Indicator: Patient Falls

Measure: Injury Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.90	1.14	1.45	1.12	1.01	1.07	0.83	0.80	1.04
Standard Deviation	1.17	2.52	4.60	2.50	1.42	1.67	1.21	1.73	2.10
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.55	0.00	0.00	0.60	0.60	0.56	0.00	0.00	0.29
75th Percentile	1.40	1.52	1.67	1.42	1.46	1.59	1.34	1.06	1.43
90th Percentile	2.49	2.44	3.13	2.35	2.44	2.86	2.65	1.89	2.53
# Hospitals	111.00	115.00	111.00	109.00	117.00	113.00	114.00	113.00	112.88

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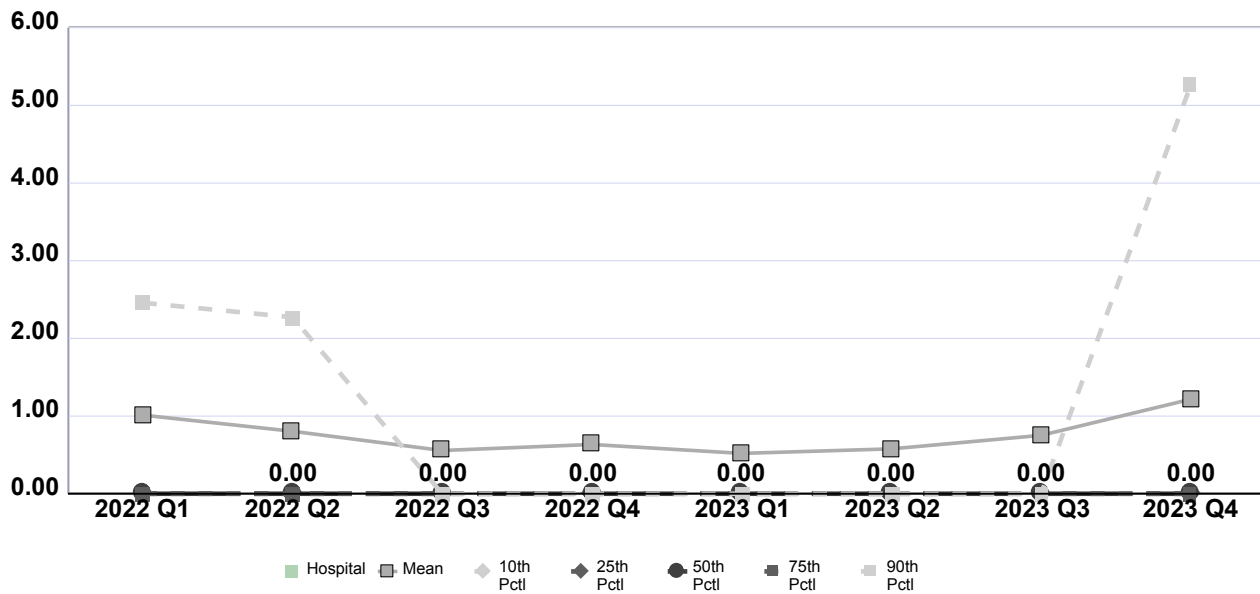
Carle Eureka Hospital

Compared by: Hospital Type

Peer Group: Critical Access Hospitals

Indicator: Pressure Injuries

Measure: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	No Data	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	1.01	0.80	0.56	0.63	0.52	0.58	0.75	1.22	0.76
Standard Deviation	3.48	2.88	2.50	2.65	2.05	2.71	2.80	3.79	2.86
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
90th Percentile	2.46	2.27	0.00	0.00	0.00	0.00	0.00	5.26	1.25
# Hospitals	80.00	87.00	85.00	85.00	87.00	88.00	89.00	91.00	86.50

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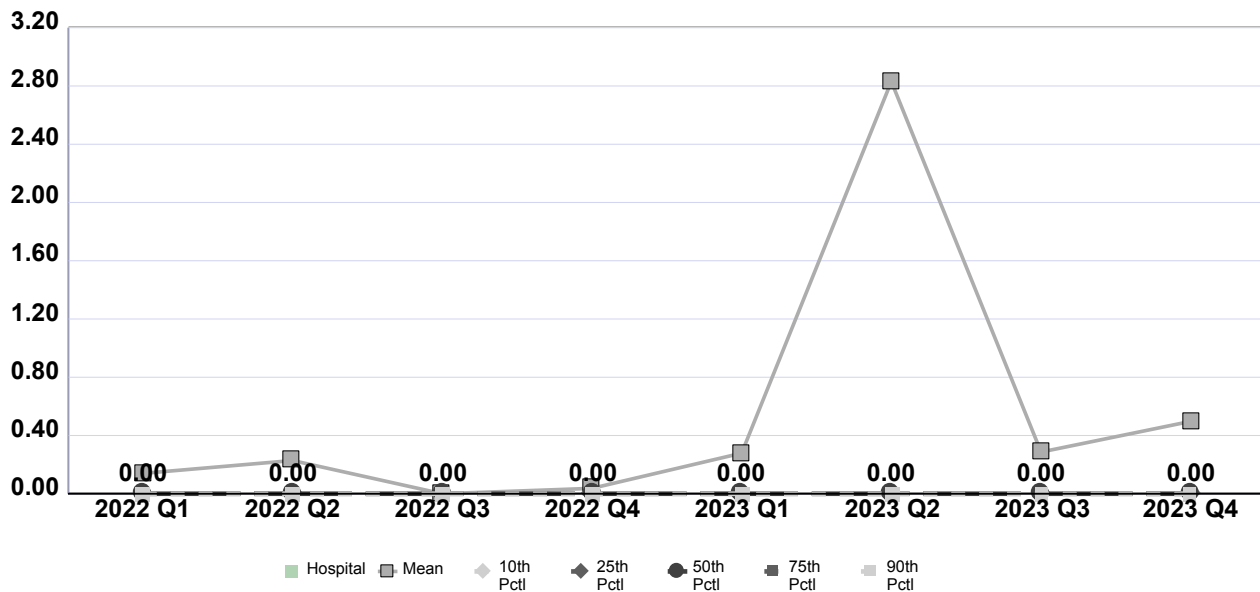
Carle Eureka Hospital

Compared by: Hospital Type

Peer Group: Critical Access Hospitals

Indicator: Central Line Associated Blood Stream Infections

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.14	0.23	0.00	0.04	0.28	2.83	0.29	0.50	0.54
Standard Deviation	1.36	1.43	0.00	0.36	2.74	25.59	2.82	4.26	4.82
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
90th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# Hospitals	94.00	93.00	90.00	92.00	97.00	96.00	97.00	98.00	94.63

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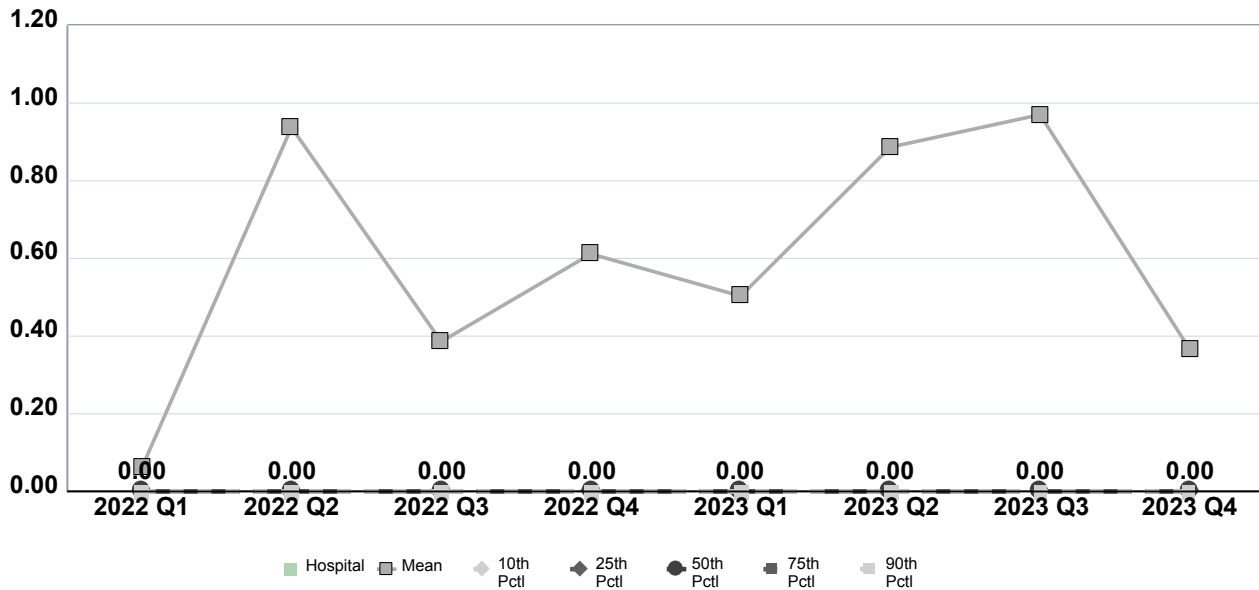
Carle Eureka Hospital

Compared by: Hospital Type

Peer Group: Critical Access Hospitals

Indicator: Catheter Associated Urinary Tract Infections

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.06	0.94	0.39	0.61	0.50	0.89	0.97	0.37	0.59
Standard Deviation	0.60	4.20	2.48	2.54	2.37	5.59	4.20	1.84	2.98
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
90th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
# Hospitals	98.00	97.00	93.00	95.00	102.00	101.00	102.00	101.00	98.63

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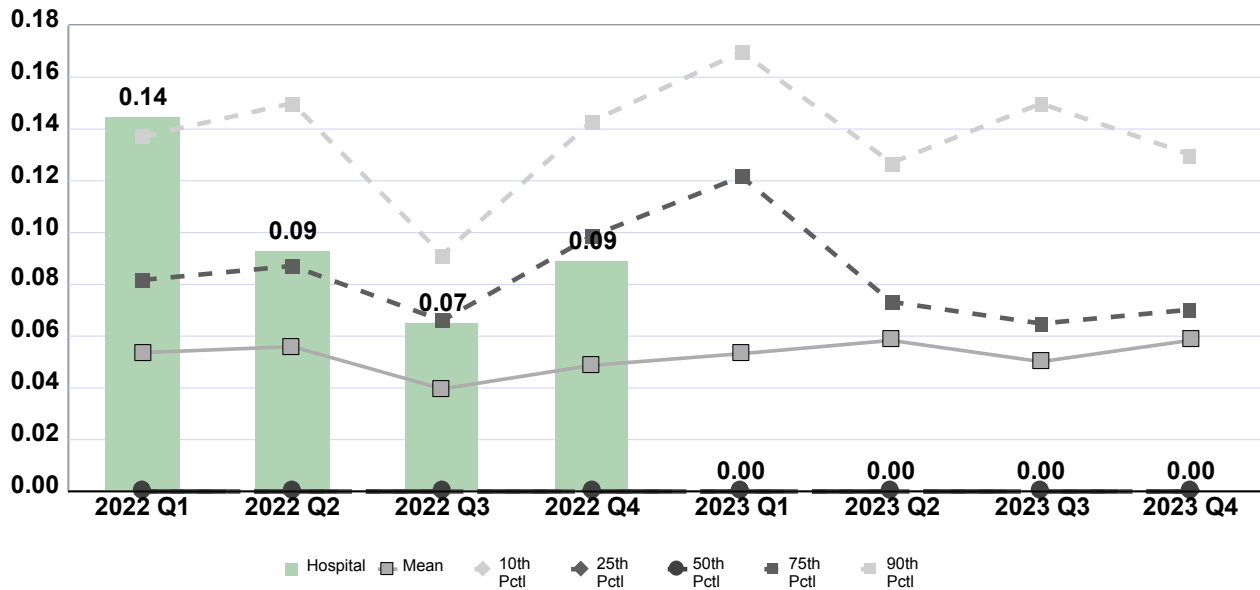
Carle Eureka Hospital

Compared by: Hospital Type

Peer Group: Critical Access Hospitals

Indicator: Assaults on Nursing Personnel

Measure: Total Assault on Nursing Personnel Rate (Lower Better)



Quarter	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Average
Hospital-Unadjusted Measure	0.14	0.09	0.07	0.09	0.00	0.00	0.00	0.00	0.05
Mean	0.05	0.06	0.04	0.05	0.05	0.06	0.05	0.06	0.05
Standard Deviation	0.11	0.09	0.08	0.06	0.08	0.14	0.09	0.15	0.10
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.08	0.09	0.07	0.10	0.12	0.07	0.06	0.07	0.08
90th Percentile	0.14	0.15	0.09	0.14	0.17	0.13	0.15	0.13	0.14
# Hospitals	34.00	35.00	35.00	35.00	36.00	37.00	37.00	36.00	35.63

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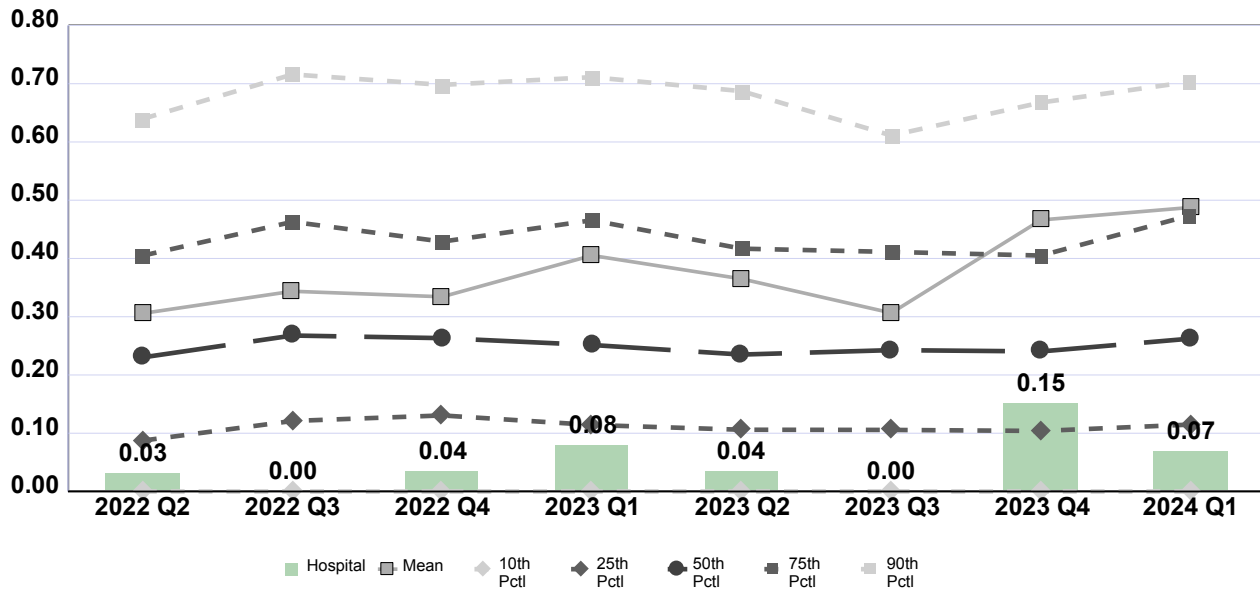
Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Indicator: Patient Falls - Ambulatory

Measure: Total Patient Falls Per 1,000 Patient Visits/Cases (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.03	0.00	0.04	0.08	0.04	0.00	0.15	0.07	0.05
Mean	0.31	0.34	0.33	0.41	0.36	0.31	0.47	0.49	0.38
Standard Deviation	0.40	0.42	0.37	1.61	0.92	0.33	4.12	3.77	1.49
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.09	0.12	0.13	0.11	0.11	0.11	0.10	0.11	0.11
50th Percentile (Median)	0.23	0.27	0.26	0.25	0.24	0.24	0.24	0.26	0.25
75th Percentile	0.40	0.46	0.43	0.47	0.42	0.41	0.41	0.47	0.43
90th Percentile	0.64	0.72	0.70	0.71	0.69	0.61	0.67	0.70	0.68
# Hospitals	590.00	596.00	597.00	617.00	630.00	634.00	638.00	620.00	615.25

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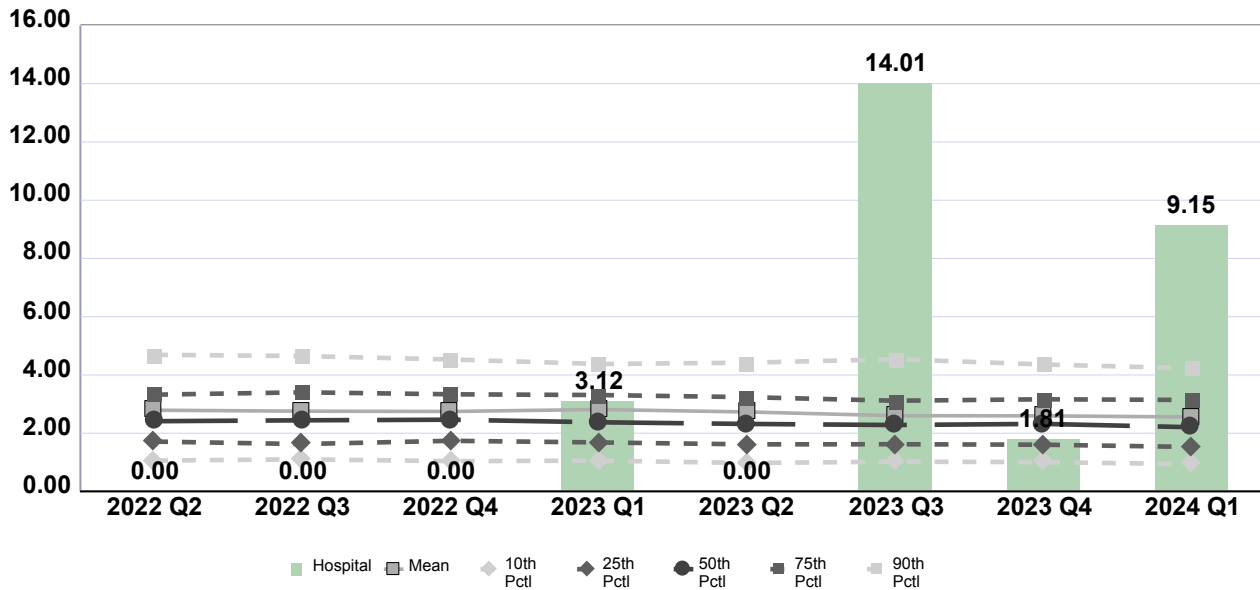
Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Indicator: Patient Falls

Measure: Total Patient Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	3.12	0.00	14.01	1.81	9.15	3.51
Mean	2.79	2.76	2.75	2.81	2.73	2.60	2.60	2.56	2.70
Standard Deviation	2.41	2.17	2.31	4.23	3.28	1.86	2.15	3.10	2.69
10th Percentile	1.06	1.10	1.04	1.06	0.98	1.02	1.01	0.94	1.03
25th Percentile	1.71	1.63	1.74	1.68	1.62	1.62	1.61	1.53	1.64
50th Percentile (Median)	2.41	2.44	2.46	2.38	2.32	2.28	2.32	2.21	2.35
75th Percentile	3.32	3.40	3.34	3.31	3.24	3.12	3.17	3.14	3.26
90th Percentile	4.69	4.65	4.53	4.38	4.42	4.54	4.36	4.23	4.48
# Hospitals	951.00	943.00	938.00	932.00	921.00	918.00	912.00	905.00	927.50

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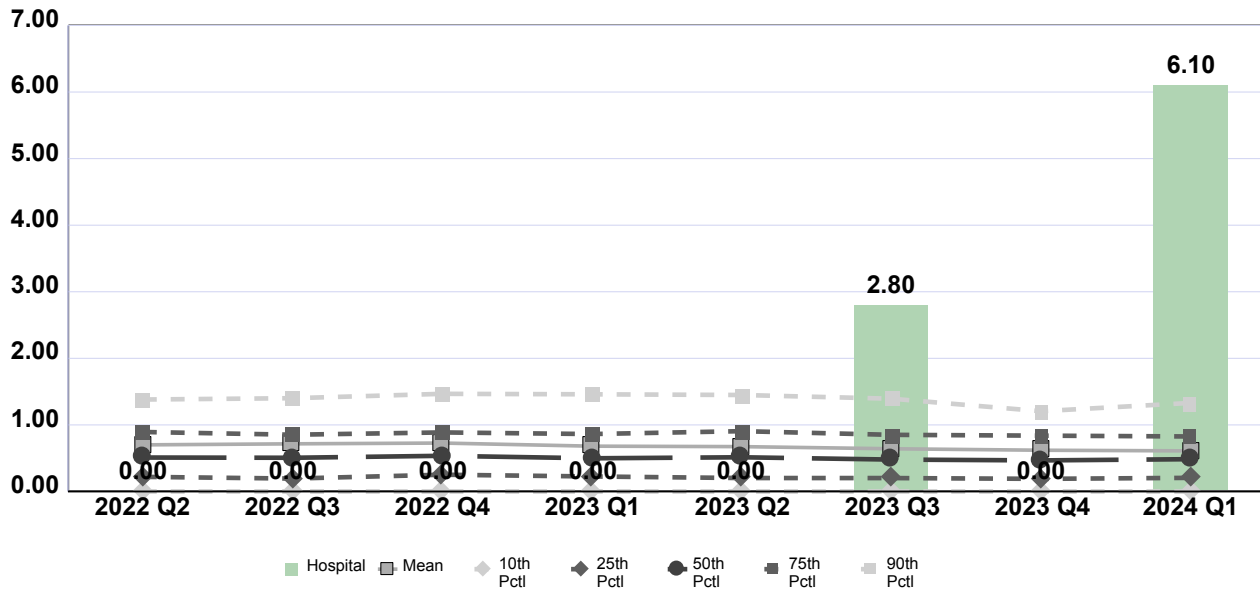
Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Indicator: Patient Falls

Measure: Injury Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	2.80	0.00	6.10	1.11
Mean	0.70	0.72	0.73	0.68	0.67	0.64	0.62	0.61	0.67
Standard Deviation	1.07	1.68	1.15	0.78	0.81	0.71	0.80	0.62	0.95
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.22	0.19	0.25	0.23	0.20	0.20	0.19	0.21	0.21
50th Percentile (Median)	0.51	0.51	0.54	0.50	0.51	0.48	0.47	0.48	0.50
75th Percentile	0.89	0.85	0.89	0.86	0.91	0.85	0.84	0.83	0.86
90th Percentile	1.38	1.40	1.47	1.46	1.45	1.39	1.21	1.33	1.39
# Hospitals	951.00	943.00	938.00	932.00	921.00	918.00	912.00	905.00	927.50

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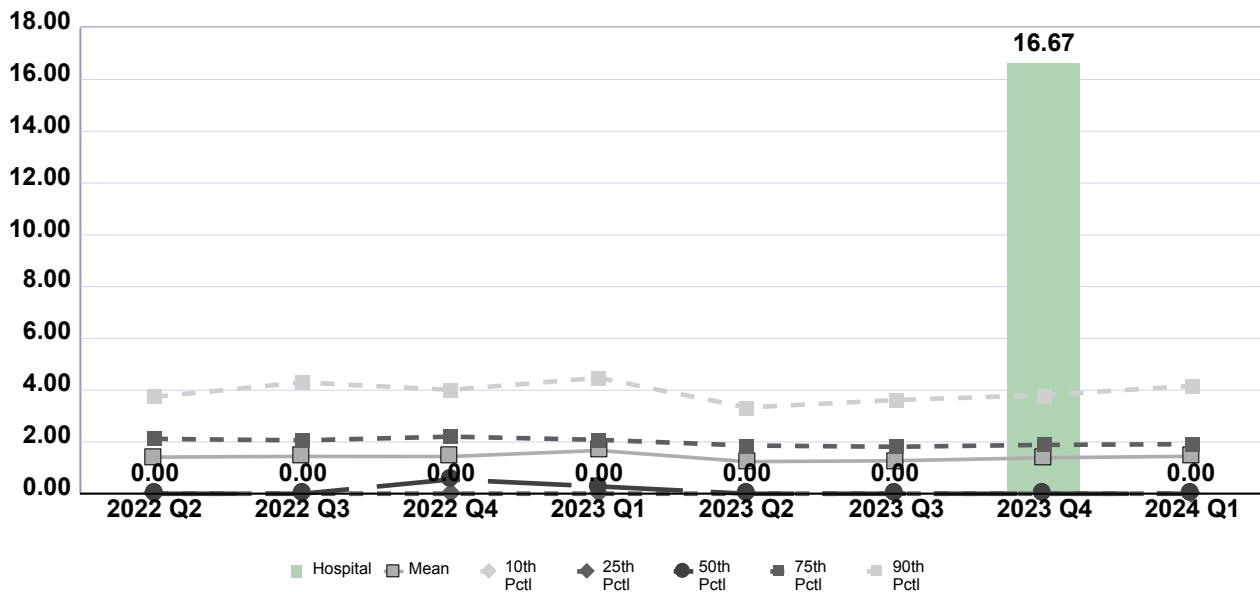
Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Indicator: Pressure Injuries

Measure: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	16.67	0.00	2.08
Mean	1.42	1.44	1.44	1.67	1.24	1.27	1.39	1.45	1.41
Standard Deviation	2.40	2.40	2.19	4.48	2.16	2.27	2.52	2.62	2.63
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.55	0.28	0.00	0.00	0.00	0.00	0.10
75th Percentile	2.12	2.06	2.21	2.08	1.86	1.81	1.89	1.91	1.99
90th Percentile	3.74	4.30	4.01	4.48	3.33	3.62	3.81	4.17	3.93
# Hospitals	822.00	811.00	810.00	823.00	805.00	796.00	793.00	804.00	808.00

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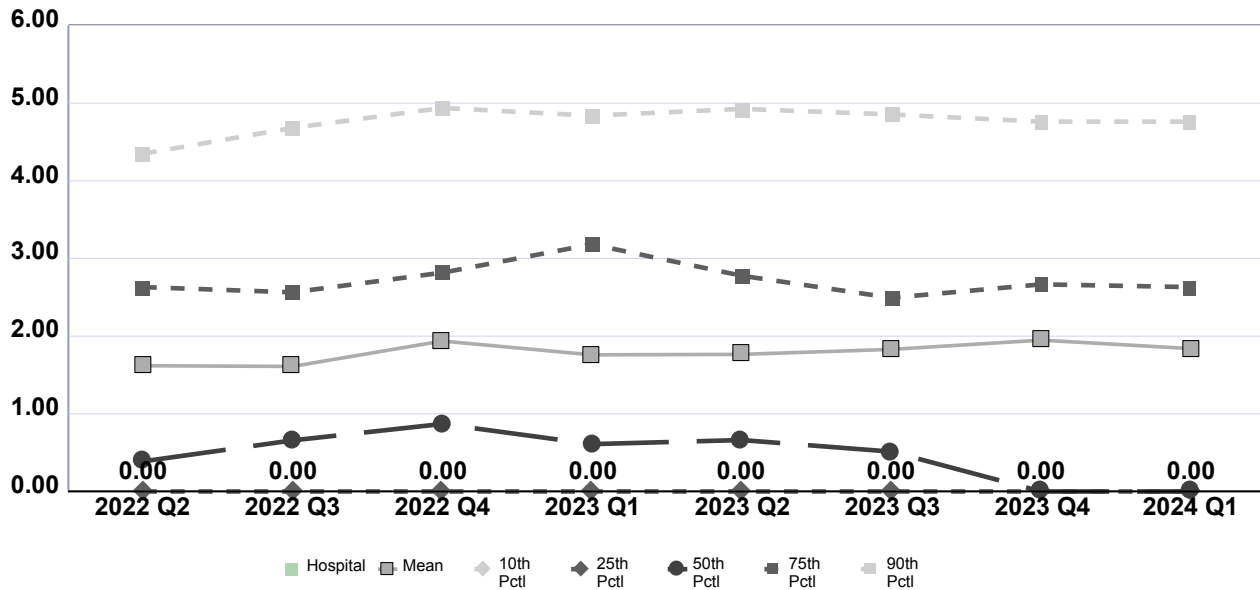
Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Indicator: Restraints

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



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	1.62	1.61	1.94	1.76	1.77	1.83	1.95	1.84	1.79
Standard Deviation	2.72	2.22	3.21	2.34	2.61	4.43	5.95	5.12	3.57
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.39	0.66	0.87	0.61	0.66	0.51	0.00	0.00	0.46
75th Percentile	2.63	2.56	2.82	3.18	2.78	2.49	2.67	2.63	2.72
90th Percentile	4.35	4.68	4.94	4.84	4.93	4.85	4.76	4.76	4.76
# Hospitals	641.00	631.00	619.00	633.00	613.00	608.00	607.00	611.00	620.38

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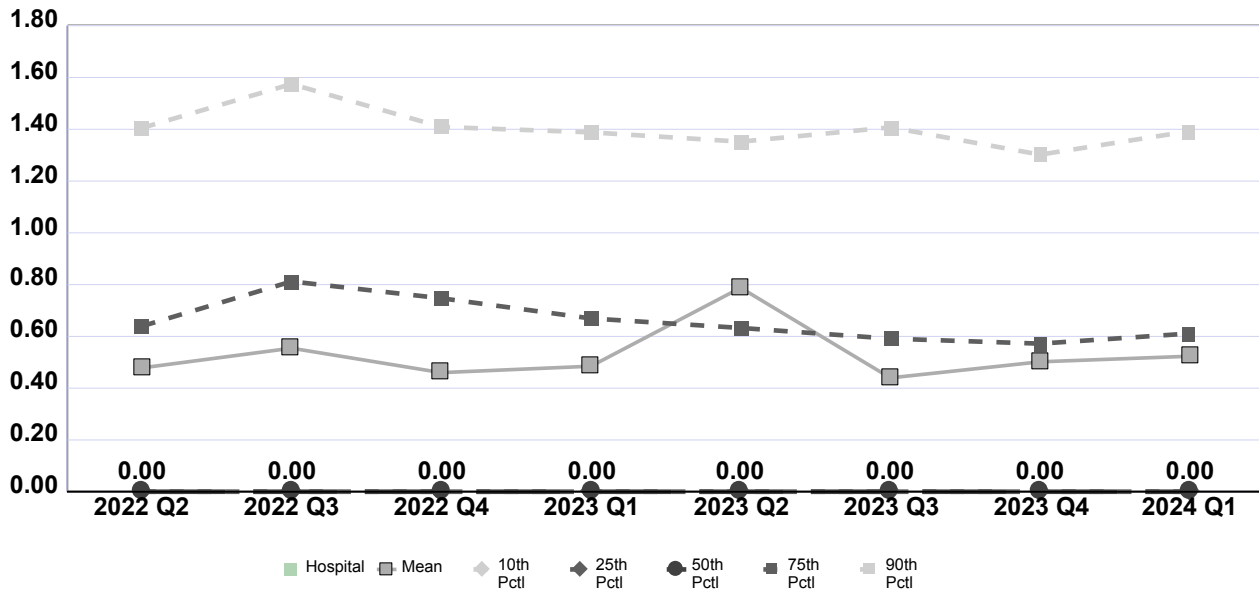
Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Indicator: Central Line Associated Blood Stream Infections

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.48	0.55	0.46	0.48	0.79	0.44	0.50	0.52	0.53
Standard Deviation	1.30	1.07	0.87	1.31	8.91	1.24	1.87	2.59	2.40
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.64	0.81	0.75	0.67	0.63	0.59	0.57	0.61	0.66
90th Percentile	1.40	1.57	1.41	1.39	1.35	1.41	1.30	1.39	1.40
# Hospitals	809.00	792.00	797.00	797.00	798.00	795.00	792.00	765.00	793.13

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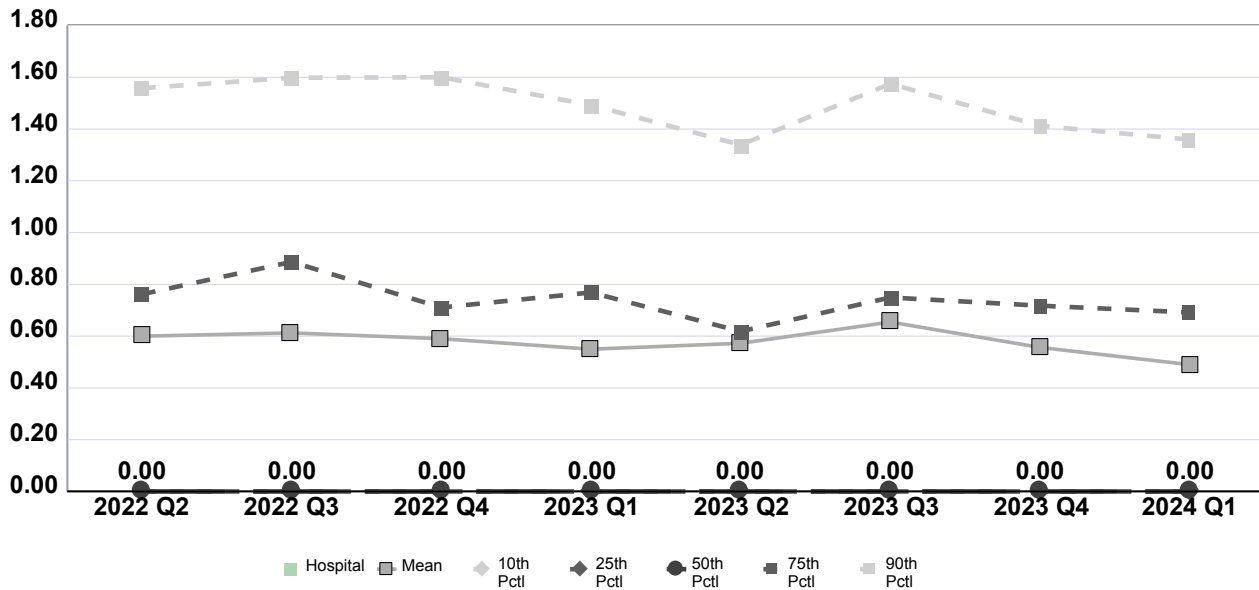
Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Indicator: Catheter Associated Urinary Tract Infections

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.60	0.61	0.59	0.55	0.57	0.65	0.56	0.49	0.58
Standard Deviation	1.71	1.36	1.43	1.24	2.28	1.96	1.37	1.10	1.56
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.76	0.89	0.71	0.77	0.62	0.75	0.72	0.69	0.74
90th Percentile	1.56	1.60	1.60	1.49	1.34	1.57	1.41	1.36	1.49
# Hospitals	811.00	793.00	801.00	804.00	805.00	802.00	797.00	790.00	800.38

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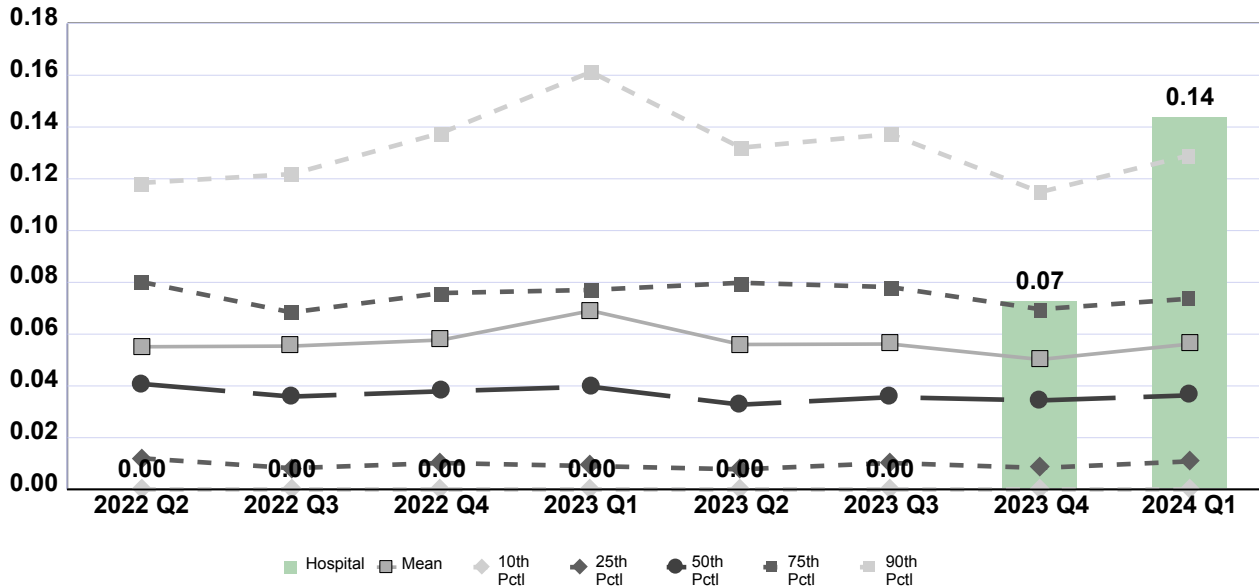
Carle Hoopston Regional Health Center

Compared by: Teaching Status

Peer Group: Non-Teaching Facilities

Indicator: Assaults on Nursing Personnel

Measure: Total Assault on Nursing Personnel Rate (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.14	0.03
Mean	0.06	0.06	0.06	0.07	0.06	0.06	0.05	0.06	0.06
Standard Deviation	0.06	0.08	0.07	0.12	0.08	0.07	0.07	0.07	0.08
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
50th Percentile (Median)	0.04	0.04	0.04	0.04	0.03	0.04	0.03	0.04	0.04
75th Percentile	0.08	0.07	0.08	0.08	0.08	0.08	0.07	0.07	0.08
90th Percentile	0.12	0.12	0.14	0.16	0.13	0.14	0.11	0.13	0.13
# Hospitals	252.00	256.00	255.00	260.00	271.00	263.00	273.00	273.00	262.88

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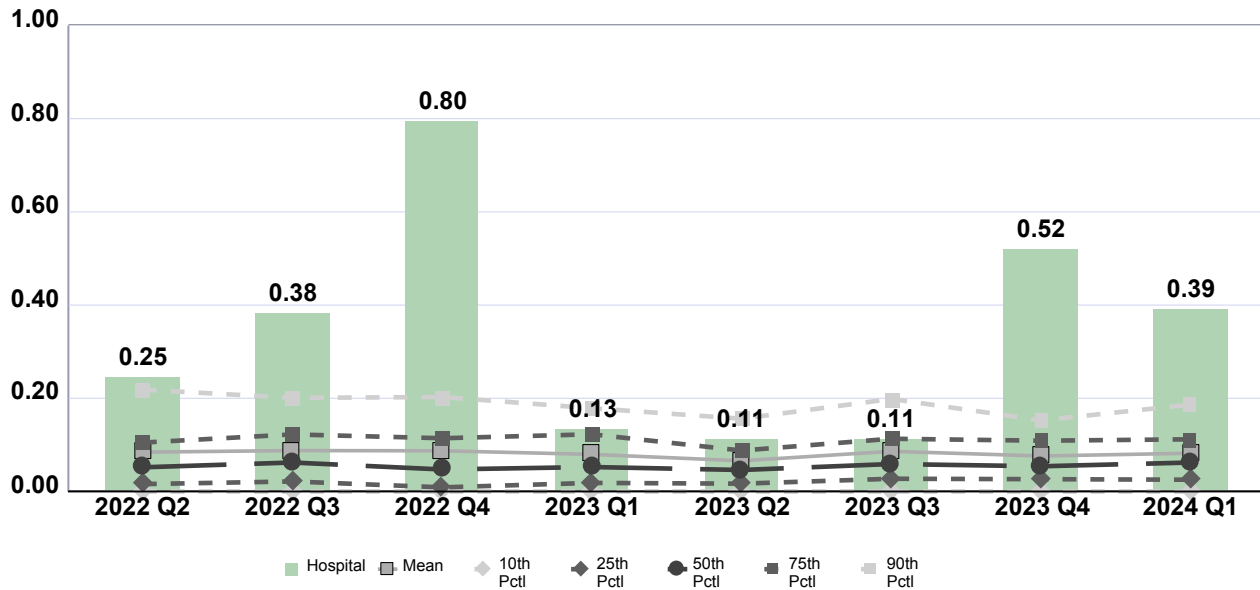
Carle Health Methodist Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size 200 - 299**

Indicator: **Patient Falls - Ambulatory**

Measure: **Injury Falls Per 1,000 Patient Visits/Cases (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.25	0.38	0.80	0.13	0.11	0.11	0.52	0.39	0.34
Mean	0.08	0.09	0.09	0.08	0.07	0.09	0.08	0.08	0.08
Standard Deviation	0.12	0.11	0.13	0.08	0.08	0.10	0.08	0.09	0.10
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.02	0.02	0.01	0.02	0.02	0.03	0.03	0.03	0.02
50th Percentile (Median)	0.05	0.06	0.05	0.05	0.05	0.06	0.05	0.06	0.05
75th Percentile	0.10	0.12	0.11	0.12	0.09	0.11	0.11	0.11	0.11
90th Percentile	0.22	0.20	0.20	0.18	0.16	0.20	0.15	0.19	0.19
# Hospitals	215.00	219.00	217.00	217.00	215.00	216.00	212.00	210.00	215.13

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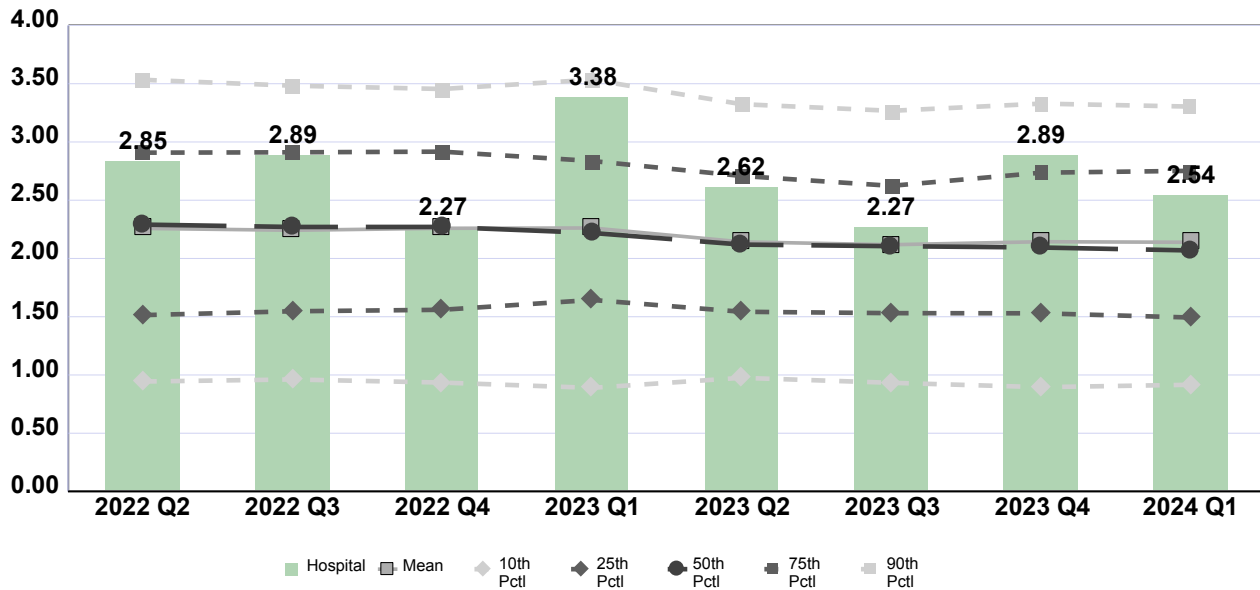
Carle Health Methodist Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size 200 - 299**

Indicator: **Patient Falls**

Measure: **Total Patient Falls Per 1,000 Patient Days (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	2.85	2.89	2.27	3.38	2.62	2.27	2.89	2.54	2.71
Mean	2.26	2.24	2.26	2.26	2.14	2.12	2.14	2.14	2.20
Standard Deviation	1.01	0.99	1.02	0.97	0.93	0.91	0.92	0.96	0.97
10th Percentile	0.94	0.96	0.93	0.89	0.98	0.93	0.90	0.92	0.93
25th Percentile	1.51	1.55	1.56	1.64	1.54	1.53	1.53	1.49	1.55
50th Percentile (Median)	2.29	2.27	2.27	2.22	2.12	2.11	2.09	2.07	2.18
75th Percentile	2.91	2.91	2.92	2.84	2.71	2.62	2.74	2.75	2.80
90th Percentile	3.53	3.48	3.45	3.53	3.32	3.27	3.33	3.30	3.40
# Hospitals	316.00	313.00	316.00	311.00	302.00	300.00	292.00	291.00	305.13

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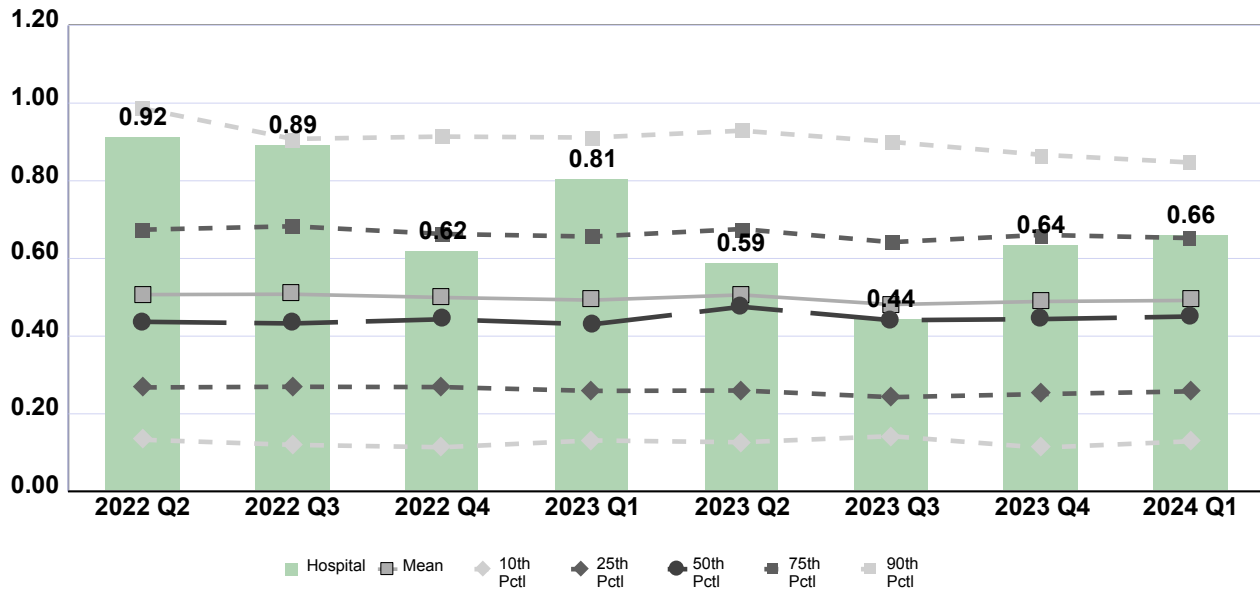
Carle Health Methodist Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size 200 - 299**

Indicator: **Patient Falls**

Measure: **Injury Falls Per 1,000 Patient Days (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.92	0.89	0.62	0.81	0.59	0.44	0.64	0.66	0.70
Mean	0.51	0.51	0.50	0.49	0.51	0.48	0.49	0.49	0.50
Standard Deviation	0.34	0.35	0.35	0.33	0.34	0.31	0.31	0.32	0.33
10th Percentile	0.13	0.12	0.11	0.13	0.13	0.14	0.11	0.13	0.13
25th Percentile	0.27	0.27	0.27	0.26	0.26	0.24	0.25	0.26	0.26
50th Percentile (Median)	0.44	0.43	0.44	0.43	0.48	0.44	0.44	0.45	0.44
75th Percentile	0.67	0.68	0.66	0.66	0.68	0.64	0.66	0.65	0.66
90th Percentile	0.99	0.91	0.91	0.91	0.93	0.90	0.87	0.85	0.91
# Hospitals	316.00	313.00	316.00	311.00	302.00	300.00	292.00	291.00	305.13

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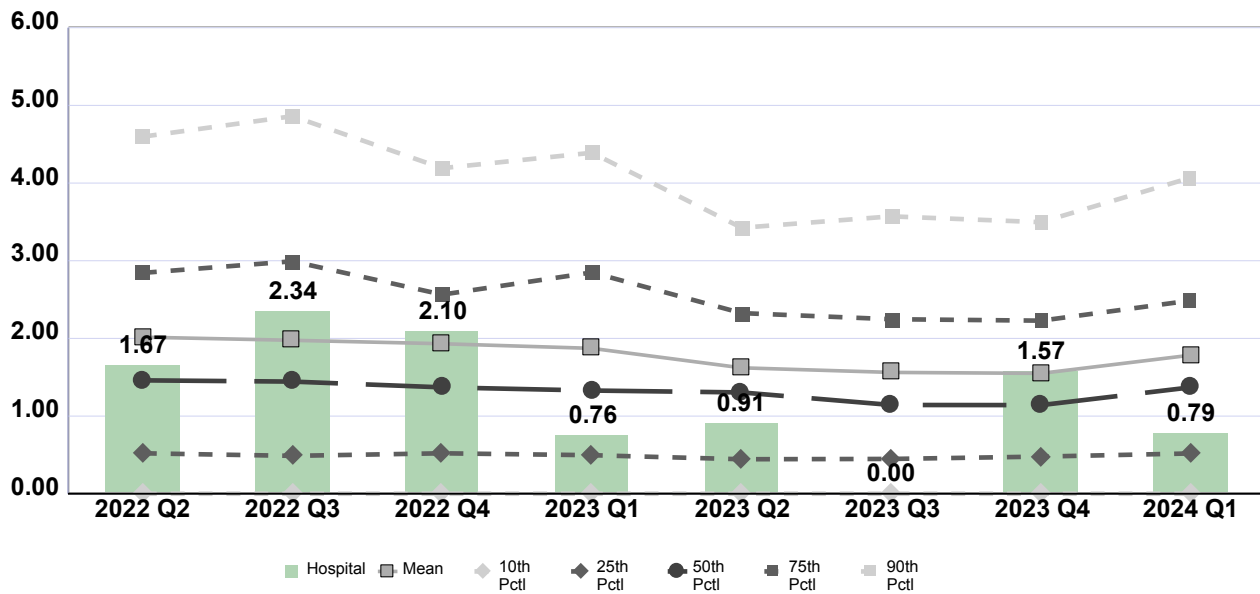
Carle Health Methodist Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size 200 - 299**

Indicator: **Pressure Injuries**

Measure: **Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	1.67	2.34	2.10	0.76	0.91	0.00	1.57	0.79	1.27
Mean	2.02	1.98	1.93	1.87	1.62	1.56	1.55	1.78	1.79
Standard Deviation	2.18	2.04	2.78	1.91	1.62	1.71	1.55	1.82	1.95
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.52	0.49	0.52	0.50	0.44	0.45	0.48	0.52	0.49
50th Percentile (Median)	1.46	1.44	1.37	1.33	1.30	1.14	1.14	1.37	1.32
75th Percentile	2.84	2.99	2.56	2.85	2.33	2.25	2.23	2.49	2.57
90th Percentile	4.60	4.86	4.19	4.39	3.42	3.57	3.50	4.07	4.08
# Hospitals	291.00	288.00	295.00	292.00	285.00	285.00	276.00	275.00	285.88

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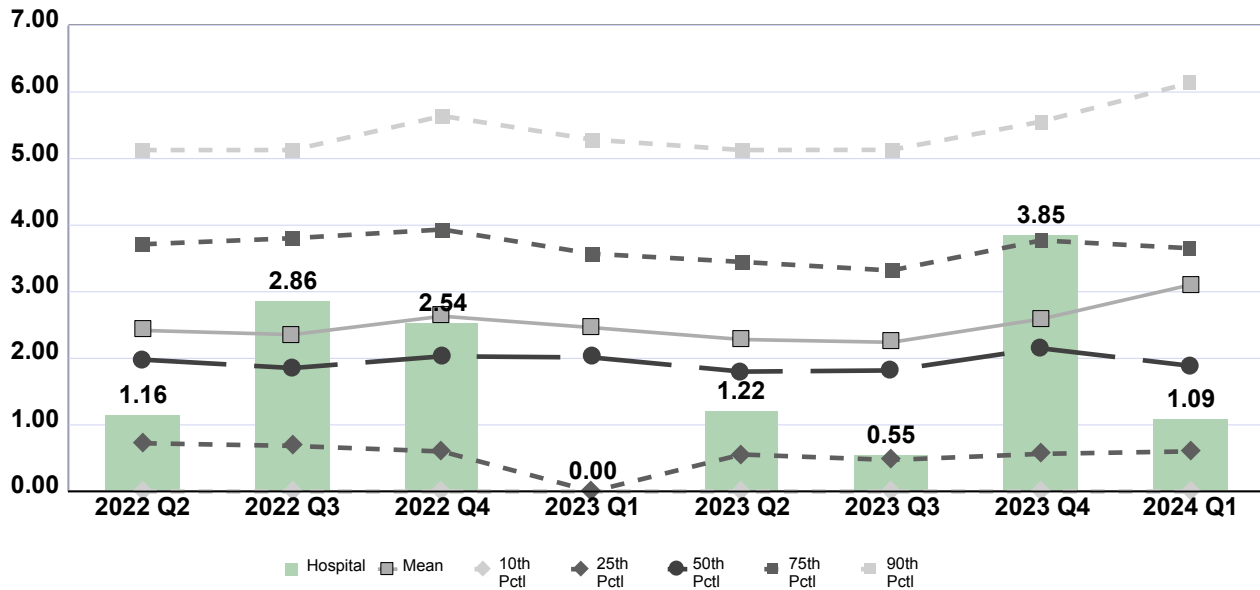
Carle Health Methodist Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size 200 - 299**

Indicator: **Restraints**

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



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	1.16	2.86	2.54	0.00	1.22	0.55	3.85	1.09	1.66
Mean	2.42	2.36	2.63	2.46	2.28	2.24	2.59	3.10	2.51
Standard Deviation	2.14	2.16	2.91	2.78	2.31	2.30	2.71	7.87	3.15
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.72	0.68	0.60	0.00	0.56	0.47	0.56	0.60	0.53
50th Percentile (Median)	1.98	1.85	2.03	2.01	1.80	1.82	2.15	1.89	1.94
75th Percentile	3.71	3.80	3.94	3.57	3.45	3.32	3.77	3.65	3.65
90th Percentile	5.13	5.13	5.64	5.29	5.13	5.13	5.56	6.14	5.39
# Hospitals	227.00	234.00	236.00	233.00	226.00	223.00	217.00	215.00	226.38

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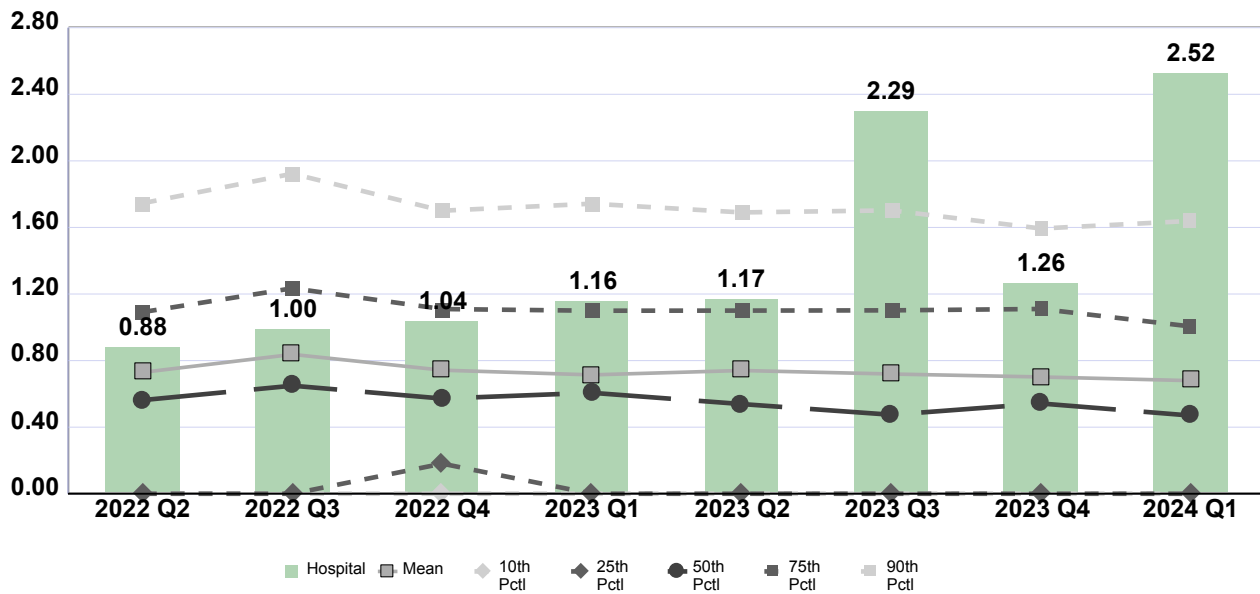
Carle Health Methodist Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size 200 - 299**

Indicator: **Central Line Associated Blood Stream Infections**

Measure: **Central Line Associated Blood Stream Infections per 1000 Central Line Days (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.88	1.00	1.04	1.16	1.17	2.29	1.26	2.52	1.42
Mean	0.73	0.84	0.74	0.71	0.74	0.72	0.70	0.68	0.73
Standard Deviation	0.70	0.91	0.78	0.73	0.78	0.81	0.67	0.77	0.77
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.18	0.00	0.00	0.00	0.00	0.00	0.02
50th Percentile (Median)	0.56	0.65	0.57	0.61	0.54	0.47	0.54	0.47	0.55
75th Percentile	1.09	1.23	1.11	1.10	1.10	1.10	1.11	1.01	1.11
90th Percentile	1.75	1.92	1.70	1.74	1.69	1.70	1.59	1.64	1.72
# Hospitals	277.00	274.00	275.00	267.00	265.00	261.00	259.00	250.00	266.00

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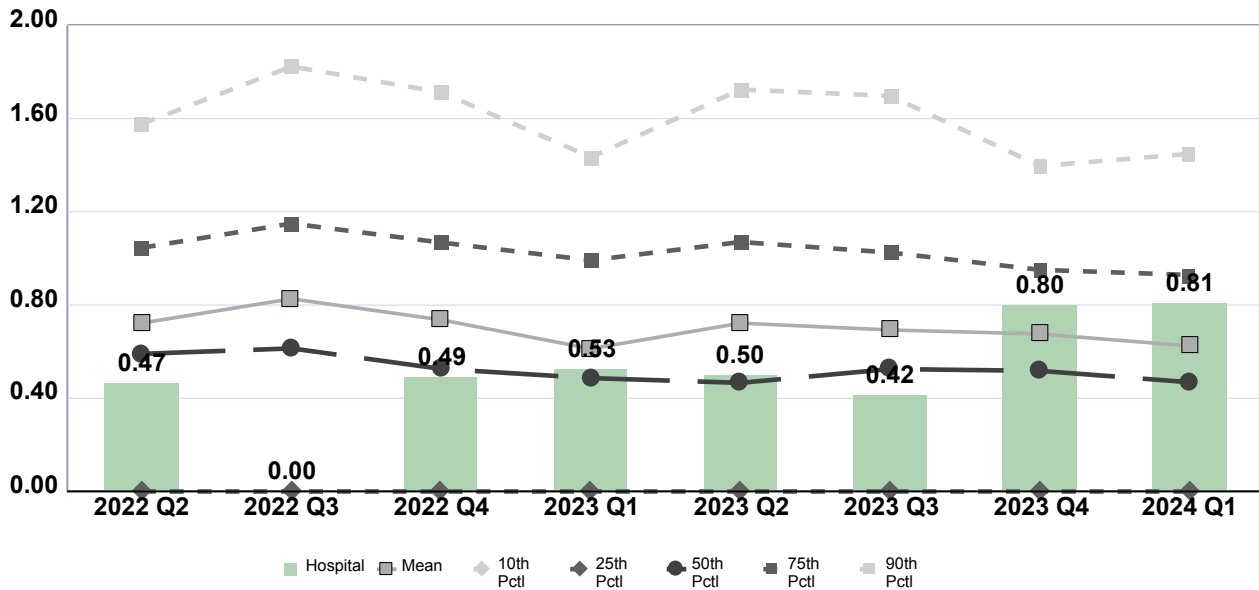
Carle Health Methodist Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size 200 - 299**

Indicator: **Catheter Associated Urinary Tract Infections**

Measure: **Catheter Associated Urinary Tract Infections per 1000 Catheter Days (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.47	0.00	0.49	0.53	0.50	0.42	0.80	0.81	0.50
Mean	0.72	0.83	0.74	0.61	0.72	0.69	0.68	0.62	0.70
Standard Deviation	0.76	0.90	0.83	0.59	0.87	0.76	0.93	0.72	0.79
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.59	0.61	0.53	0.49	0.47	0.53	0.52	0.47	0.52
75th Percentile	1.05	1.15	1.07	0.99	1.07	1.03	0.95	0.93	1.03
90th Percentile	1.58	1.82	1.71	1.43	1.73	1.70	1.40	1.45	1.60
# Hospitals	279.00	275.00	277.00	268.00	266.00	263.00	260.00	255.00	267.88

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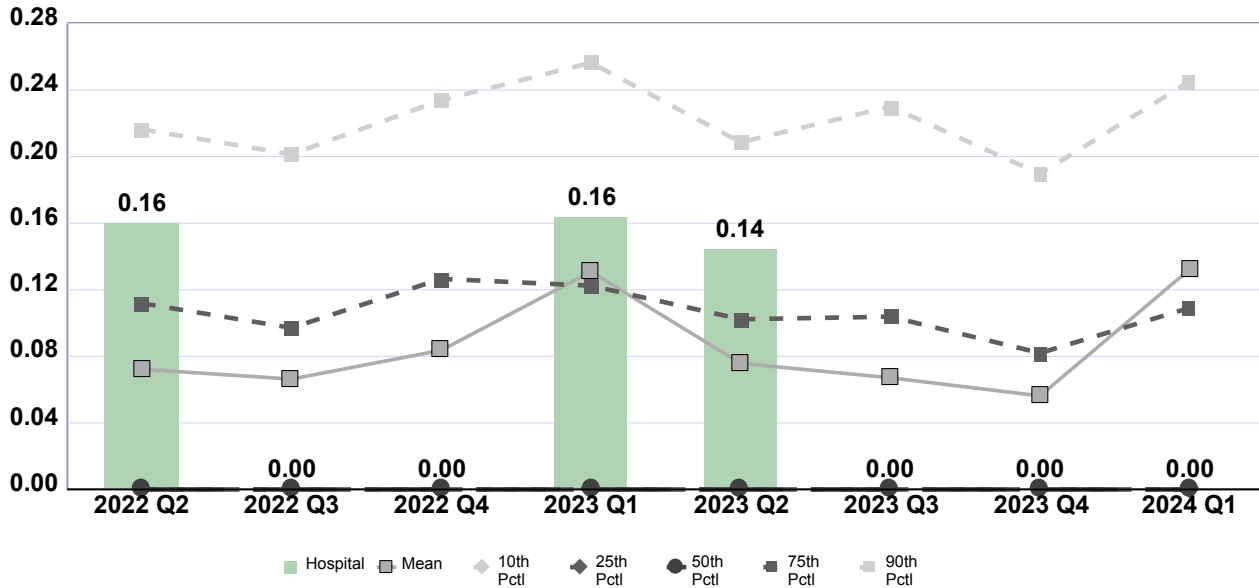
Carle Health Pekin Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size < 100**

Indicator: **Patient Falls - Ambulatory**

Measure: **Injury Falls Per 1,000 Patient Visits/Cases (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.16	0.00	0.00	0.16	0.14	0.00	0.00	0.00	0.06
Mean	0.07	0.07	0.08	0.13	0.08	0.07	0.06	0.13	0.09
Standard Deviation	0.13	0.12	0.15	0.93	0.16	0.12	0.10	0.98	0.34
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.11	0.10	0.13	0.12	0.10	0.10	0.08	0.11	0.11
90th Percentile	0.22	0.20	0.23	0.26	0.21	0.23	0.19	0.25	0.22
# Hospitals	339.00	345.00	341.00	353.00	356.00	364.00	371.00	353.00	352.75

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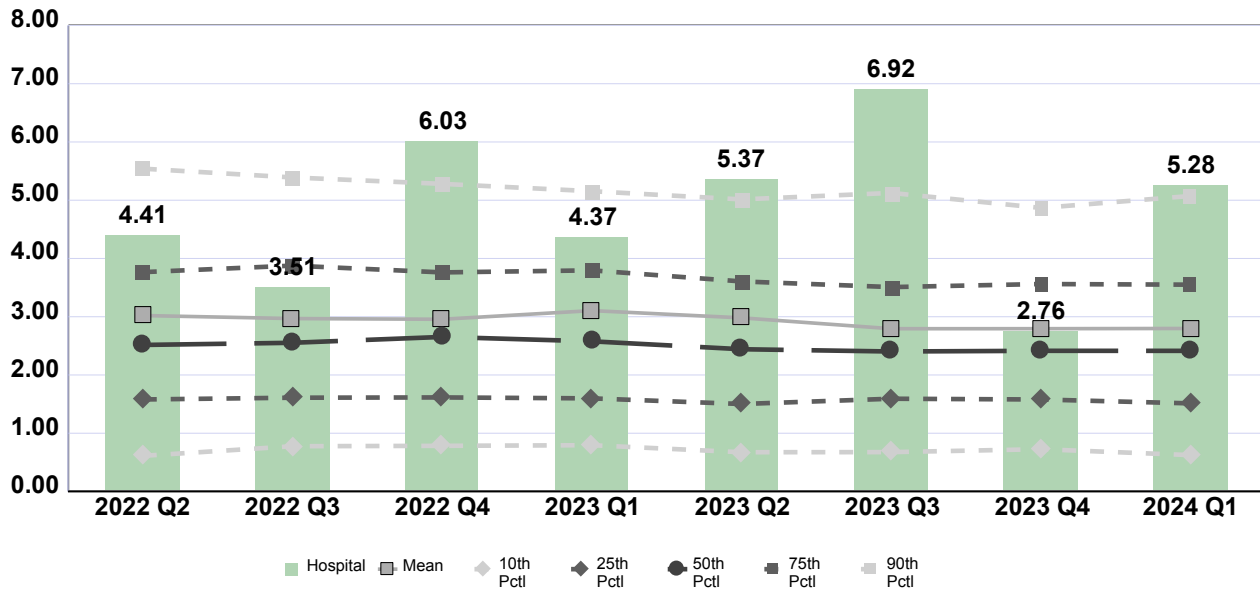
Carle Health Pekin Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size < 100**

Indicator: **Patient Falls**

Measure: **Total Patient Falls Per 1,000 Patient Days (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	4.41	3.51	6.03	4.37	5.37	6.92	2.76	5.28	4.83
Mean	3.02	2.97	2.96	3.11	2.98	2.79	2.79	2.80	2.93
Standard Deviation	2.97	2.63	2.84	5.28	4.06	2.23	2.60	3.81	3.30
10th Percentile	0.61	0.78	0.78	0.79	0.67	0.68	0.73	0.62	0.71
25th Percentile	1.58	1.61	1.61	1.60	1.50	1.59	1.58	1.51	1.57
50th Percentile (Median)	2.52	2.55	2.65	2.58	2.44	2.40	2.41	2.41	2.50
75th Percentile	3.77	3.88	3.76	3.80	3.61	3.51	3.56	3.55	3.68
90th Percentile	5.54	5.39	5.28	5.15	5.01	5.13	4.87	5.07	5.18
# Hospitals	600.00	599.00	597.00	590.00	579.00	582.00	589.00	577.00	589.13

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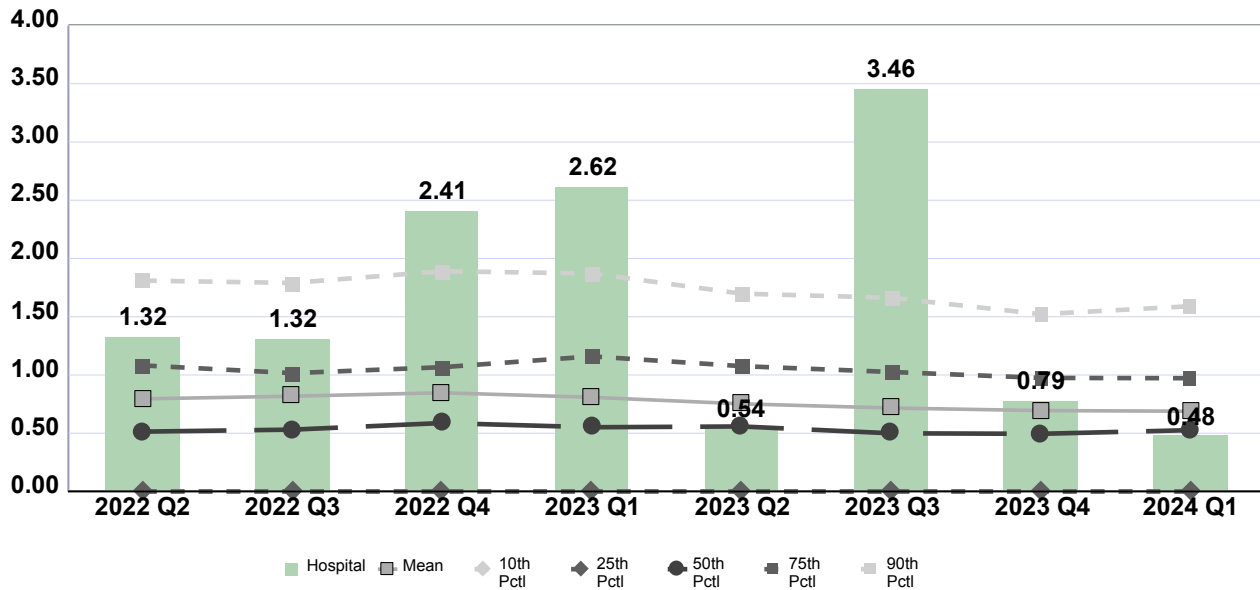
Carle Health Pekin Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size < 100**

Indicator: **Patient Falls**

Measure: **Injury Falls Per 1,000 Patient Days (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	1.32	1.32	2.41	2.62	0.54	3.46	0.79	0.48	1.62
Mean	0.79	0.82	0.85	0.81	0.75	0.72	0.69	0.69	0.77
Standard Deviation	1.34	2.09	1.46	0.98	1.00	0.86	0.99	0.75	1.18
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.51	0.53	0.59	0.55	0.56	0.50	0.50	0.53	0.53
75th Percentile	1.08	1.02	1.07	1.16	1.08	1.03	0.97	0.97	1.05
90th Percentile	1.81	1.79	1.89	1.87	1.70	1.66	1.52	1.59	1.73
# Hospitals	600.00	599.00	597.00	590.00	579.00	582.00	589.00	577.00	589.13

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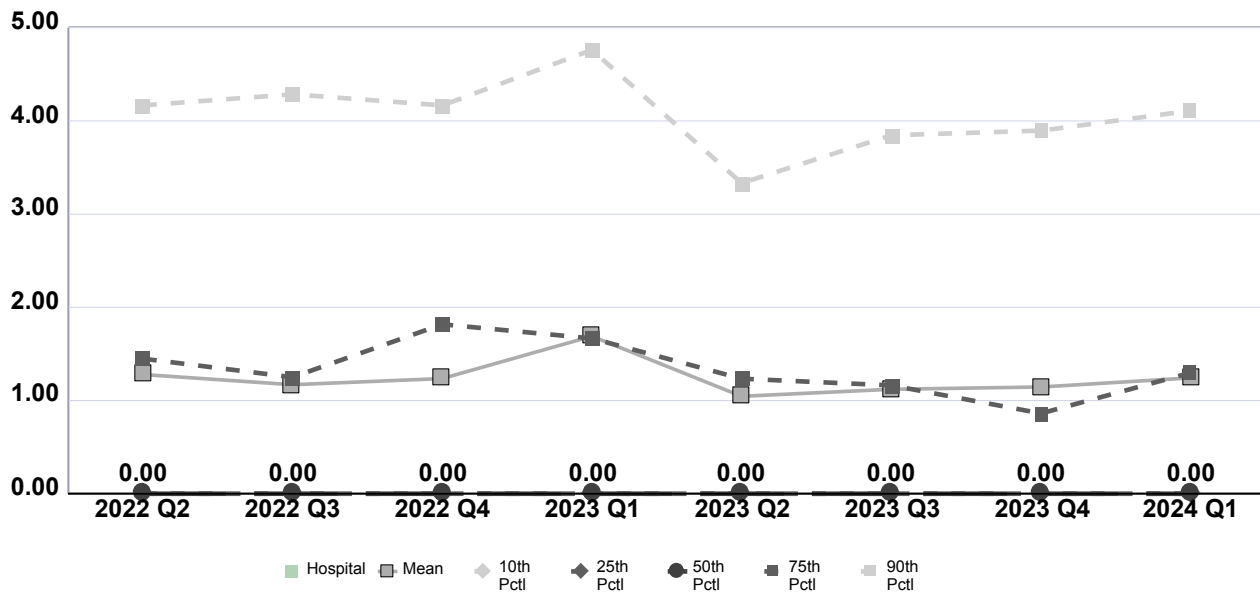
Carle Health Pekin Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size < 100**

Indicator: **Pressure Injuries**

Measure: **Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	1.28	1.17	1.24	1.69	1.05	1.12	1.15	1.24	1.24
Standard Deviation	2.93	2.78	2.50	5.76	2.50	2.59	3.02	3.04	3.14
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	1.45	1.25	1.82	1.67	1.23	1.16	0.86	1.30	1.34
90th Percentile	4.17	4.29	4.17	4.76	3.33	3.85	3.90	4.11	4.07
# Hospitals	497.00	475.00	485.00	494.00	479.00	482.00	482.00	491.00	485.63

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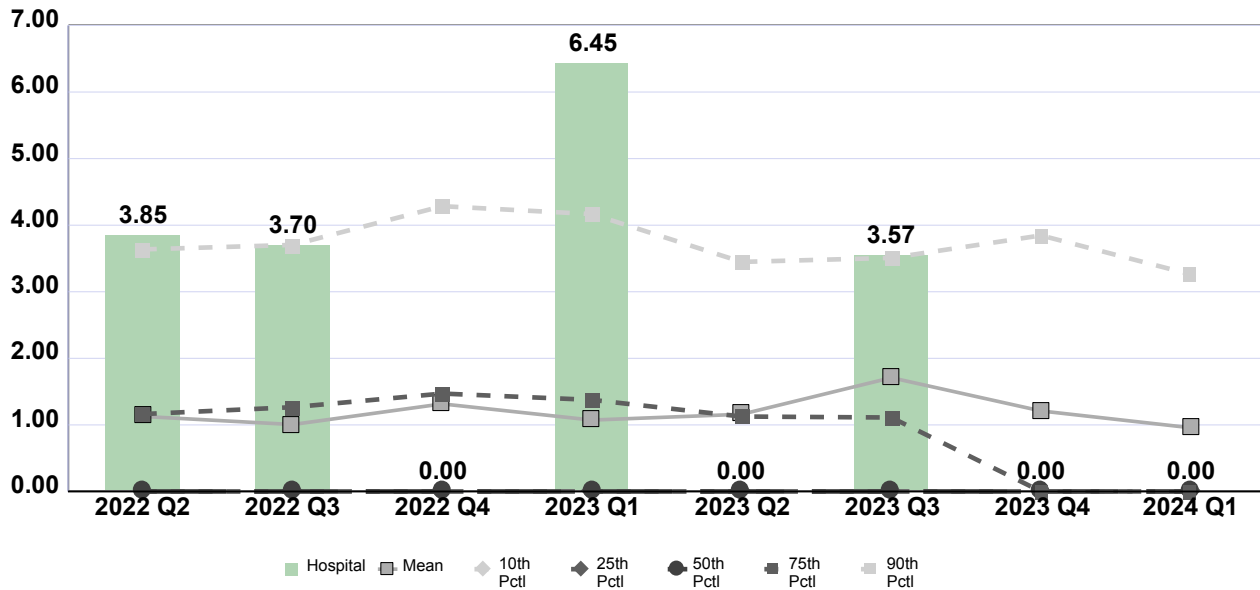
Carle Health Pekin Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size < 100**

Indicator: **Restraints**

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



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	3.85	3.70	0.00	6.45	0.00	3.57	0.00	0.00	2.20
Mean	1.13	1.01	1.32	1.07	1.16	1.71	1.21	0.96	1.19
Standard Deviation	3.04	2.13	3.30	2.27	3.24	7.42	5.18	2.92	3.69
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	1.16	1.27	1.47	1.38	1.13	1.11	0.00	0.00	0.94
90th Percentile	3.64	3.70	4.29	4.17	3.45	3.51	3.85	3.26	3.73
# Hospitals	395.00	373.00	373.00	384.00	372.00	373.00	385.00	387.00	380.25

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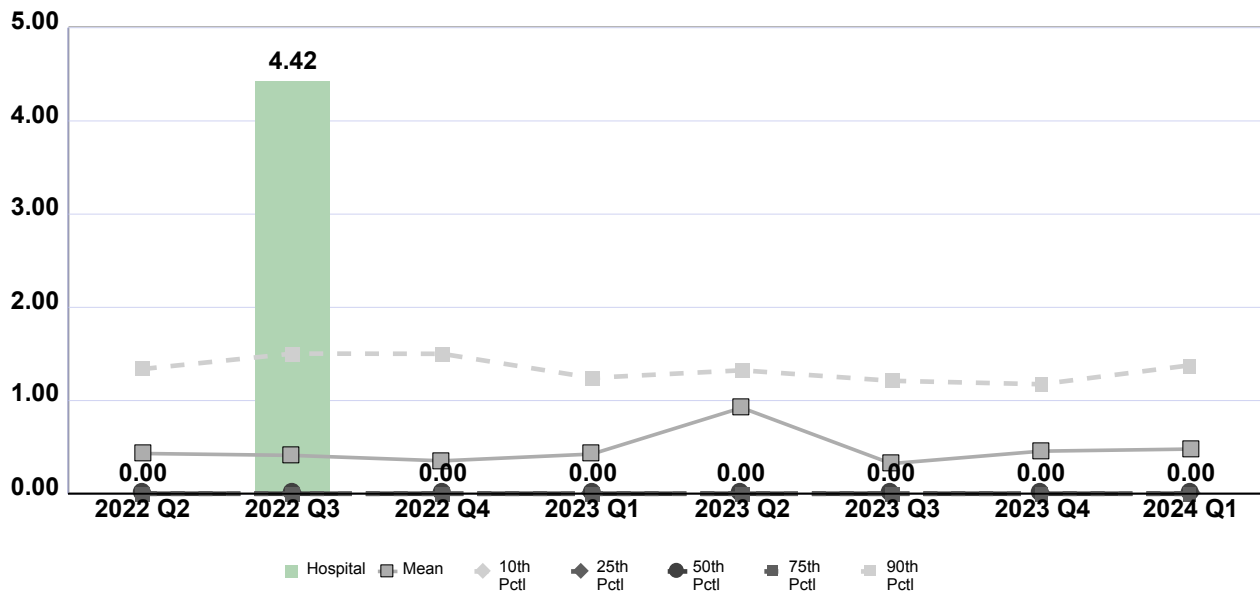
Carle Health Pekin Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size < 100**

Indicator: **Central Line Associated Blood Stream Infections**

Measure: **Central Line Associated Blood Stream Infections per 1000 Central Line Days (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	4.42	0.00	0.00	0.00	0.00	0.00	0.00	0.55
Mean	0.43	0.41	0.35	0.43	0.92	0.32	0.46	0.48	0.48
Standard Deviation	1.74	1.29	1.09	1.67	11.34	1.49	2.33	3.27	3.03
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
90th Percentile	1.34	1.50	1.50	1.24	1.32	1.21	1.18	1.38	1.33
# Hospitals	499.00	491.00	497.00	499.00	493.00	495.00	497.00	468.00	492.38

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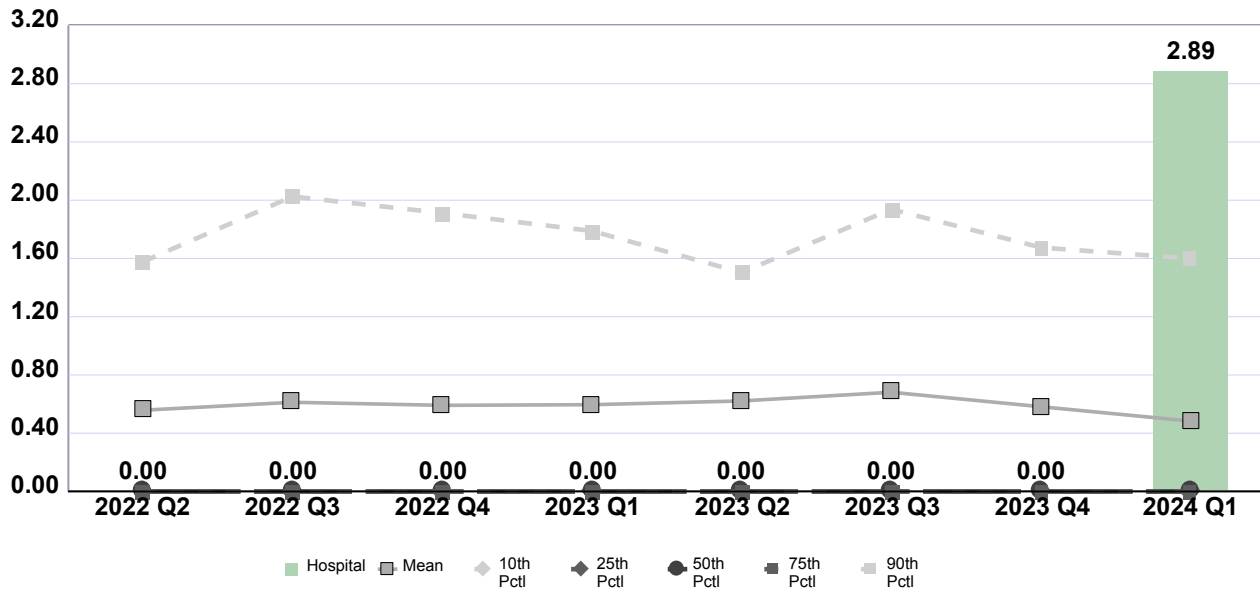
Carle Health Pekin Hospital

Compared by: **Bed Size**

Peer Group: **Bed Size < 100**

Indicator: **Catheter Associated Urinary Tract Infections**

Measure: **Catheter Associated Urinary Tract Infections per 1000 Catheter Days (Lower Better)**



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.89	0.36
Mean	0.56	0.61	0.59	0.60	0.62	0.68	0.58	0.48	0.59
Standard Deviation	2.15	1.78	1.85	1.75	2.92	2.47	1.79	1.47	2.02
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
90th Percentile	1.58	2.03	1.91	1.79	1.50	1.94	1.68	1.60	1.75
# Hospitals	502.00	495.00	503.00	507.00	506.00	506.00	506.00	491.00	502.00

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

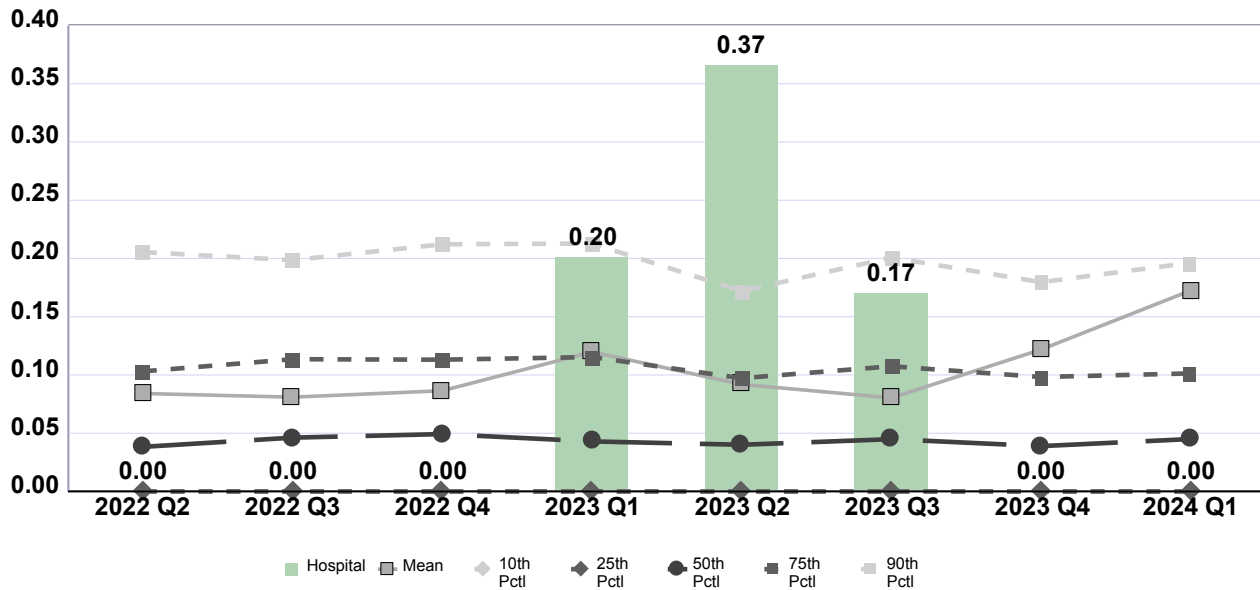
Carle Health Proctor Hospital

Compared by: All U.S. Facilities

Peer Group: All U.S. Facilities

Indicator: Patient Falls - Ambulatory

Measure: Injury Falls Per 1,000 Patient Visits/Cases (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.20	0.37	0.17	0.00	0.00	0.09
Mean	0.08	0.08	0.09	0.12	0.09	0.08	0.12	0.17	0.10
Standard Deviation	0.21	0.12	0.14	0.97	0.56	0.14	1.77	2.75	0.83
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.04	0.05	0.05	0.04	0.04	0.04	0.04	0.05	0.04
75th Percentile	0.10	0.11	0.11	0.12	0.10	0.11	0.10	0.10	0.11
90th Percentile	0.21	0.20	0.21	0.21	0.17	0.20	0.18	0.20	0.20
# Hospitals	1,185.00	1,211.00	1,208.00	1,245.00	1,243.00	1,250.00	1,249.00	1,208.00	1,224.88

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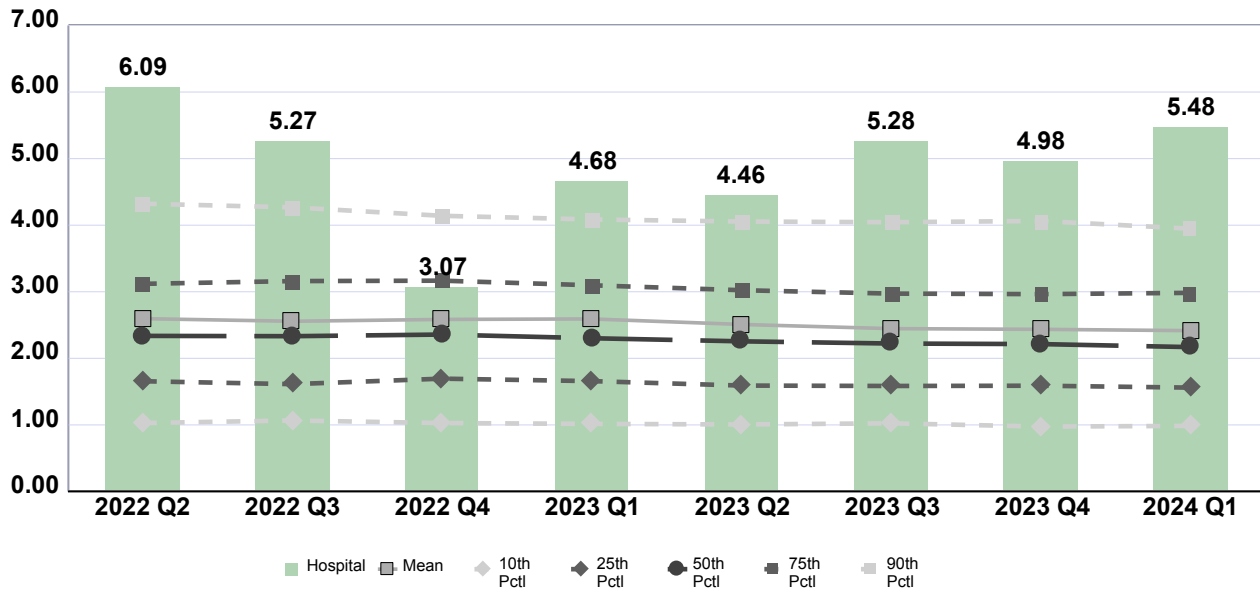
Carle Health Proctor Hospital

Compared by: All U.S. Facilities

Peer Group: All U.S. Facilities

Indicator: Patient Falls

Measure: Total Patient Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	6.09	5.27	3.07	4.68	4.46	5.28	4.98	5.48	4.91
Mean	2.60	2.56	2.58	2.59	2.51	2.45	2.44	2.42	2.52
Standard Deviation	1.94	1.77	1.89	3.16	2.48	1.55	1.73	2.38	2.11
10th Percentile	1.03	1.07	1.03	1.02	1.01	1.02	0.98	0.99	1.02
25th Percentile	1.66	1.61	1.69	1.66	1.59	1.58	1.59	1.56	1.62
50th Percentile (Median)	2.34	2.33	2.36	2.30	2.26	2.22	2.21	2.17	2.27
75th Percentile	3.12	3.16	3.17	3.10	3.02	2.97	2.96	2.98	3.06
90th Percentile	4.32	4.27	4.14	4.09	4.06	4.04	4.06	3.95	4.12
# Hospitals	1,807.00	1,805.00	1,802.00	1,796.00	1,778.00	1,779.00	1,767.00	1,728.00	1,782.75

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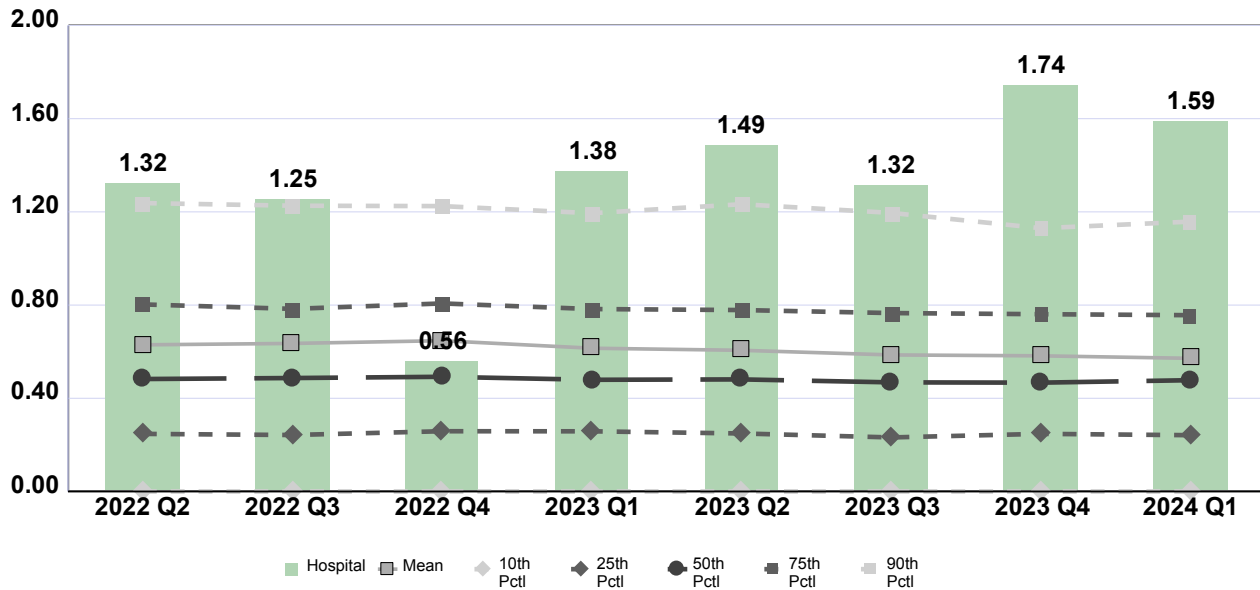
Carle Health Proctor Hospital

Compared by: All U.S. Facilities

Peer Group: All U.S. Facilities

Indicator: Patient Falls

Measure: Injury Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	1.32	1.25	0.56	1.38	1.49	1.32	1.74	1.59	1.33
Mean	0.63	0.64	0.65	0.61	0.61	0.59	0.58	0.57	0.61
Standard Deviation	0.85	1.25	0.91	0.65	0.66	0.58	0.64	0.52	0.76
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.25	0.24	0.26	0.26	0.25	0.23	0.25	0.24	0.25
50th Percentile (Median)	0.48	0.49	0.49	0.48	0.48	0.47	0.47	0.48	0.48
75th Percentile	0.80	0.78	0.81	0.78	0.78	0.77	0.76	0.76	0.78
90th Percentile	1.24	1.23	1.22	1.19	1.23	1.20	1.13	1.16	1.20
# Hospitals	1,807.00	1,805.00	1,802.00	1,796.00	1,778.00	1,779.00	1,767.00	1,728.00	1,782.75

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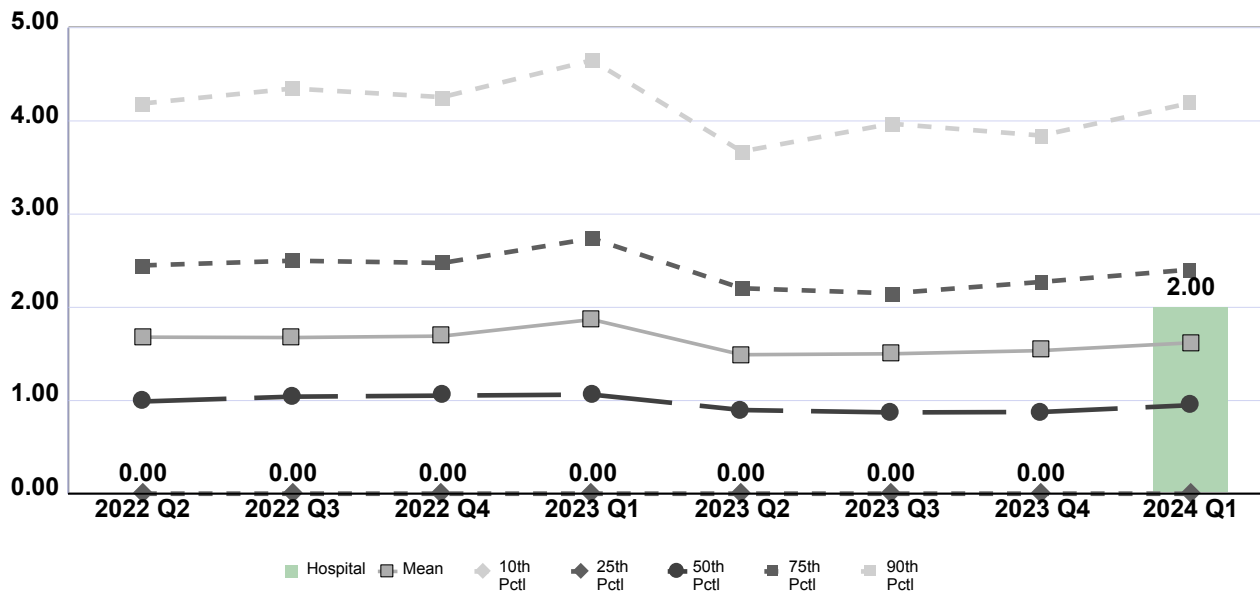
Carle Health Proctor Hospital

Compared by: All U.S. Facilities

Peer Group: All U.S. Facilities

Indicator: Pressure Injuries

Measure: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.25
Mean	1.68	1.68	1.69	1.87	1.49	1.50	1.54	1.62	1.63
Standard Deviation	2.39	2.28	2.33	3.59	2.06	2.09	2.23	2.33	2.41
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.99	1.04	1.05	1.06	0.90	0.87	0.88	0.95	0.97
75th Percentile	2.45	2.50	2.48	2.74	2.20	2.15	2.27	2.41	2.40
90th Percentile	4.19	4.35	4.26	4.65	3.67	3.97	3.84	4.19	4.14
# Hospitals	1,622.00	1,594.00	1,603.00	1,627.00	1,604.00	1,597.00	1,590.00	1,588.00	1,603.13

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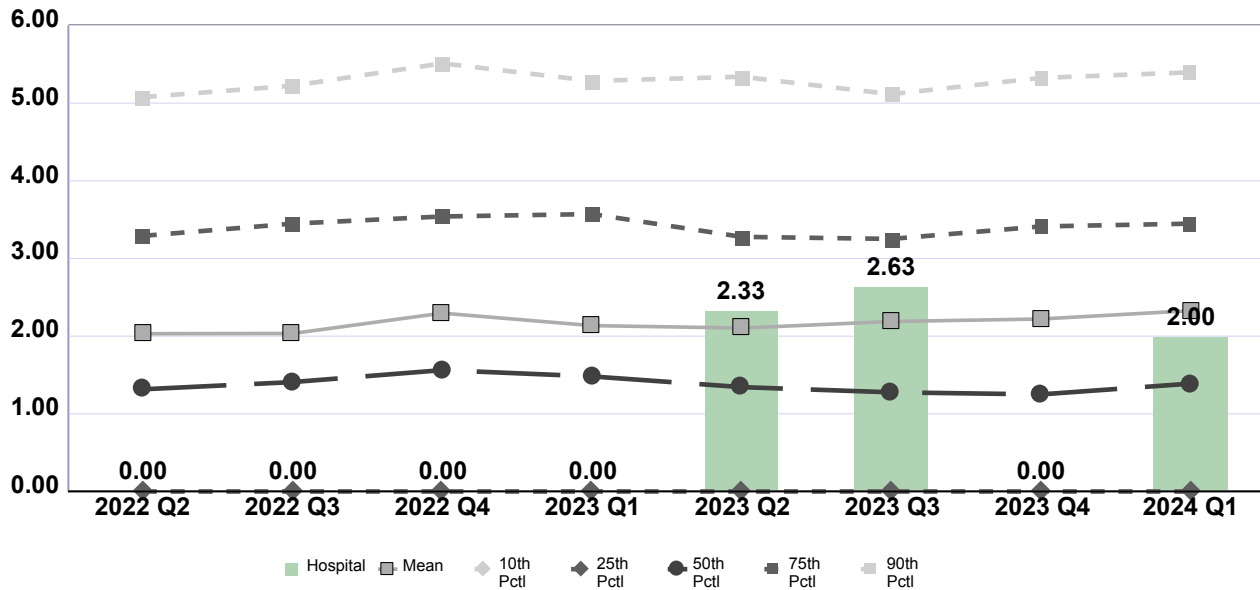
Carle Health Proctor Hospital

Compared by: All U.S. Facilities

Peer Group: All U.S. Facilities

Indicator: Restraints

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



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	2.33	2.63	0.00	2.00	0.87
Mean	2.03	2.03	2.30	2.14	2.10	2.19	2.22	2.33	2.17
Standard Deviation	2.57	2.30	3.04	2.58	2.76	4.51	4.55	5.23	3.44
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	1.32	1.41	1.56	1.48	1.34	1.28	1.25	1.39	1.38
75th Percentile	3.29	3.45	3.54	3.57	3.28	3.25	3.41	3.45	3.41
90th Percentile	5.08	5.22	5.51	5.29	5.34	5.12	5.33	5.40	5.28
# Hospitals	1,289.00	1,264.00	1,255.00	1,271.00	1,254.00	1,239.00	1,243.00	1,223.00	1,254.75

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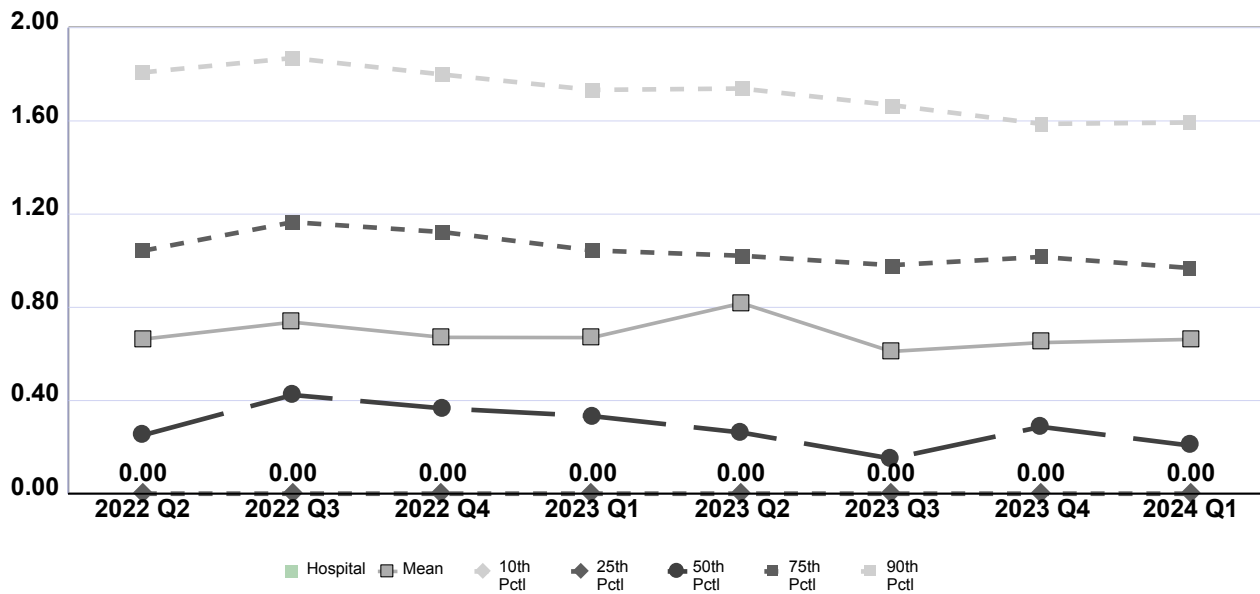
Carle Health Proctor Hospital

Compared by: All U.S. Facilities

Peer Group: All U.S. Facilities

Indicator: Central Line Associated Blood Stream Infections

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mean	0.66	0.74	0.67	0.67	0.82	0.61	0.65	0.66	0.69
Standard Deviation	1.18	1.04	0.92	1.15	6.41	1.13	1.46	2.18	1.93
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.25	0.42	0.37	0.33	0.26	0.15	0.29	0.21	0.29
75th Percentile	1.04	1.17	1.12	1.04	1.02	0.98	1.02	0.97	1.05
90th Percentile	1.81	1.87	1.80	1.73	1.74	1.67	1.59	1.59	1.72
# Hospitals	1,569.00	1,561.00	1,563.00	1,566.00	1,561.00	1,567.00	1,556.00	1,499.00	1,555.25

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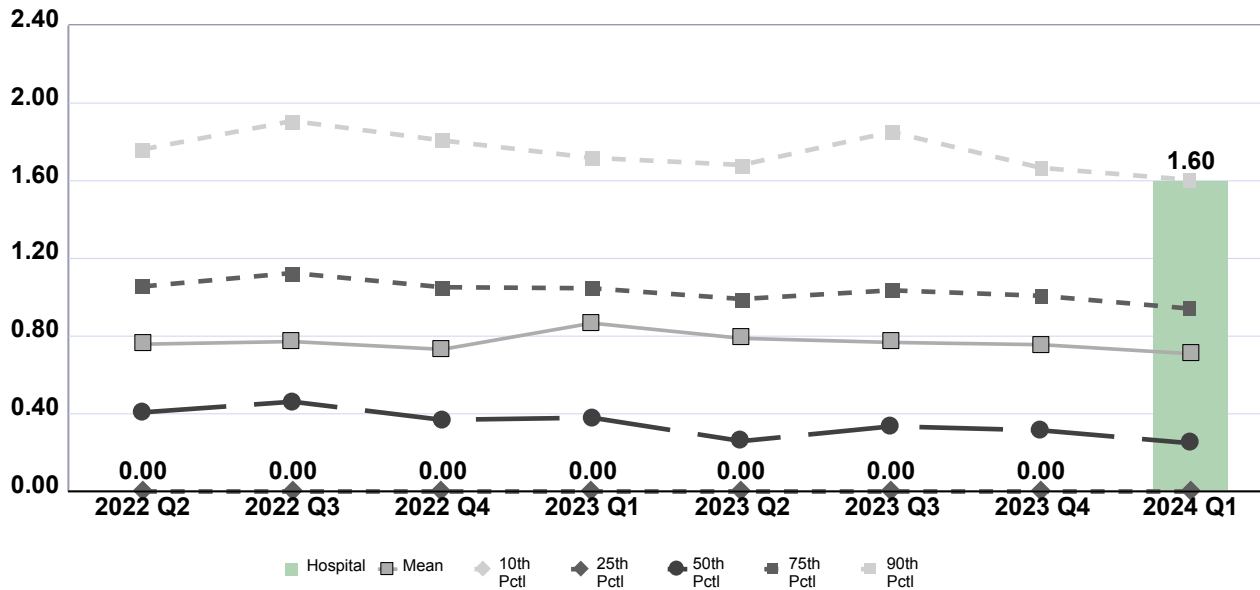
Carle Health Proctor Hospital

Compared by: All U.S. Facilities

Peer Group: All U.S. Facilities

Indicator: Catheter Associated Urinary Tract Infections

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.60	0.20
Mean	0.76	0.77	0.73	0.87	0.79	0.77	0.76	0.71	0.77
Standard Deviation	1.56	1.26	1.28	6.39	3.37	1.63	1.92	3.18	2.57
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.41	0.46	0.37	0.38	0.26	0.34	0.31	0.25	0.35
75th Percentile	1.06	1.13	1.05	1.05	0.99	1.04	1.01	0.94	1.03
90th Percentile	1.76	1.91	1.81	1.72	1.68	1.85	1.67	1.60	1.75
# Hospitals	1,575.00	1,565.00	1,572.00	1,575.00	1,578.00	1,581.00	1,569.00	1,533.00	1,568.50

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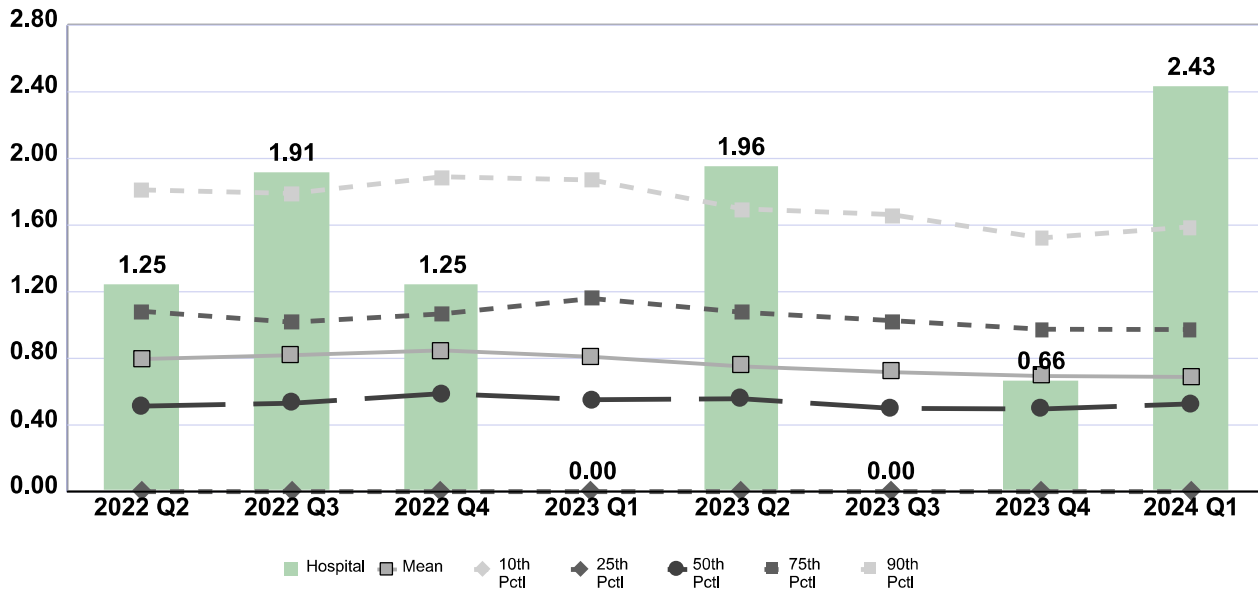
Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Indicator: Patient Falls

Measure: Injury Falls Per 1,000 Patient Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	1.25	1.91	1.25	0.00	1.96	0.00	0.66	2.43	1.18
Mean	0.79	0.82	0.85	0.81	0.75	0.72	0.69	0.69	0.77
Standard Deviation	1.34	2.09	1.46	0.98	1.00	0.86	0.99	0.75	1.18
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.51	0.53	0.59	0.55	0.56	0.50	0.50	0.53	0.53
75th Percentile	1.08	1.02	1.07	1.16	1.08	1.03	0.97	0.97	1.05
90th Percentile	1.81	1.79	1.89	1.87	1.70	1.66	1.52	1.59	1.73
# Hospitals	600.00	599.00	597.00	590.00	579.00	582.00	589.00	577.00	589.13

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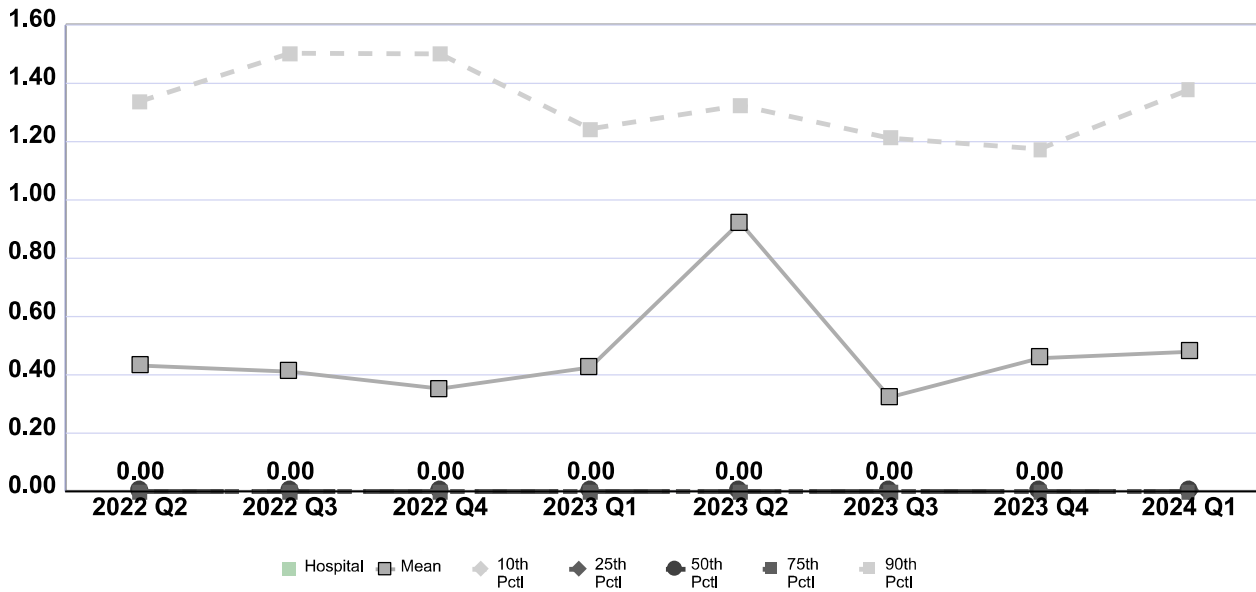
Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Indicator: Central Line Associated Blood Stream Infections

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No Data	0.00
Mean	0.43	0.41	0.35	0.43	0.92	0.32	0.46	0.48	0.48
Standard Deviation	1.74	1.29	1.09	1.67	11.34	1.49	2.33	3.27	3.03
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
90th Percentile	1.34	1.50	1.50	1.24	1.32	1.21	1.18	1.38	1.33
# Hospitals	499.00	491.00	497.00	499.00	493.00	495.00	497.00	468.00	492.38

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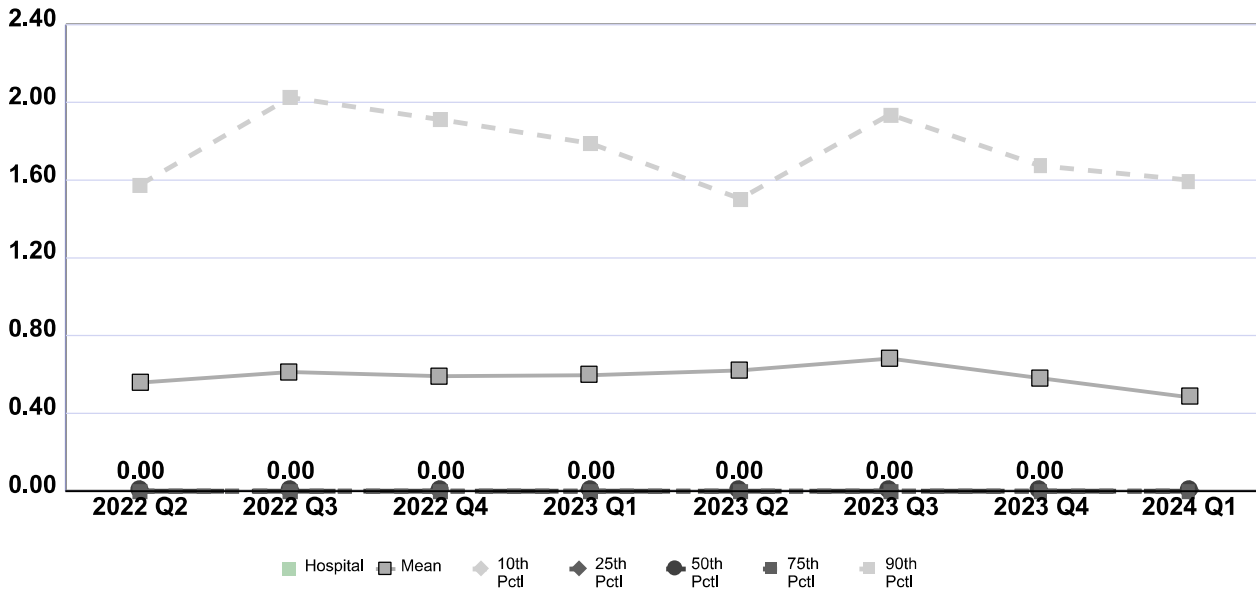
Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Indicator: Catheter Associated Urinary Tract Infections

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No Data	0.00
Mean	0.56	0.61	0.59	0.60	0.62	0.68	0.58	0.48	0.59
Standard Deviation	2.15	1.78	1.85	1.75	2.92	2.47	1.79	1.47	2.02
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
90th Percentile	1.58	2.03	1.91	1.79	1.50	1.94	1.68	1.60	1.75
# Hospitals	502.00	495.00	503.00	507.00	506.00	506.00	506.00	491.00	502.00

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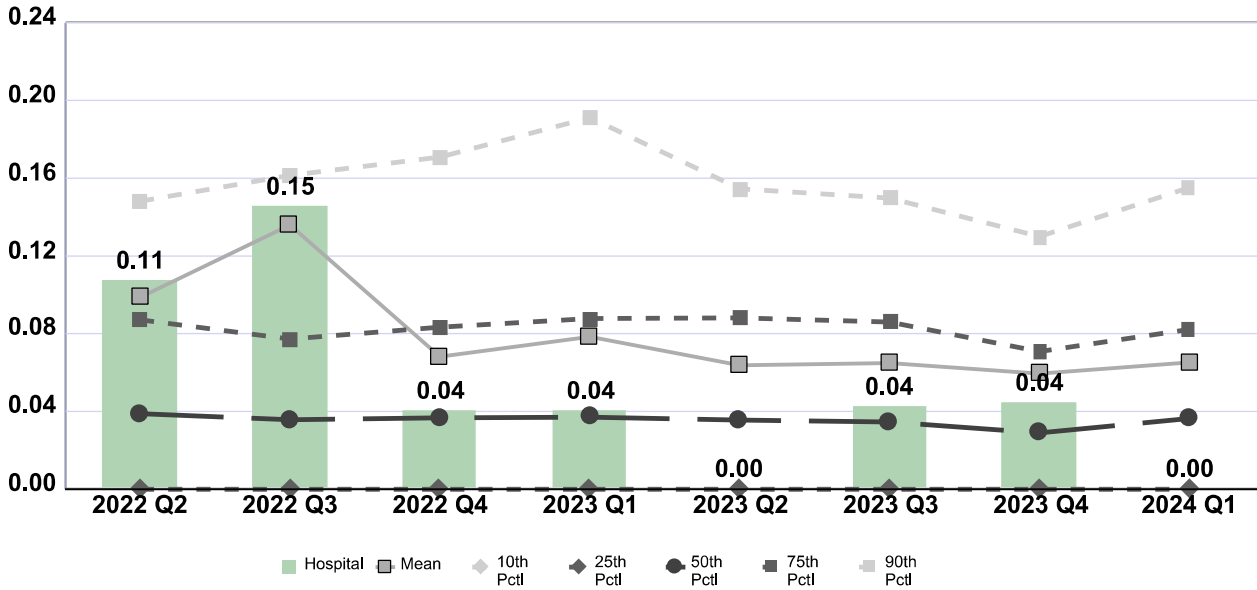
Carle Richland Memorial Hospital

Compared by: Bed Size

Peer Group: Bed Size < 100

Indicator: Assaults on Nursing Personnel

Measure: Total Assault on Nursing Personnel Rate (Lower Better)



Quarter	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	Average
Hospital-Unadjusted Measure	0.11	0.15	0.04	0.04	0.00	0.04	0.04	0.00	0.05
Mean	0.10	0.14	0.07	0.08	0.06	0.06	0.06	0.07	0.08
Standard Deviation	0.47	0.86	0.11	0.14	0.10	0.11	0.10	0.10	0.25
10th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25th Percentile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50th Percentile (Median)	0.04	0.04	0.04	0.04	0.04	0.03	0.03	0.04	0.04
75th Percentile	0.09	0.08	0.08	0.09	0.09	0.09	0.07	0.08	0.08
90th Percentile	0.15	0.16	0.17	0.19	0.15	0.15	0.13	0.16	0.16
# Hospitals	170.00	173.00	169.00	171.00	176.00	176.00	181.00	184.00	175.00

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Thank you to our contributors.

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