PATIENT STORIES, TEAM APPROACH AT CENTER OF NEW RUSH ADVERTISING CAMPAIGN

Collaboration, innovation and making our patients the center of everything we do are at the core of the medical care we provide at Rush. It's fitting that these values also are now the key points of the Medical Center's new ad campaign, which launched this January and will continue throughout 2007.

The new series of television and radio commercials, print and billboard advertising, and online videos builds on Rush's first major integrated advertising and marketing campaign, which began in October of 2003 and continued through the end of last year.

Like the previous campaign, the goal of the new advertising initiative is to bring in new patients and increase awareness of the distinct capabilities that make Rush one of the very best medical centers in the country.

Larry Goodman, MD, Rush president and CEO, believes the new campaign will increase the public's understanding of what sets Rush apart from other medical centers. “Our previous campaign made people more aware of the exceptionally high level of care Rush provides,” Goodman says. “The new ads will reinforce the idea that we have exceptional doctors and nurses, and emphasize that we put all our expertise into one goal: providing the very best care possible for all of our patients.”

For the new marketing effort, Rush continues to work with Storandt Pann Margolis, the LaGrange-based ad agency that created the first ad campaign. To maintain a consistent image, the new television ads have the same look and tone as their predecessors. Once again, they feature Rush's own clinicians, seen in unscripted conversations against blank backgrounds in high-contrast close-ups.

“We had a very favorable response to our previous campaign,” say's Lori Allen, assistant vice president, marketing and communications. “It makes sense to continue emphasizing our people, because they're Rush's greatest strength. They do a wonderful job supporting our position, and it makes our ads stand out from our competitors’ commercials.”

While the previous campaign featured Rush clinicians talking about specialty care provided at the Medical Center, the new television and radio ads reflect our commitment to centering everything we do around our patients. In each commercial, a medical team talks about a real-life patient with a complex and difficult condition that was successfully treated at Rush.

In the three ads, the Rush clinicians discuss a heart transplant, treating an entire family with a genetic predisposition for cancer, and a complex trauma treatment that included saving the patient's foot. The stories demonstrate Rush's excellence in medical care, letting patients know that no matter how serious or complicated their condition, Rush has the capacity to treat them.

The ads also reflect Rush's emphasis on collaboration, another one of the Medical Center's core values. “Viewers will see that when they're a patient at Rush, they're treated not just by a doctor, but a team of expert nurses and physicians,” says Theodore Sacklerides, MD, chief of the Section of Colon and Rectal Surgery, who appears in one of the commercials. “The emphasis is on the strength of the entire team.”

The commercials and related print ads also promote rushstories.org, the address for a new Web microsite (a small site devoted exclusively to the ad campaign). Viewers will find four- to six-minute videos continued on page 2

LAURANCE ARMOUR DAY SCHOOL TRADITION CONTINUES

LADS TO MOVE TO A NEW, IMPROVED LOCATION

For nearly 40 years, the Laurance Armour Day School (LADS) has been an important part of Rush's commitment to supporting its employees as they care for our patients. That commitment will continue when a new LADS facility opens this summer at 2150 W. Harrison St. The current location at 630 S. Ashland Ave. is being closed to accommodate the new orthopedic ambulatory building that will be built as part of the Rush Transformation.

The new LADS will be approximately the same size as the existing LADS location but will be much better suited for the needs of the children and the staff. The school also will increase the number of openings for infants and toddlers to meet Rush employees' growing needs.

“We have been fortunate both to have found an excellent new site for the program and to be expanding the infant and toddler portion of the program at the same time,” says Michelle Houston, senior information services curriculum writer/lead training specialist and former president of the LADS Parents' Board.

The Chicago-based architectural firm Ross Barney Architects is currently creating the new space. A designer of numerous childcare centers, Ross Barney has virtually written the book on how to design such facilities. The space LADS will occupy is being completely gutted in order to add amenities such as easily accessible washers and dryers; continued on page 3
The cast of the Medical Center's new television commercials include the following Rush clinicians:

Mark Cohen, MD  orthopedic surgery
Christopher Coogan, MD  urology
Stephanie Dunlap, DO  cardiology
John Fernandez, MD  orthopedic surgery
Susan Grossenbach, BSN, RN  heart failure and transplant
Robert Higgins, MD  cardiovascular/thoracic

Janet Haw, BSN, RN  electrophysiology
Andres Kanner, MD  neurology
Andrew Lawrence, MD  cardiology
Nancy McGuire, RN  endoscopy
Shawn Paris, RN  heart failure/transplant
Patricia Piasecki, MSN, RN  orthopedic surgery
Jeffrey Soble, MD  cardiology
Irene Stewart-Haapoja, MSN, RN  oncology
Leo Verhagen, MD  neurology
Annabelle Volman, MD  cardiology
Thomas Witt, MD  general surgery

The following Rush clinicians appear in the videos on the rushstories.org microsite. Many of them also appear in the Medical Center’s new radio commercials and print advertisements.

Roy Bakay, MD  neurosurgery
Lyne Braun, PhD, APN  cardiology
Sharon Byrd, MD  radiology
Richard Byrne, MD  neurosurgery
Melody Cobleigh, MD  oncology
Cynthia Comella, MD  neurology
Penfield Faber, MD  cardiovascular/thoracic surgery
Marlis Frey, NP  epilepsy
Diane Genaze, PT  physical therapy
Steve Gilelis, MD  orthopedic surgery
Katherine Griem, MD  radiation oncology

Thanks to everyone who participated in the advertising campaign.

PATIENT STORIES
continued from page 1

telling in-depth stories about eight patients, including the ones featured in the television ads.

These online videos follow the patients through their treatment and recovery with comments from Rush doctors, the patients and their families. For example, one video follows Dustin, an adolescent boy whom Steven Griggs, MD, director of the Center for Limb Preservation, successfully treated for bone cancer, saving his leg from amputation. The video shows Dustin exercising and his family reminiscing about his treatment with his care team, including Diane Genaze, PT, director of physical therapy; and Patricia Piasecki, MSN, RN, clinical coordinator, orthopedic oncology.

The patients, and in most cases members of their families, visited the Medical Center and also were filmed in their daily lives to illustrate their return to full health. Their willingness to share their stories with the public is a testament to the high regard they have for their care teams. "Many of them also saw it as an opportunity to help other patients find good care," notes Janet Haw, BSN, RN, clinical administrator, cardiology, who's featured in one of the videos.

Rushstories.org also will include links to Rush’s main Web site, where visitors can find comprehensive information about the doctors and care available at the Medical Center. More and more, consumers are researching their health care options on the Internet. “Our integrated marketing strategy takes advantage of the power of new media by using television and radio ads to draw people to rushstories.org, and then to direct them to our main Web site from there,” Allen explains.

Each of the commercials took about half a day to tape, and each team also spent about an hour being recorded for the online videos. Many of the clinicians also took part in brainstorming sessions to identify patient stories.

Allen said she came away with a newfound appreciation for the overall excellence of Rush's clinical staff after their participation in the process. "Our clinicians impress me more every time I have the opportunity to work with them," she says. "I hear people genuinely excited about the work they do."

LOOK AND LISTEN
You’ll be able to find the new Rush advertising campaign in the following media outlets.

Internal Rush TV: Channel 17
Newspapers: Chicago Tribune and Chicago Sun-Times

Television: Commercials will run on WBBM (CBS), WFLD (Fox), WGN (CW), WLS (ABC), WMAQ (NBC), and WTTW (PBS).

Commercials will appear on many popular network programs, including American Idol, Boston Legal, Check, Please, Close to Home, Crossing Jordan, CSI, CSI: Miami, Deal or No Deal, Desperate Housewives, ER, Ghost Whisperer, Gilmore Girls, Grey’s Anatomy, How I Met Your Mother, Numbers, Las Vegas, Law and Order: Criminal Intent, Medium, Studio 60 on the Sunset Strip, Survivor and Ugly Betty. The commercials will also air on cable networks such as CNN, Lifetime and TBS.

A campaign billboard is located at California Ave. and the Eisenhower Expressway (I-290).
LAURANCE ARMOUR
DAY continued from page 1

dishwashers in the toddler rooms to wash toys; more efficient storage for cots, cribs and strollers; and better changing areas.

These innovations uphold LADS' proud tradition. When the school originally was designed in 1961 by an architectural class from the University of Illinois, it was both the first workplace childcare program in Illinois and one of the best constructed childcare buildings of its time. LADS became part of the Rush campus when the Medical Center purchased it in 1970.

Since its inception, the school has been more than just a day care facility for Rush employees. It's also come to represent peace of mind for the Rush parents who depend on it for their children. "The school provides a blend of recreational and instructional activities for the children," says Annie Bell, director of LADS.

"It offers the care and support necessary to encourage a child to fully develop his or her own unique potential as a person."

With that philosophy, it's easy to see why parents develop such a vested interest in the school. "Not only are they taking basic care of my children, but at the same time, they're also providing a nurturing environment where my kids can learn, even at the infant stage," says Kim Sareny, director, graphic design, marketing and communications. "I think it would be difficult to provide this kind of stimulating environment on my own, or to find it in another type of day care setting. LADS simply has all the right people and resources to do it."

With two children at the school, Sareny has become an active member of LADS' Parents' Board. "The school is like a family," she says. "I feel very comfortable being there and talking to them about my children's care."

Sareny is one of the 12 members of the Parents' Board. She's also one of the many LADS parents who formed a task force to collaborate with Rush senior management to make certain that LADS would continue even after the original school space was closed.

"We felt that maintaining the LADS program was important to Rush achieving its goal of becoming an employer of choice," says Houston. "So many employees have benefited from the school's existence, and so many more would in the future, that it was in the Medical Center's best interests to find a way to continue the program."

The group made a presentation to the hospital administration, which focused on the importance of LADS to the Rush campus and its employees. They showed that LADS is consistent with Rush's I CARE values, in particular innovation, collaboration and excellence.

For example, LADS plays a critical role in Rush's education mission. More than 100 Rush students and residents use LADS as a clinical training site each year, including clinicians from pediatrics, nursing, audiology, speech and language, communication disorders and psychology. LADS also has been a part of many research studies at Rush in areas such as parenting education.

Jane Grady, PhD, assistant vice president, human resources, worked closely with the members of the parent group and was impressed with their preparation, research and overall professional approach in working collaboratively to find a new home for the program. "The parents wanted the best for their children — and the best for Rush," says Grady. "They wanted a solution that would work for all Rush employees."

LADS already has begun to prepare its students for the eventual move. Children in the after-school program have visited the new facility and even got to take photos of it. As the actual moving date draws near, LADS staff also will take the younger kids to see their new school.

"I'm excited to see how everyone, from the LADS staff and children to the parents and hospital administra-

Children in the Laurance Armour Day School
tors, will react to the new LADS space," says Sareny. "This is such an exciting time for all of us involved with LADS."

LADS kids won't be the only children benefiting from the new building at 2150 W. Harrison St. The site also will include programs and offices that are moving from the Marshall Field IV Building, including the Rush Day School program, a therapeutic school serving 31 children.

The Department of Psychiatry will also have its new offices in the building. LADS and the psychiatry programs will have separate entrances and facilities. The Marshall Field IV building eventually will be demolished to make way for additional parking.

For more information about childcare at LADS, call Dolores Alexander, administrative manager, at ext. 2-6501.

GETTING INTO THE ACT

Approximately 12,000 elementary school students got to see the circus — and some even got to be a part of it — during a special awards ceremony and Ringling Brothers and Barnum & Bailey circus performance held Nov. 15. Sponsored by Rush University Medical Center, the event was part of an innovative teaching program targeting Chicago's west side schools.

The private event was held at the United Center for Rush's "Circus in the Classroom" students, who attend schools in the Rush-sponsored Science and Math Excellence (SAME) Network. Through this innovative program, students earn points toward attending the circus by completing special "Circus in the Classroom" course materials. Teachers use the circus to explore the science and math principles that explain how performers accomplish their feats. "We worked with the Chicago Public Schools and Ringling Brothers to develop 'Circus in the Classroom' as a creative approach to generate interest in math and science and, ultimately, in medical and health-oriented careers," says Reginald "Hats" Adams, director of community affairs.

People chosen from the audience ride around the circus floor as part of the performance, hitting instruments at designated times. Shown here (left to right): Leo Cherry, Sr. (wearing hat), a community affairs volunteer; Cynthia Mennolla (wearing scarf), a Children of Peace School teacher; Mary Sims, a community affairs volunteer; and Children of Peace School students Adrian DeLuna and Kenjaun Caver.
The first phase of Epic, Rush’s new electronic medical record system, is scheduled to go live the first week of April.

As the implementation of this integrated clinical and financial system draws near, the Epic team’s focus has shifted to training employees about how to use this exciting new technology. More than 450 classes have been scheduled, with careful attention paid to staff roles and content to ensure they are learning the functions they will use every day on the job. So far, nearly 40 individualized lessons, or modules, have been designed. Each module is targeted to either a specific group — such as nurses, physicians and unit secretaries — or a clinical specialty, such as pharmacy and physical therapy.

**SENIOR LEADERS GO BACK TO SCHOOL**

Because the implementation of Epic is a top priority at this time, a group of senior Rush leaders recently took the time to attend a day of Epic training and get the first look at the new system.

Larry J. Goodman, MD, president and chief executive officer; Peter Butler, chief operating officer; Thomas Deutsch, MD, provost, Rush University and dean, Rush Medical College; David Ansell, MD, chief medical officer; Lac Tran, senior vice president and chief information officer; Robert Clapp, senior vice president, hospital affairs; Brian Smith, vice president, medical affairs; and William Hall, a member of the Rush Board of Trustees, attended a training class designed to give them a sense of how the system operates.

“Epic is one of the most important initiatives that Rush has undertaken in many years,” explains Butler. “I was excited to have the opportunity to get a firsthand look at it and get a sense of how our employees will experience as they switch to this new system.”

In addition to giving them the opportunity to understand how Epic works and feels, the class also gave them the chance to act as a sounding board, providing input on various workflows, the sequential steps taken to perform a task or function.

During class, they learned how to create a patient list, review patient summaries, enter orders and use the admission, transfer and discharge navigators — Epic tools that take users through the steps to perform a workflow or process.

Their comments following the class were positive and constructive. First and foremost, they set the expectation that Epic training must be a user-friendly, affirming experience for everyone who attends. They also provided valuable feedback. For instance, they said that while the Epic content is accurate and comprehensive, Rush staff might benefit from more hands-on time to practice during class. They also recommended adding more scenario-based training that will enable staff to understand exactly how they will use Epic in the everyday situations they will come across in the delivery of patient care.

“From its inception, this project has been a collaboration between information systems and Rush employees and clinicians,” notes Tran. “Its success has as much to do with this continuous two-way dialogue as with the actual software and equipment.”

The instructors took these comments back to the team that is developing the training modules, incorporating the feedback into the class design. This collaboration will continue to take place throughout the entire training period, with input from the users added to future classes.

Training already has begun for the super users — employees from around the Medical Center who volunteered to become Epic experts by receiving extensive training and acting as a resource in their area during go-live.

Training for general users and physicians began in February, with the majority taking place on the fifth floor of a newly renovated space in the Johnston R. Bowman Health Center. Before attending class, all employees are required to take a 20-minute online introduction to Epic course. You can access this mandatory class one of two ways:

- Go directly to: http://www.webinservice.com/rush/new/ or
- Click on the new “Epic Training” tab on the Rush Transformation portal at http://rushportal.rush.edu, located next to the “Home” tab near the top of the page. Instructions for using the tool also can be found here.

A basic computer class is available for employees who have not had a lot of exposure to personal computers or would like a refresher course. For more information on this class, talk to your manager.

Managers will handle most of the class registration. If you know that you will be using Epic during the first phase of implementation and have not yet signed up for training, talk to your manager. Employees are encouraged to log on to the Rush portal to learn more about Epic.

Have any questions? Submit them to Epic_Questions@rush.edu or call ext. 3-EPIC.
Every quarter, Rush employees are recognized for going above and beyond the call of duty for patients and their families, Medical Center visitors and coworkers. These employees are shining examples of the Rush I CARE values (innovation, collaboration, accountability, respect and excellence). Here are the winners of Rush's awards for the third quarter of fiscal year 2007.

Employee of the Quarter
Josette Lebensorger, RN, BSN, clinical nurse, special care nursery, exemplifies the Rush I CARE values with her constant enthusiasm, encouragement and organizational skills. "Your reputation precedes you," Diane Gallagher, MSN, RN, director of women's and children's nursing, told Lebensorger during the awards presentation. Lebensorger is a member of multiple unit committees, including the family centered care team and the bereavement and preemie picnic committees.

Manager of the Quarter
Al Strickland, senior director, revenue enhancement of corporate and executive administration, Rush University Medical Group/Vyndian, keeps the physician billing process running smoothly. As complicated and difficult as professional billing can be, Strickland consistently maintains a positive attitude with all staff members. "It is clear that he has touched each of their lives with his kind manner, sense of humor and respectful ways," says April Nelson, senior financial analyst.

Team of the Quarter
The supplemental staffing office team is a dedicated nursing team that lives by the motto: "flexibility and integrity." Team members are committed to their patients, collaborating with other staff members to ensure the best possible patient care. "They are exemplary of what professional nursing is all about: autonomy, nursing excellence and providing the best health care for all patients," says Helen Sereda Pawluk, BSN, RN, senior staff nurse.

Patient Satisfaction "Star"
Sabina Kuduzovic, radiology, earned the Star Award for receiving the most positive patient comments for the quarter. She carefully takes X-rays, making sure each patient is comfortable and at ease. "Our patients love her. We love her," says Marcia Hargreaves, MS, assistant vice president, quality improvement.

Carol Stege Award Winner for Engineering
For 20 years, Clarence De Young, welder and plumber, has been a source of dependable support. He is very reliable and accountable, always willing to help those in need. "He's an employee you can count on; he will get the job done every time," says Mike Craig, electronic shop foreman, engineering.

Carol Stege Award Winner for Environmental Services
Alma Calloway, environmental services aide, began working at Rush at the age of 17 making $1.30 an hour. After 46 years of service at the Medical Center, Calloway is missed by her colleagues as she enjoys her recent retirement.

Ronald Moore, environmental services specialist, recently retired after 25 years of service to Rush. During that time, Moore walked 10 to 15 miles a day pushing the auto scrubber machine, traveling more than 27,000 miles through the corridors of Rush, which is about 10 times around the world," observes Monica Farkas, director, environmental linen services and patient transport.

To nominate someone for a quarterly award, please call Pat Love at ext. 2-5918.
RUSH OFFERS HEALTHIER FOODS FOR EMPLOYEES, PATIENTS

Adds Healthier Snacks, Eliminates Trans Fats in Cooking Oils

If you've gotten food from a vending machine at Rush in the past few months, you've probably noticed the arrows pointing out the healthier snacks in the far right columns of the snack machines and the new food items in the cold food machines.

The new snacks and accompanying labeling are the latest steps in an ongoing effort to provide patients, visitors and Medical Center staff with healthier food options. This focus on healthier foods includes the switch to using trans-fat-free cooking oils throughout Rush, including patient food service and the employee cafeteria.

"We're offering healthier alternatives," says Mary Gregoire, PhD, RD, director of the Department of Food and Nutrition Services. "Part of our goal in the department is to provide food that's both healthy and what people want."

The department made the changes to the vending machines in response to employee feedback it received at Town Hall meetings and from calls, e-mails and replies to staff surveys. As of last November, all 65 of the snack and cold food vending machines on the Rush campus now offer snacks that are lower in calories, fat and sodium, such as baked chips, granola bars, pretzels, fresh salads, yogurt and fruit.

"The challenge is finding foods that meet some of these healthful guidelines that people in fact will buy," Gregoire says. "Fortunately, many of these new snack items seem to be selling well."

The cold food vending machines also offer more healthful sandwiches, salads, fruit, soups and yogurt. Many of these options are indicated with "Health on the Go" stickers on the food item.

"We've been working with our vendors not only to make sure that these items are in the machine but to position the items so that customers know where they are," Gregoire says.

GETTING THE FAT OUT

In November of 2005 food and nutrition services began switching from cooking with partially hydrogenated vegetable oil, which is high in trans fats, to using a blend of canola and sunflower seed oils that contains no trans fat and is low in saturated fats. Trans fat both increases the levels of unhealthy cholesterol and decreases the levels of healthy cholesterol in the body and has been linked to a significantly increased risk of heart disease.

This change put Rush well ahead of an emerging national trend. Last October the KFC restaurant chain stopped using oils with trans fat to fry its chicken, and the Starbucks Coffee Company announced this past January that it would eliminate the trans fats in the pastries served in half its stores, including all Chicago locations. Trans fats will be banned from most New York City restaurants as of this coming July, and the City of Chicago is considering a similar prohibition.

"As a medical center, we have to be role models for healthful eating," says Marcy Stone, RD/LD, assistant director of food and nutrition, who notes that Rush also was ahead of most other hospitals in eliminating trans fats.

The new oil now is used for all fried foods that are prepared at Rush, from the hash browns at breakfast to the chicken fingers and egg rolls served at lunch. Tests found that foods fried in the new oil were 65 percent lower in combined trans fat and saturated fats than the same foods fried in partially hydrogenated oils. "The feedback I've received from the staff says the food still tastes great," Stone says.

The department has continued finding ways to eliminate trans fats. All muffins and salad dressings prepared at Rush now are made with trans-fat-free oils, and last January the Medical Center switched from using margarine (which is made from partially hydrogenated vegetable oil) to a trans-fat-free substitute on patient trays. The department also is looking for ways to eliminate trans fat from the prepared foods it orders from outside vendors.

"We're providing a healthier food service that benefits the 600 hospital patients we feed each day and our 9,000 Rush employees," Stone says.

To celebrate National Nutrition Month in March, food and nutrition services is initiating its new "Rush Into Health" concept by adding a station in the cafeteria. The station offers items that are low in calories, fat and sodium, including more fish, vegetarian and Mediterranean-style options. "Our operation is constantly changing to better meet people's needs," Gregoire says. "Over the next year you should see a variety of new food options being offered to our patients and our employees."

GREGOIRE EXCITED TO LEAD FOOD AND NUTRITION SERVICES

Mary Gregoire, PhD, RD, says she's excited to re-join Rush's Department of Food and Nutrition Services, where she previously was associate director from 1994 to 1998. She then worked as the chairperson of the Department of Apparel, Educational Studies and Hospitality Management at Iowa State University before returning to Rush in August 2006. She replaced Linda Lafferty, PhD, who left her position to work part-time as the associate director of the department and director of the dietetic internship program.

"Rush's Food and Nutrition Services Department is on the leading edge of what it does, so I get to be involved with a staff that's innovative and creative," she says. "I'm particularly glad to be here at the start of the Rush Transformation, because I can help envision and implement new food service operations to accompany the new buildings going up."

Gregoire also was drawn back to Rush by the opportunity to be part of an academic environment and participate in the department's combined master's degree/dietetic internship program in clinical nutrition. "The opportunity I have to work with graduate students on their research projects, as well as the day-to-day operations, makes being here very desirable," she says. "The Department of Food and Nutrition Services is recognized nationwide for the level of services that it provides. It's a real honor to be part of this operation and direct it."
THONAR AWARD WINNER PROUD TO HELP KEEP RUSH CLEAN

Leroy Kramer does most of his work using only his left hand. His right one is partially paralyzed, but that doesn't keep Kramer, an environmental specialist in environmental services, from helping to keep Rush beautiful. He is in charge of cleaning some key areas in and around the elevators in the Atrium, Jelke and Kellogg buildings every weekday.

For his hard work and determination, and for his contributions to Rush and our patients despite his disability, Kramer received Rush’s Thonar Award for 2006. The award was presented to him at an October 26 luncheon ceremony at the Medical Center.

“I was shocked that I got it,” says Kramer, who has been working at Rush since 1971. “There’s a lot of other people here that work hard, too, but I was happy.”

Named for Eugene Thonar, the George W. Stuppy, MD, Professor of Arthritis at Rush, the award recognizes a person for outstanding contributions to the Medical Center and for enabling Rush to fulfill its commitment to provide opportunities for individuals to turn disabilities into professional and personal possibilities. The award is given annually to commemorate Rush’s rehabilitation week and disability awareness month in the fall. Any employee, house staff, faculty, student or volunteer may be nominated (the nominee does not have to be a person with a disability). This is the fifteenth year that the president of the medical center has presented the award.

Kramer, who is 61 years old, was born with cerebral palsy, a neurological disorder that affects the part of the brain that controls muscle movement, causing a variety of difficulties with walking and other physical actions. None of them deter him as he makes his way through the hallways, pushing a large plastic garbage can on wheels that’s nearly as tall as he is.

At each elevator, he removes the bin from its frame and changes the clear plastic garbage bag inside it with remarkable dexterity, even twisting and tying off the overlapping end of the bag with one hand. He’s quick to notice stray trash left in an elevator, making sure to pick it up and add it to the garbage can. He also shines the elevator doors with polish taken from one of the pouches wrapped around the outside of the can that hold his supplies.

“Even though he may have some difficulty, he does his job very well,” observes Kramer’s supervisor, Floyd Bailey, environmental services manager, who also praises Kramer for his good attendance record.

Kramer regularly arrives early for his 6 a.m. shift. He usually works straight through to 2 p.m before taking his belated lunch break so that the garbage doesn’t overflow at the elevators. “I want to get the job done,” he says.

He feels an understandable sense of accomplishment at the end of the day. “I’m proud of what I’m doing,” he says.

Kramer had hip replacement surgery at Rush and sees doctors at the Medical Center for other health care needs, and he likes working at Rush because of the compassion we show our patients and each other. “The people here care about you in a lot of ways. They take care of you really nice when you’re a patient and they treat you nice when you work here,” he says.

The physical demands of Kramer’s work wear on him — his feet hurt from all the walking, and his back gets stiff — but he keeps his spirits up by joking with his co-workers. He says what keeps him going is a simple desire to do his work well. “There’s nothing more that

STUFFED ANIMALS WANTED FOR RUSH CHILDREN’S HOSPITAL RESPIRATORY MEDICINE UNIT

Children from all over the world visit the Section of Pediatric Respiratory Medicine at Rush Children’s Hospital. To help patients feel more comfortable during their visit, Rush gives each child a new rainforest stuffed animal. You can help the unit by donating new stuffed animals. Any size stuffed animal is appreciated. Examples of rainforest animals include apes, anteaters, anacondas, bats, bees, cobras, boa constrictors, chameleons, chimpanzees, cockatoos, crocodiles, frogs, macaws, sloths and jaguars.

The unit is also looking for rainforest-related toys, books, puzzles and DVDs. You can access a “wish list” on Amazon.com at http://www.amazon.com/gp/registry/L2S8M9HVRNKQ to get a better idea of the types of products the unit wants. Please send donated items to the Department of Pediatric Respiratory Medicine, Rush Children’s Hospital, 1655 W. Congress Plwy., Rm. 726 Kellogg, Chicago, IL 60612. For more information or questions, please contact Anna Kenny at (312) 942-2723 or anna_kenny@rsh.net.

Anna Kenny, technical director, pediatric respiratory medicine (left), and Heather Bennett, respiratory therapist (right), pose with some of the rainforest critters in the unit.
DREHER SEES RUSH LEADING NATIONAL CHANGE IN NURSING EDUCATION

Plains More Emphasis on Clinical Collaboration, Patient Communication and Leadership Skills

When Melanie C. Dreher, PhD, RN, arrived at Rush last June to become the third dean in the history of the College of Nursing at Rush University, she brought with her a national reputation as a leader in nursing education and a distinguished career as a researcher. Dreher came to Rush from the University of Iowa College of Nursing, where she served as Keling Dean and Professor since 1997. While at Iowa, she helped the college achieve a top 10 ranking and led the establishment of the college's Master in Nursing and Health Care Practice degree, which became a national model for professional nursing education. Dreher also previously held positions as dean and professor in the nursing schools at the University of Miami and University of Massachusetts. She met with NewsRounds in her office on the 10th floor of the Armour Academic Center to discuss her vision of the future of nursing clinical practice, education and research at Rush.

NewsRounds: What made you decide to leave the University of Iowa and come to Rush?

Dreher: There were some things I really wanted to accomplish in nursing and I could think of no better platform than Rush. I think nursing nationally is at a place where we could really change the paradigm of health care, because many of the answers to the issues of quality and patient safety are embedded in the nursing orientation. To help achieve that change, I wanted to come to a place where there was very little in its orientation, where change is part of the culture and people are really open to ideas. Rush has a longstanding national reputation for being innovative and leading national programs.

NewsRounds: You've stated that one of your goals is to enhance the integration of the clinical and academic sides of nursing at Rush. Why is that unification important?

Dreher: It's important because the future of health care is dependent on clinicians and educators coming together, setting common goals, working collaboratively to provide the best patient care and to educate students to provide the best patient care. The clinical goals and the education goals should not be disparate. It's really important that we work together.

NewsRounds: How do you plan to bring about this fusion?

Dreher: These are plans that Jane Llewellyn (vice president, clinical nursing affairs) and I are beginning to discuss. I envision a future where all our faculty members have an appointment to a unit where they serve as consultants, educators and researchers. I also envision a time when practicing nurses at Rush have faculty appointments. It would be a time when everybody is working together, as an educator or a researcher, setting the agenda for high-quality patient care and high-quality education. I see clinicians and academics collaborating to solve clinical problems.

NewsRounds: You've also said you want to make Rush a center for applied research. Why is that important?

Dreher: Applied research has to do with clinical problem solving. When you have a very well-educated nursing staff, which is the case at Rush, nurses can identify these clinical problems. In collaboration with faculty researchers, staff members can conduct the studies that resolve these clinical problems. Rush can be a national incubator, where clinical innovations are tested and incorporated into practice.

NewsRounds: How do you plan to make that happen?

Dreher: Jane [Llewellyn] and I are talking about the development of a clinical nursing academy that would bring together clinicians and academics to look at existing patient care and figure out what we have to do to solve clinical problems. It has all kinds of potential, although we haven't decided on the structure yet. I'm hoping that by the end of the fiscal year we'll have something we can put on paper.

NewsRounds: On the academic side, what challenges or new demands do you believe are facing nursing education? At a time when medical breakthroughs and technology are advancing rapidly, what does the College of Nursing need to do to prepare our students to work in health care in the 21st century?

Dreher: We should always be driven by the future. The educator's greatest challenge is to prepare students in contemporary health care for a world that does not yet exist. On the other hand, there are enduring aspects of nursing that won't change, such as the responsibility for having a relationship with a patient. Florence Nightingale [the pioneering 19th-century nurse and educator] said nursing is helping people to live. She really meant helping people to live well. I think that's one of the huge challenges to nursing, because the wonderful advances in medical science have saved lives but created a world where we have all kinds of chronically ill people. Today the challenge for nursing is to help people live well with chronic illness. I want to prepare nurses to provide this kind of help.

NewsRounds: You implemented a new Master in Nursing and Health Care Practice degree program at Iowa. Do you envision any similar additions or expansions to the curriculum at Rush?

Dreher: We have focused almost exclusively on clinical education, and have produced nurses who have a very high level of clinical knowledge. Unfortunately, we have not given equal importance to the need for leadership skills. If we want nurses to advocate for patients, they need to communicate effectively with physicians and other health professionals. Sometimes that takes a lot of courage. Leadership also requires training in evidence-based practices, information systems and financial management. The problem is we can't teach all that in four years.

That's why we developed the pre-licensure master's degree program at Iowa. Rush has a bachelor's degree program for people who already have a BA in other areas. We are just beginning the discussion with the faculty to explore the expansion of that program to include more focus on systems and leadership. It would be a program where students would learn to be great clinicians, but also learn the leadership skills they need to advocate for patients and to affect protocols and policies that result in better care. If nurses are worried about losing their jobs because they advocate for patients, then no patient is safe.

By comparison, one of the reasons I was so thrilled to come to Rush is that there's so much respect between physicians and nurses. The doctors at Rush know that when they leave, they're leaving patients in the care of well-prepared, mindful nurses.
2007 BRINGS BIG CHANGES FOR EMPLOYEE EDUCATION AND TRAINING

Big changes are taking place in education and training for employees at Rush University Medical Center. LEAP-Online, a new system designed to handle all of Rush's computer-based training, launched on February 1. This new system, which includes mandatory and optional educational opportunities, will make training easier for everyone involved, from training administrators and managers to employees.

Terri Trewartha Kinney, MEI, manager, employee organization and development, says there are many benefits to this new system. "This is about more than mandatory training," she explains. "Employees now have the ability to self-register for classes and get e-mail confirmation of their registration, which is great."

LEAP-Online is essentially one streamlined system for all education and training. In addition to notifying employees about class registration, the system alerts people about class cancellations and rescheduling of classes and events. Employees also can check class and event location information online.

Administrators and employees can now rely on a calendar function that helps them keep track of upcoming learning and training events. The system also allows for users to see all the classes that are available and how many spots are left in a particular class.

"Initially, the biggest improvement will be seen with the online mandatory training," says Trewartha Kinney. "Mandatory training will improve because all Rush-required lessons will be delivered from one system instead of two. As a result, users will only need to remember their six-digit Rush ID number for their user ID and the word 'hello' for the password."

Continuous learning will help Rush keep pace with the continual changes in the health care industry, making it an essential component to providing the best care for our patients. "Whether you deliver direct patient care or support those who deliver the care, we all need to remain current with new methods, new equipment, new technology, new processes and more," says Trewartha Kinney. "Thoughtful, quality learning opportunities planned and delivered to meet user needs enhance our ability to deliver the care our patients deserve."

You can find the LEAP-online system at http://iris.rush.edu/leaponline/

RUSH CELEBRATES THE HOLIDAY SEASON

Thousands of Rush employees enjoyed seasonal cheer and a traditional holiday meal during the Rush holiday party in the cafeteria last December. Senior management, department directors, human resources staff and Santa Claus himself greeted the estimated 8,000 employees who lined up from early morning to early evening for turkey, potatoes, green beans and lots of holiday-themed cookies. Staff members working on the facilities and Epic transformation also were on hand to present the upcoming changes at Rush and answer questions. Thanks to the staff of food and nutrition services, human resources and everyone who volunteered to make the party such a huge success.
INNOVATION, ACCOUNTABILITY HELP CALL CENTER MEET PATIENT NEEDS

You normally don’t even hear a phone ring in the offices of the Rush Physician Referral Services center, located in the basement of the Triangle Office Building—but it’s not because people aren’t calling. In fact, Physician Referral Services received more than 36,013 calls in the last fiscal year, an increase of 85 percent from the 19,452 calls the service handled in fiscal year 2003.

The call center’s productivity is a testament to the difference that Rush’s core values of innovation and accountability can make. “We are always looking at our processes and procedures and looking for ways of making improvements,” says Barbara Krah, who has been the manager of Physician Referral Services since June 2004.

That increase in the volume of calls is even more impressive considering that the staff has remained the same size. Krah credits the results to the implementation of new technology and establishing clear job performance standards.

Four full-time representatives receive all the calls for the number included in the Medical Center’s television and direct mail advertising, (888) 352-RUSH, and for Rush Oak Park Hospital, (708) 660-4636. They also respond to e-mail messages received through Rush’s Web site, which last year totalled 1,740 inquiries.

Physician Referral Service Representatives James Black, Jose Celorio, Erik Linquist and Judy Padilla are responsible for connecting new and returning patients with a Rush physician who can treat their condition or referring them to the appropriate Rush health care service, such as outpatient radiology. They also register callers for classes and community events that Rush sponsors. Both Celorio and Padilla are bilingual to ensure that Spanish-speaking callers can receive the assistance they need.

When Krah arrived at the center, there still were some kinks in the system. Callers often complained about a long wait for an answer, or they reached a voicemail box and had to leave a message. Within a few months, the department had switched to a new automated silent phone system that accounts for the surprisingly quiet office. Now, representatives automatically receive calls through their headsets on the second ring whenever they’re logged onto the system and not busy with another caller. On the rare occasion when all the representatives are busy, the caller is transferred to the service’s voice mailbox.

Last April, Physician Referral Services also implemented new database software for collecting caller information. “We can input who the caller is, their address, phone number, insurance information and the reason for the call—whether it’s physician referral, service referral, class registration or literature request,” Krah explains.

**PERFORMANCE GOALS YIELD RESULTS**

Krah optimizes these technological innovations by setting clear-cut performance goals for her staff. The representatives are evaluated on their thoroughness of entering patient information in the database and receive daily reports of how they did the previous day. “I believe that if people understand why they are doing what they are doing and the impact their performance has on Rush, they take more pride in their work,” Krah says.

Since these standards were established, the department has improved its rates for collecting patient information, including names (which increased from 46 percent in fiscal year 2004 to 88 percent last fiscal year); addresses (49 percent in 2004 to 67 percent in 2006); and phone numbers (51 percent in 2004 to 75 percent in 2006). “It really comes down to accountability. We’re here for a reason, and we know how doing or not doing our jobs affects everything upstream,” Krah says.

Along with the increase in the number of calls the center handles, the impact of these changes is evident in the abandonment rate—the proportion of callers who are placed on hold and hang up before an operator is able to answer their call. In the last fiscal year the abandonment rate for Physician and Referral Services’ calls was 3.74 percent, compared to seven percent in 2004 and a call center industry standard of five percent.

In addition to setting consistent expectations for her staff, Krah promotes a sense of camaraderie in the office by holding birthday parties for them and bringing them a homemade lunch about once a month. Turnover in the department is low. In the past two years, only one representative left, moving out of state with a spouse who had taken a new job.

That longevity translates into better service for callers. “At this point, most of us have been here several years, and for a lot of the doctors we know reflexively which patients they’ll see,” representative James Black observes.

The new database system also helps the representatives connect callers with the right physician. It includes information about Rush’s physician staff, including their specialties, board certifications, clinical interests and special procedures they perform. The representatives can check to see whether a doctor’s practice accepts a patient’s insurance and can transfer patients to Rush’s finance department to make arrangements when needed.

The call center fields a wide range of inquiries, from a man with a broken nose calling to schedule a CAT scan to parents e-mailing to ask about generic testing of their three-week-old son, who they thought might have cystic fibrosis. Celorio quickly put the caller in touch with a nose and throat doctor, and Black—who politely addresses callers as “sir” and “ma’am”—found a Rush physician in pediatric pulmonology who could perform the genetic testing and made an appointment for the baby.

This kind of thoroughness helps ensure that both established and existing patients find the doctors they need, helping Rush achieve its mission of providing the very best care for our patients. “Give people the tools they need, set clear standards and goals and work together as a team,” Krah says, “if you do, the sky’s the limit on what you can accomplish.” •

**THE PHYSICIAN REFERRAL SERVICE**

**888-352-RUSH (7874)**

- Connects new and returning patients with a Rush physician who can treat their condition
- Refers patients to the appropriate health care services and programs (such as the abdominal and pelvic health program, neonatal program, outpatient radiology, spine and back center, etc.)
- Registers callers for Rush classes and community events
- Provides schedules and other information about Rush classes and community events
- Provides Spanish-speaking representatives
At Rush, compassion is at the center of everything we do to provide care to our patients. The WOW Awards are given to Medical Center employees who demonstrate this value with outstanding acts of caring and kindness. Recently, the following two employees received WOW awards in recognition of their special efforts on behalf of our patients.

A HELPSING HAND ON THE WAY HOME

It may be cliché, but it’s the little things in life that really count. That was the case when transport specialist Vickie Allen helped discharge a patient in early October. Allen helped the patient into a cab for his trip home. All seemed well, until Allen was back in the atrium lobby 20 minutes later to move some wheelchairs. She saw her patient, who she had just sent home, sitting there.

A concerned Allen asked him why he was back at the hospital. The patient explained that once he was in the cab and had gone a few blocks he showed the cab driver his voucher for the ride home. Apparently, the patient’s cab voucher had a different cab number on it than the actual cab he was riding in. The driver wouldn’t go any further so he returned the patient to the hospital.

“So Allen took matters into her own hands and went outside and hailed a cab for the patient, asking the driver how much the ride would cost. Allen gave the cab driver $7 from her own pocket, ensuring that the patient got home that night. “I put myself in the patient’s situation,” Allen says. “I knew I’d want to get home from the hospital as soon as possible.”

Allen didn’t bother to tell anyone about what happened that night. Her supervisor found out by chance when she received a call from the unit the patient had been in. When asked by her supervisor why she never said anything, Allen said she didn’t do it for the recognition. “That’s just the way I am,” says Allen, “I feel for people.”

Fran Colodella, former director, Hospital Transport Services, was amazed when he heard Allen’s story. “I believe this is the most phenomenal display of patient care I have ever heard,” Colodella said in nominating Allen for the WOW award. “In fact, I ask that we please consider Allen for any and every award this display of compassion deserves.”

LOOKING AFTER A PATIENT’S LOVED ONE

Andrea Pellegrini, RN, BSN, made a promise to a dying patient that gave her comfort in her final hours, and she kept it after the patient passed away. Pellegrini, a psychiatric nurse, told the patient she’d make certain that the patient’s pet cat Zelda would be cared for in a loving new home.

“She was afraid that no one would take care of her cat. She had been talking about it with another nurse for several days,” Pellegrini says.

Pellegrini told the patient how much she loved her own cats and that she would be personally responsible for Zelda as well. It was one of the last things the woman heard before she died later that night.

“Andrea went out of her way to ease the mind of the patient, which allowed her some peace before her death,” says her supervisor, Elizabeth Krch-Cole, MS, who nominated Pellegrini for the WOW Award.

True to her word, Pellegrini fetched Zelda from the patient’s home. Rather than giving the cat to the city’s Animal Control Center, Pellegrini found a new home for Zelda with one of her friends.

“She had no pets and she wanted to have something alive in the house,” says Pellegrini. “Now they’re the best of friends. Zelda is very affectionate.” Pellegrini also bought a litter box, a cat bed, toys and food to help her friend set up Zelda in her new home.

While finding someone to take care of Zelda was a special commitment, Pellegrini says it’s not much different from the way she approaches her job every day. “I try to be as empathetic as I can and put myself in somebody else’s shoes. I did it because I’m me and that’s how I care for people.”

Do you know of someone at Rush who’s gone above and beyond the call of duty to show special kindness and caring to our patients? To nominate him or her for a WOW Award, contact human resources at ext. 25916, or e-mail a nomination to Lisa_Yang@rush.edu. All you need to include is the person’s name, title, extension number, your contact information and a description of what the person did to deserve a WOW Award. Anyone can submit a nomination.
PATIENT AMBASSADOR BRINGS PERSONAL TOUCH TO CARE

It must be her voice. Or maybe it’s her warm smile. Then again, it could be the engaging way she looks at people. Whichever characteristic it is, Dale Cumbo has a knack for making people feel good, which is exactly what Rush administrators had in mind when they tapped her to become the patient ambassador for the Medical Center.

As patient ambassador for four floors in the Atrium Building — specifically 7 South, 8 South, 9 South and 7 North — it’s Cumbo’s mission to meet and greet each and every patient on those floors. That’s no easy task, considering there are 37 rooms on each floor. As a result, Cumbo needs to meet with approximately 148 people each week. And this number doesn’t even take into account her repeat visits. From August to the end of 2006, Cumbo visited more than 4,000 patients. Every day, she shows that compassion and putting the patient first are at the center of how Rush provides care.

"Patients are happy to have someone visit them, even if it’s just for a few minutes," says Cumbo. "It’s a chance for them to talk and know that someone is listening."

Cumbo is a fixture at Rush, seeing as her career with the Medical Center began in 1967. Before becoming the patient ambassador last summer, when the program officially began, Cumbo was the transport director, a position she had held since 1981. You could safely say she knows her way around the campus, both its buildings and its people. Her history with Rush and her knowledge of the hospital’s processes, coupled with her easygoing, friendly manner, make her a natural fit for her new position.

"We wanted to improve the patient experience," says Francis A. Fullam, senior director, marketing research, Strategic Planning, Marketing and Program Development, explaining why the patient ambassador program was created. Fullam and Rebecca Dowling PhD, RD, FADA, associate vice president, support services, saw a need for more patient outreach after looking at surveys that showed patients had complaints that could have been resolved if staff members had been made aware of them.

According to Fullam, the process of "rounding," or meeting with patients on a nonclinical basis, allows a person to engage the patient, opening the door for communication regarding their hospital experience. "Someone, other than a staff clinician, meets with a patient, asking open-ended questions in the hope of proactively gathering feedback on the hospital, staff, level of care or whatever else might be on the patient’s mind," says Fullam. "Often, it’s simply a matter of just sitting with a patient who may be lonely."

Cumbo adds that many patients simply want to talk. If they do have requests, it could be as simple as wanting to go outside. Cumbo once met with a young man in his mid-20s who had been at Rush for more than a month, recuperating from a leg amputation. "He just wanted some fresh air," recalls Cumbo. "I informed his nurse, who spoke to his doctor. When I checked in on him the next day, he had already been outside. He was so happy."

To help get her started in her new role, Cumbo shadowed Rush volunteer Pat Dineen [see sidebar], who insists that training Cumbo was a cinch, since her personality is so well suited for this type of work. "Dale just watched me that first day and went along with it, adding a few words herself," says Dineen. "I think she’s doing beautifully. She’s poured herself into the role, which wraps itself around her."

It’s one thing to meet with a patient and ask them how they’re doing. It’s an entirely different thing to take their comments and use them to help improve the Medical Center and the way it’s run. Cumbo realizes the impact of what she does, which is why she has a set process when she rounds on the hospital floors.

MAKING THE ROUNDS

The process begins with a visit to the main desk on the floor, where she grabs a unit patient list and a discharge list. Before patients leave the hospital, Cumbo likes to follow up with them, making sure their visit was okay. Guided by her list, she goes to each room on the floor, trying to meet with all of the patients. If a patient is not in his or her room, she’ll leave a small greeting card that says she stopped by and lets the patient know they should contact her if they have any questions or issues. If a patient is busy or just returning from tests, she tries to visit with them later in the day. Cumbo uses the unit list for tracking purposes, so she’s aware of who she’s met, who she still needs to meet with and who she needs to follow up with.

During one day of rounding on 8 South, Cumbo enters the room of an elderly man, and begins by asking if it’s OK to visit. She then introduces herself and explains her purpose in visiting him. Cumbo follows the same script during each visit, which by now is firmly embedded in her mind so it sounds natural, as if she’s talking to an old friend. She tells the man she wants to ensure that Rush is providing him with the best possible care and asks if he is comfortable. He responds that he’s “hurting.” He goes on to say that it’s not the hospital’s fault but simply the nature of his illness.

While Cumbo listens, he relates to her how he’s been a Rush patient on and off for many years. His story is both heartwarming and sad. It’s clear he’s in a lot of pain, and yet he manages to engage Cumbo and even make her laugh. She finishes the conversation with a promise to visit him the next day. He thanks her. The brief interaction has clearly made his day better.

Cumbo’s dialogue follows a natural progression, which is essentially driven by the patient. She listens to their stories and concerns, which can range from “my room is cold” to “I got the wrong food today.” Often times, it’s a matter of calling the department that can help, such as Medical Center Engineering or Food and Nutrition. If patients do have specific complaints, Cumbo follows up with them to make sure they were corrected. Even if there are no complaints, Cumbo often returns to the patient’s room within a day or two to see that everything is OK.

Once her rounds are complete, Cumbo summarizes her observations, patient feedback and recommendations on a spreadsheet. Fullam then groups the feedback into categories. The two of them present their findings and recommendations to the unit directors during twice-monthly “partnership meetings,” which enable the directors to hear patient concerns they might otherwise not know about. It’s a golden opportunity for them to improve the patient experience on their particular floor.

Fullam says he couldn’t be more pleased with Cumbo’s performance. "It’s the right thing to do, and Dale is the right person to do it," he says. "She’s incredibly sensitive to patient needs. She knows when to talk; she knows when to listen."

When asked what motivates her in her job, Cumbo says it’s the patients. "I enjoy meeting all these different people," she responds. "I like talking to them and being helpful." •
PAT DINEEN RAISES THE BAR FOR RUSH VOLUNTEERS

A Rush volunteer for more than a decade, Pat Dineen knows a thing or two about caring for hospital patients. Dineen gets into the volunteer groove by helping out the kidney transplant nurses on Tuesdays and visiting orthopedic surgery patients on Wednesdays. After she’s finished with these tasks, she ends up each day in the volunteer office, answering phones and helping to tally statistics for the Smith Lounge. “It keeps me out of mischief,” says Dineen laughing.

Often described as the “Energizer bunny” by the people she works with, Dineen possesses endless enthusiasm for her volunteer duties. She makes it her mission to get at least one smile from each patient, and so far, her success rate is pretty good.

Francis A. Fullam, senior director, marketing research, Strategic Planning, Marketing and Program Development, can’t say enough about Dineen. “She is tireless in her daily joy and caring,” he says. “She’s routinely extraordinary.”

Dineen originally began interacting with patients when a former unit director named Ruth Williams thought patients might relate better to a stranger as opposed to their own doctor or nurse. Based on her experience, Dineen believes that’s true. “I’ve cried with patients,” she says. “It’s an opportunity for them to unburden themselves and vent.”

Dineen’s passion for volunteering stems from her personal encounter with Rush when her late husband, Lee, began receiving care at Rush in 1984. A Chicago police officer, Lee came here after two other hospitals dismissed his symptoms. Doctors at Rush discovered tumors, and he visited the hospital some 32 times before his death in 1996. By discovering tumors that other doctors had essentially ignored, Rush was able to extend his life.

During their many visits to the hospital, Dineen and Lee often spoke about wanting to volunteer to show their appreciation. “He never got strong enough to become a volunteer,” says Dineen, “but he did give me his blessing to volunteer.”

In 1997, Dineen had open heart surgery, which sealed her future as a Rush volunteer. “I was a patient for a month,” she says. “They saved my life.”

Dineen’s experience on the units with patients proved to be a valuable starting point for Dale Cumbo to draw on when she became a patient ambassador. Whether Dineen is helping Rush staff or the patients she visits with, her role is essential to how Rush cares for its number one priority. “This is a wonderful group of people to work with,” Dineen says. “I feel good that I can do something for people.”

PARTY HONORS RUSH DOCTOR FOR COMPASSIONATE CARE

(Directly opposite, left to right) Judy Villarreal, her granddaughter Julie Serrano, Rosemarie Noldte and Syed Shah, MD, enjoy the celebration.

Rush provides excellent medical care, but it’s the compassion and personal touch we bring to treating patients that really sets us apart. Just ask Judy Villarreal and Rosemarie Noldte, two patients who are so grateful for the care they receive from Syed Shah, MD, a physician with Rush University Internists, that they recently organized a surprise party to celebrate his 39th birthday.

“He’s an extraordinary doctor,” says Villarreal, who’s been receiving care from Shah since 2001 for asthma, post-polio syndrome and diabetes. “He puts a lot of time and effort into treating his patients, sitting with you and talking with you.”

Shah has visited Villarreal in the hospital on his own time and calls her at home after she’s been discharged to check on her. Noldte sees Shah for her epilepsy and asthma and credits him with getting her seizures under control. “Rush should be very proud to have a doctor like Dr. Shah on its staff,” she says.

The two women also appreciate the work of the entire Rush University Internists team and invited the whole department to the celebration, which was attended by more than two dozen physicians, residents and staff members. Rush University Internists staff members Felicia Brown, a scheduling coordinator, and Marla Woodard, a medical assistant, helped the patients organize the event.

I feel very honored and humbled,” Shah says. “It’s a very nice friendly relationship. They always listen to what I say, they put their trust in me and I appreciate it.”

A BULLISH HOLIDAY SEASON AT RUSH

Chicago Bulls player Chris Duhon (right) and team mascot Benny the Bull visited Rush Children’s Hospital in December and handed out Bulls-themed holiday gifts to patients.
APPOINTMENTS

Rush University Medical Center has appointed Cathy Jacobson as senior vice president, Strategy, Planning, and Finance. Jacobson will assume responsibility for all activities previously overseen by Michele Flanagan, vice president of Planning, Marketing, and Business Development. Jacobson will continue in her role as chief financial officer.

She began her career at Arthur Andersen and Co. and joined Rush Health Plans after serving as their auditor. While at Rush Health Plans and its successor organization, Rush Prudential Health Plans, Jacobson served as the chief financial and administrative officer and was also responsible for provider network development. She joined the Medical Center in 1996 and held a variety of positions in the President’s Office before assuming the role of chief financial officer four years ago.

Rush has appointed Jennifer Earvolino, MD, as physician director of primary care. In her position, Earvolino will help standardize practices, implement quality initiatives and enhance customer service among primary care physicians working at the Medical Center and affiliated with Rush. Earvolino will be working closely with practice, departmental and Rush University Medical Group leadership, as well as the chief medical officer and appropriate Rush University Medical Group staff.

Rush has appointed Guy Petruzzelli, MD, PhD, MBA, as chief of the Section of Head, Neck and Skull Base Surgery. A nationally recognized leader in his field, Petruzzelli comes to Rush from Loyola University Medical Center, where he was co-chairperson of the Department of Otolaryngology—Head and Neck Surgery. He also served as program director of head and neck oncology at the Cardinal Bernardin Cancer Center.

In his new position, Petruzzelli will establish and co-direct the Rush Center for Skull Base Surgery in conjunction with the Department of Neurosurgery. There, he will work collaboratively with other physicians to treat both common and complex problems using the most innovative diagnostic and treatment options available, specializing in minimally invasive surgery for benign and cancerous head and neck tumors.

Rush University Medical Center has appointed Rev. Clayton L. Thomason, JD, MDiv, as the Bishop Andersen Professor of Religion and Medicine, and chairperson of the Department of Religion, Health and Humanities. The department provides both spiritual care and ethics consultation services to the Medical Center; hosts one of the nation’s leading programs in clinical pastoral education; sponsors an innovative research program in spirituality and health; and offers medical ethics education and a master’s degree and on-line certificate program in health care ethics.

Before coming to Rush, Thomason was assistant professor of spirituality and ethics in medicine in the College of Human Medicine at Michigan State University (MSU) — with joint appointments in the Department of Family Practice and the Center for Ethics and Humanities in the Life Sciences — and adjunct professor in the MSU College of Law. He has published and taught in the fields of bioethics, biomedicine, law, medical education and spirituality. His current work focuses on bioethics and law, the role of virtue in professional development, public policy in end-of-life care and the role of spiritual values in bioethical decisions.

The Midwestern Vascular Surgical Society recently named Walter McCarthy, MD, chief, Section of Vascular Surgery, as its new president. McCarthy previously was the group’s president-elect for one year and its secretary for three years. Founded in 1977, the group has approximately 430 members from 12 states and is the main society representing university and private practice vascular surgeons in the region. As president, McCarthy will preside over the annual meeting, which will be held in September in Chicago.

Rush University Medical Center has appointed Lisa Rosenberg, PhD, RN, as associate dean for academic affairs in the College of Nursing. Rosenberg has served as associate dean of students in the College of Nursing since 2003, where she coordinated student recruitment, admission and progression; college policies and procedures; and marketing efforts. She also played a major role in the curriculum redesign of the College of Nursing’s accelerated baccalaureate and doctoral programs. Rosenberg joined the college faculty in 1989 as an assistant professor of community and mental health nursing. From 1990 to 1998, she served as assistant chairperson and then associate chairperson of the department.

As dean of academic affairs, Rosenberg will draw on her wealth of experience and knowledge to ensure that the College of Nursing adapts to the health care field’s rapid changes while preparing Rush students for the increasingly complex demands of the nursing profession.

KUDOS

David Ansell, MD, MPH, chief medical officer, associate dean for Hospital Affairs and vice president, Hospital Affairs, recently received the “Food for Life Award” from Vital Bridges, a not-for-profit organization that offers vital support services to HIV/AIDS patients. The organization provides food, nutrition, housing, case management and educational services for patients throughout the Chicago metropolitan area.

As board chairperson of Community Response in Oak Park, Ansell was instrumental in the merger of this organization and two others that ultimately formed Vital Bridges. He was a leader on the merger committee, always seeing to it that clients’ needs were met.

Arnold Goldberg, MD, the Cynthia Ordejeans Harris, MD, Professor of Psychiatry, received the Sigourney Award, which is given annually in recognition of distinguished contributions in the field of psychoanalysis. A fixture at Rush for more than 25 years, Goldberg is a popular teacher among Rush’s psychiatry and medical students. Goldberg has written numerous papers and books on psychoanalysis. He is a former director of the Chicago Institute for Psychoanalysis and has given the keynote address at both the American and International Psychoanalytic Association Conferences.

Annabelle Volgman, MD, associate professor of medicine, received the Continuing Leadership Award from the American Heart Association, Greater Midwest Affiliate, during its Volunteer and Division Awards in September. Volgman was given this award for cumulative volunteer service based on her work as an American Heart Association advocacy volunteer; “Go Red for Women” luncheon chairperson and spokesperson; Students at Sessions guide; and metro Chicago board member.

Cathy Jacobson

Guy Petruzzelli, MD, PhD, MBA

Clayton L. Thomason, JD, MDiv

Waite McCarthy, MD

Lisa Rosenberg, PhD, RN
As part of the plans to locate key services near each other to enhance continuity and accessibility for patients and their families, Rush recently designated the new “Advanced Surgical and Treatment Center.” As part of this innovation, Ken Tuman, MD, has been appointed as medical director of Perioperative Services. In this role, Dr. Tuman will chair a new operating room executive committee. Keith Millikan, MD, associate dean for Surgical Services, and Robert S.D. Higgins, MD, chairperson, Department of Cardiovascular-Thoracic Surgery, will serve as vice chairpersons of this committee.

Dr. Tuman will be working closely with Scott Sonnenschein, vice president, Hospital Operations, Charlene Thomas, PhD, RN, director of Perioperative and Interventional Nursing, and David Ansell, MD, MPH, chief medical officer, associate dean for Hospital Affairs and vice president, Hospital Affairs, to ensure that the perioperative areas are serving the needs of our patients, surgeons and staff.

A graduate of the University of the Chicago Pritzker School of Medicine, Dr. Tuman completed his residency in anesthesiology at Northwestern University. After completing a fellowship in cardiovascular anesthesia and critical care at Rush, he joined our faculty and staff in 1984. He is nationally recognized in academic anesthesiology as one of the leaders in his medical specialty and has held leadership positions in numerous societies and organizations, including president of the American Board of Anesthesiology. Currently, Dr. Tuman is chairperson of the Department of Anesthesiology, previously serving as vice chairperson for more than a decade.

Sonnenschein, former assistant vice president and president of Health Delivery Management, LLC, (HDM), was also recently promoted to be the new vice president overseeing perioperative and interventional procedural areas.

Sonnenschein brings to his new role a wealth of experience from his previous responsibilities at Rush. He was in charge of the five business units that made up HDM: an ambulatory infusion clinic pharmacy, three retail pharmacy sites and a home infusion pharmacy. During his 10 years in this position, Sonnenschein dramatically improved supplier agreements, payer contracts and staffing models; expanded markets; made inroads in technology innovations; and was instrumental in developing the Spine and Back Center at Rush.

To fill the vacancy created by Sonnenschein’s new position, Rush has appointed Norma Melgoza as the new assistant vice president for hospital operations. She will be responsible for the following areas: bone marrow transplant, the emergency department, imaging, mammography, noninvasive cardiology services and photopheresis.

Melgoza also will provide hospital leadership oversight for the primary care and oncology service lines. And she will partner with the office of James Mulshine, MD, to help Rush’s institutional researchers coordinate their work with the hospital.

Before coming to Rush in November 2006, Melgoza was the assistant vice president of service lines at Mount Sinai Hospital, Chicago. While there, she was instrumental in developing an organizational framework for monitoring financial performance, planning future growth initiatives and administrative oversight using a product line approach. Her areas of responsibility have included oncology, women’s health services, gastroenterology, geriatrics and assisting with surgery programs. Melgoza also was responsible for physician recruitment and developing a hospitalist program. She received a master’s degree in public administration with a concentration in health policy and management from New York University and graduated from Smith College.

**GITT PROGRAM CELEBRATES 10 YEARS OF GERIATRIC HEALTH CARE TRAINING**

For a decade, Rush’s Geriatric Interdisciplinary Team Training (GITT) Program has been preparing students for the complex demands of caring for the country’s rapidly growing number of elderly patients. The GITT program celebrated its 10th anniversary with a reception held in December. More than two dozen people attended the event, including many of the program’s founders.

Since it was established in 1996, the GITT program has educated more than 1,400 students from 11 different disciplines about the unique medical needs of patients age 65 and older and how to work together as a team to meet those needs.

“Older people usually require treatment by clinicians from more than one discipline, because they usually have multiple medical problems,” observes Denis Evans, MD, director of the Rush Institute for Healthy Aging and the program’s founding researcher. “The GITT program already has made a big contribution to the care for the elderly, and the need for this level of care will only increase in the future as the baby boom generation ages.”

GITT leaders gathered at the 10th anniversary reception. Left to Right: David Lindeman, PhD, vice president, Maher Lifeways (a nonprofit organization that helps older adults); Russell Barck, PhD, associate professor, Department of Religion, Health and Human Values; Anthony Perry, MD, director, Johnston R. Bouman Health Center; Lois Halstead, PhD, RN, vice provost, Rush University; Juan Lapado, GITT coordinator; Marcia Spira, PhD, associate professor, Loyola University School of Social Work; Steven K. Rothshild, MD, director, Section of Community and Social Medicine, Department of Preventive Medicine; Denis Evans, MD, director, Rush Institute for Healthy Aging

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RUSH INTRODUCES NEW SYNCOPE CLINIC
The Rush syncope clinic recently opened to provide advanced multidisciplinary care for syncope, which is the temporary loss of consciousness and posture. Patients referred to the Rush syncope clinic have access to an experienced team of dedicated physicians, nurse practitioners and support staff, who work together to provide a comprehensive, integrated, and individualized approach to the work up and management of syncope.

Often described as fainting or passing out, syncope is a common problem, affecting 5% percent of adults at some point in their lives. This condition also accounts for a significant number of emergency room visits and hospitalizations. Due in part to the wide range of causes, there is often significant variation in the approach to diagnostic testing and treatment of syncope.

Participants in the Rush syncope clinic include Jeffrey Soble, MD, medical director; Rush syncope clinic; James Calvin, MD, chief, Section of Cardiology; Ruth Woroch, ND, APN, nurse practitioner, cardiology; Konish Krishnan, MD, director, Arrhythmia Device Clinic; Steven Lewis, MD, associate professor, internal medicine; and Bekele Dantzi, MD, assistant professor, internal medicine, and assistant medical director, outpatient psychiatry.

The Rush syncope clinic is available for outpatient referrals through the University Cardiologists office at (312) 942-7267.

RUSH RELIES ON EDUCATION TO HELP SAVE ABANDONED BABIES
Rush University Medical Center is doing its part to help with the Illinois Safe Haven Law. This law essentially allows a parent to anonymously leave an infant at a hospital, emergency medical facility or staffed fire or police station without legal reprisal (parents who leave children anywhere else may be prosecuted).

If a person comes to the hospital asking about the Safe Haven law or the Moses Law (a law authorizing the hospital to take temporary custody of a baby who appears to be younger than 7 days and unharmed from a parent who wishes to relinquish the baby), staff members should remain calm and escort the person and baby to the emergency department (ED). If a staff member finds what appears to be an abandoned baby, the individual should call security at (312) 942-5678 and bring the child (with a security officer) to the ED. Emergency department pediatricians will evaluate the baby immediately, and when possible the department's social services liaison will give the parent a packet of information in case they change their mind or consider sharing health history.

For more information on this policy, please visit Rush's intranet site at http://rpapc3in.rpslinc.edu/apps/workflow/rushpol. Refer to policy OP-0322.

RUSH HELPS TO LIGHT THE CHICAGO NIGHT
On Sept. 30, approximately 10 staff and 100 patients and their families from Rush University Medical Center turned out to participate in the Leukemia & Lymphoma Society's Light the Night fundraiser. This annual event, which Rush has supported for many years, is a two- to three-mile walk that takes place at night to celebrate and commemorate the many lives touched by cancer. Funds raised during the event are used to support the Leukemia & Lymphoma Society's mission to cure leukemia, lymphoma and myeloma, and improve the quality of life of patients and their families.

The Chicago event raised more than $650,000, while the Illinois chapter had its best year to date with $1.7 million. The Rush team raised $12,000.

RUSH OPENS GIRLS’ AND WOMEN’S BLEEDING DISORDERS CLINIC
Rush University Medical Center opened a bleeding disorders clinic for women and girls at the end of November in the Professional Building, suite 710. The clinic, which is a joint venture between the Rush Hemophilia and Thrombophilia Center, the Section of Hematology and the Department of Obstetrics and Gynecology, provides comprehensive diagnostic and treatment planning for girls and women with bleeding disorders. Created in response to the need expressed by the bleeding disorders community, the clinic is the only one of its kind in the Midwest. The clinic is open quarterly, on Tuesday May 29, July 31 and October 30, from 8 a.m. to noon. Rush expects to add more days of operation and expand to satellite areas as the clinic grows. For more information about this clinic or to make an appointment, please call (877) 787-4543.

RUSH ANNOUNCES NEW LECTURE SERIES
The year-long Rush Hemophilia and Thrombophilia Center’s Women’s Thrombophilia Lecture Series began in January. The series features international experts speaking on various topics related to women’s health and blood clotting disorders. This is a unique program targeting Chicago-area women with infertility/pregnancy complications and thrombophilia.

The first lecture took place on Jan. 16, and featured Stephanie Moll, MD, an associate professor from the University of North Carolina’s thrombophilia program. The second lecture will take place on May 2. The featured speaker, Andrea H. James, MD, MPH, from Duke University Medical Center’s Department of Obstetrics/Gynecology, will review evidence that clotting disorders might play a role in infertility and pregnancy complications.

The third lecture is tentatively scheduled to take place in October. Barbara A. Konkle, MD, will provide an overview of the complex interactions that exist in women who are living with thrombophilia.

All lectures will take place from 11 a.m. to 1 p.m. in the Professional Building, Searle Conference Center, fifth floor, and will include lunch. These lectures are open to all. Registration is required for lunch. To RSVP, please go to why_blood_clots@rush.edu or call (312) 942-8114.

The Rush Hemophilia and Thrombophilia Center offers an array of clinical and laboratory services on site for patients with bleeding disorders, as well as thrombosis and thrombophilia. The clinic’s multidisciplinary team works collaboratively with other medical specialists to help address the unique needs of women who live with blood clotting conditions. In addition, they offer special care to women who develop blood clotting conditions during or after pregnancy. This care includes hematological management of patients who are at high risk for fetal loss due to thrombophilia.

TAKE A LEAP WITH YOUR CAREER
The Leap program offers four class tracks to help in your professional development here at Rush.

Career Foundations: This class track offers classes designed to develop the basic skills to assist you in your professional development. Specific classes include the medical terminology series, beginning Spanish and setting performance goals.

Computer Applications: This series of classes offers a full array of instruction to assist you in using the full capability of computer applications.

For specific class offerings and class descriptions, please visit http://nxa.rush.edu/leap/index.html or contact Jake Nuber at (312) 563-2802.
RUSH COMMUNITY BENEFITS AID PEOPLE IN NEED

Includes Free Colonoscopies for Stroger Hospital Patients

When Rush recently began helping John H. Stroger, Jr. Hospital of Cook County with an overload of patients needing colonoscopies, Lawrence Carey was one of the first people to be examined at Rush. During Carey’s exam, a precancerous polyp in an early stage of development was found and removed. Had it gone undetected for a few more months, the polyp might have developed into full-blown cancer that wasn’t curable.

“I feel very fortunate that it was caught in time,” says Carey, a 59-year-old West Side resident. “It’s great that Rush is doing this.”

Carey is just one of the approximately 1,000 patients from Stroger Hospital for whom Rush gastroenterologists will perform colonoscopies this year. Rush is providing these exams completely free of charge to assist with a critical backlog that was delaying patients from getting diagnostic colonoscopies.

“This is truly charity care that Rush is providing,” says Enrique Martinez, MD, chief medical officer for ambulatory specialty services at the Cook County Bureau of Health. “Rush is the first hospital to step up to the plate and offer Stroger help.”

Due to the extremely high demand for the procedure, at the end of last year Stroger Hospital had a backlog of 1,200 patients awaiting colonoscopies, despite increasing the number of the exams it provided annually from 3,100 in 2004 to more than 4,300 in 2005. The high demand is partially due to the fact that Stroger provides medical treatment for many of the growing number of Chicago-area residents who don’t have health insurance and are unable to pay for their care.

Rush’s community benefits include the work performed by RU Caring, Rush University students’ community service program, which recently held its third annual health fair for the uninsured. More than 500 people, one-third of them children, received health evaluations during the event, which took place at the United Center. Lindsay Salese (with stethoscope), a junior nursing student, was among the many Rush volunteers who helped during the event. (See sidebar on page 2.)

Rush is able to provide these services to our community because Rush is a tax-exempt, nonprofit organization, and any revenue that remains after our expenses is reinvested in the Medical Center and our community, research and education programs. Maintaining Rush’s tax-exempt status is crucial to the Medical Center being able to continue providing these critical community services.

“Loss of our tax-exempt status, or having to divert revenue to pay taxes, would mean we would not have the money to put back into these programs, new equipment, staff and buildings,” says Catherine A. Jacobson, senior vice president of strategic planning and finance, CFO and treasurer. "As a nonprofit organization, Rush has been committed to a wide range of programs to benefit the community since our beginning. It is in our culture, and these programs have grown over time. Now we need to increase public awareness of the depth and impact of these investments in our health care providers of the future. (See sidebar on page 2.)

RUSH TRANSFORMATION BEGINS RESHAPING MEDICAL CENTER CAMPUS

LADS, HUMAN RESOURCES, OTHER DEPARTMENTS MOVE

After nearly two years of planning and hard work, the Rush Transformation is becoming more tangible, fulfilling the promise to transform the Medical Center through new facilities and technologies.

The first go-live phase of Epic, Rush’s new electronic medical record system, started in April, initiating the three-year transformation into a "one patient, one record" system. On the facilities side, the first phase of the campus transformation also will become more and more visible, beginning with the construction of the new orthopedic ambulatory building, power plant and parking structure.

Making Way for the New

Even before work begins on these new facilities in July, a tremendous amount of preparation needed to take place, beginning with the relocation of the first two buildings affected by the transformation — the Laurance Armour Day School (LADS) and the human resources building.

LADS is moving to leased space at 2150 W. Harrison St. to make room for the new orthopedic ambulatory care building, which will be located west of Ashland Ave., between Harrison and Flourny streets. At the same time, the Department of Human Resources will relocate to the fourth floor of the Armour Academic Center (AAC).
COMMUNITY BENEFITS

$3,517,909

Collaborations Enhance Medical Care for All Rush's arrangement to provide these procedures for Stroger Hospital's patients also reflects our mission to enhance excellence in patient care for all Chicagoans through our collaborations with other hospitals.

“"We have a commitment to giving back to the community. We know a lot of patients are uninsured and don't have access to care in a timely manner, if they have access at all,” observes John Losordo, MD, director of endoscopy at Rush.

“Even though we already have a lot to do, we've added these appointments to our schedule. We haven't cut out any services, we're just doing more.”

Most of the Stroger patients receiving colonoscopies at Rush already are considered to be at risk for colon cancer because they are exhibiting symptoms, have a past history of polyps or have a family history of the disease. “We wanted these patients to receive evaluations in a timely manner so we can detect any cancers or other conditions that could need immediate treatment,” Losordo says. “For these patients, waiting can affect their chances for survival. By performing diagnostic colonoscopies, we can pick out precancerous lesions and early tumors and give them a better prognosis.”

Physicians in the Section of Gastroenterology and Nutrition began performing the colonoscopies in February and had completed more than 90 exams by the end of April. During the procedure, which takes about two hours, a miniature camera on a thin flexible tube is inserted into the patient's rectum to examine the large intestine. Rush physicians also are diagnosing patients based on the test results and referring them to their primary physicians at Stroger Hospital for follow-up treatment as needed.

As of the end of April, the examinations had already uncovered precancerous polyps (that is, tissue growths) in 18 patients. In most cases doctors were able to remove the polyps, preventing progression to a potentially life-threatening colon cancer.

One of these patients was Lawrence Carey, who originally had scheduled an exam at Stroger Hospital after he saw a doctor for symptoms of bowel illness last November. Keith Bruninga, MD, a gastroenterologist at Rush, performed his colonoscopy here at Rush in March.

“I was very impressed with everyone at Rush,” Carey says. “I was very nervous, but Dr. Bruninga talked to me about the procedure and made me feel very comfortable. I also was very relieved when he called me personally to explain the results.”

Enrique Martinez says that Rush’s assistance will eliminate the backlog of patients awaiting colonoscopies by the end of the year, ensuring that more patients like Carey will get exams in time to allow for successful interventions. “It’s been working out beautifully,” Martinez says. “The patients are very happy with the service they’re getting. This is a huge help.” ★

RUSH PROVIDED $155 MILLION IN COMMUNITY BENEFITS LAST YEAR

Rush University Medical Center provides a wide range of community benefits in order to fulfill our mission to provide the very best care for our patients and enhance patient care through our education and research endeavors, community service programs and relationships with other hospitals. In our last fiscal year, Rush provided community benefits in the following forms and amounts.

Charity care and financial assistance (the cost to provide services to patients who lack the means to pay and who were qualified for charity care or financial assistance under one of Rush’s policies). Rush offers free care to patients with income levels that are less than two-and-a-half times the federal poverty guidelines. Last year, the Medical Center also implemented a 40 percent discount for all patients without insurance. In fiscal year 2007, Rush increased this discount to 50 percent.

Expected payments that were not paid (also known as “bad debt”) for health services that Rush provided.

$3,382,736

$31,894,884

$65,158,937

$34,958,347

$12,397,000

$3,913,329

$3,517,909

Rush and all other Illinois nonprofit hospitals have provided an annual community benefits report to the state Attorney General’s office since 2005. The hospital reports are due each year six months after the close of the hospital’s fiscal year.

To obtain the 2007 community benefits report (covering the 2006 fiscal year), contact Nancy DiFiore, (312) 942-5159. The entire community benefits report filed with the Attorney General can be seen by going to the Rush Web site, www.rush.edu. Click on About Rush at the top of the page, then look on the lower right to find the community benefits report.
A New Home for Human Resources
A great deal of thought went into the decision to move human resources to the AAC. This location places the department in the heart of the campus, where it will be more accessible to Rush staff members.

Unlike its old office, a two-story home formerly owned by the Episcopal Archdiocese of Chicago, human resources' new space is all on one floor with adjoining offices that encourage collaboration, sharing and camaraderie.

"Now that we've moved closer to our employee population, we hope people will stop by our offices to learn more about the programs and benefits that we have to offer," says Sheri Marker, vice president, human resources. "It's also a wonderful collaborative opportunity to have all of the human resources staff in one place."

This feeling of openness will be enhanced by thoughtful design touches throughout the offices. The architects, Loebl Schlossman & Hackl, have created a bright and welcoming atmosphere for employees and visitors by taking advantage of the natural lighting made available by the outer windows. At the same time, the recruiter and consultant offices were designed to instill a sense of professionalism and privacy.

Step by Step Collaboration
Like an elaborate game of dominos, accommodating the construction of Rush's new facilities demands a series of moves that must take place in a precise order, following specific deadlines. This arrangement requires the collaboration and innovation of countless departments.

The steps leading up to the human resources move are a perfect example of the problem solving that goes into such an endeavor. Before human resources can move into the AAC, the following departments occupying the space must first move to new locations. Some of the following moves have already occurred, and the rest will be completed by the end of the fiscal year:

- Media Services has moved to their temporary new office in room 450 AAC.
- The Office of Transformation has relocated to their new offices on 3 Jeike.
- The Department of Family Medicine has moved to room 605 Kidston.
- The Rush Photo Group has relocated to room 121 of Professional Office Building (POB) I.
- Continuing Medical Education has relocated to room 234, Johnston R. Bowman (JRB) Health Center.
- OR Scheduling moves to 7 Pavilion.
- Student Counseling relocates to 5 Kidston.

Next Steps
Construction has begun on widening the west corridor that runs from the POB to JRB. This work is required by the Illinois Department of Public Health. It will continue through early July, during which time the east corridor will be used as a temporary patient transport corridor.

Once this work is completed on the west corridor, it will reopen and the east corridor will be closed permanently south of student services to make way for the entrance to human resources.

This series of moves is just the beginning. As we continue forward with our transformation plans, more and more exciting changes will take place across the campus; some will be big and some small.

For more information on the Rush Transformation, please visit rushportal.rush.edu.

EPIC TECHNOLOGY TRANSFORMATION
The first phase of Epic, Rush's new electronic medical record system, began to go live on April 1, with the implementation of EpicRx, the pharmacy module of Epic. At this time, phase one continues with registration, billing, clinical documentation and computerized provider order entry (CPOE), which rolled out on May 1.

The implementation of this new financial and clinical system not only marks a milestone for Rush as we take the first steps toward our ultimate goal of "one patient – one record," it also serves as a supreme example of collaboration across the Medical Center.

For well over a year, Information Systems, along with hundreds of employees from across the Medical Center, has worked tirelessly to ensure that patients and employees experience a smooth and successful transition to this new system.

The third wave of this first phase began in June, with the implementation of OpTime, the new Epic surgical module. The next two phases of Epic will take place as follows:

Phase II Go-Live: February through June 2008
- Full clinical and ambulatory documentation
- Scheduling
- Clinical data repository
- Health Information Management module
- Emergency department module
- Radiology module
- Enterprise Document Management

Phase III Go-Live: July through September 2009
- Critical care
- Card plans
- Clinical device integration
- Patient/physician portals
- Laboratory module

PERMISSION TO PROCEED
In late February 2007, the State of Illinois approved Rush's request for a certificate of need to build our new orthopedic ambulatory care building on the Rush campus. The new building, which will be located on the west side of Ashland Ave. between Harrison and Flournoy streets, will consolidate the outpatient offices and facilities of Midwest Orthopedics at Rush and many Department of Orthopedics functions. The building will also include two underground levels that will house materials management and supply chain delivery systems, which will be connected to the new hospital via a tunnel under Harrison St.

Also approved at the hearing in Springfield were the Medical Center's plans to build a new parking structure and a new power plant for the campus. Related underground construction will provide a new loading dock. Construction will begin this summer, and all of these facilities are expected to be completed in 2009.
NEW EVACUATION CHAIRS ENHANCE SAFETY IN RUSH BUILDINGS

Imagine this scenario: A disaster has occurred in the building where you work, and the elevators are unsafe to use. You find someone who has a disability or is injured struggling to go down the stairs to exit the building. What do you do?

To ensure the safety of our visitors and staff, Rush has purchased a total of 12 evacuation chairs and installed them around the Rush campus. In the event of a fire or other emergency, these chairs can be used to bring injured people or people with disabilities down the stairs when elevators are unsafe. These chairs are not intended for use in evacuating patients. Patient care providers have received training on patient carrying techniques and will move patients to safety in an emergency situation.

“We don’t expect there ever will be trouble in the buildings, but we want to make sure we’re taking the utmost precautions for the safety of the people in them,” says Abby Roderick, life safety officer, occupational safety.

Made of lightweight, rugged aluminum, the chairs can hold up to 500 pounds and include easy-to-understand user instructions on the seatback. If necessary, an untrained operator could unfold the chair, secure the person requiring assistance, maneuver the person to the stairs, and transport the person down the stairs. However, use by non-trained individuals is discouraged unless a person must be evacuated immediately. The chairs were purchased primarily for use by emergency response personnel, such as the fire department or Rush Security Services.

The chairs can provide these emergency responders with quick and easy access to transport for persons who are immobilized. To prevent those who are immobilized from putting themselves or others at a greater risk during an evacuation, employees are asked to assist them to the nearest stair landing and contact security (ext. 2-5678) to report the exact location of the person needing assistance (for example, Atrium Building, 7th floor, Stair A).

All security staff members have been trained on proper use of the chairs, and they will receive additional training when the chairs are incorporated into our high rise evacuation drills during the summer.

Please note: In the event of any type of fire or medical emergency, immediately contact the emergency page operator at ext. 2-5111. The high rise ordinance requires that an emergency response plan be developed for buildings that fall within the city’s definition of a high rise. The Medical Center has nine buildings within this category (Armour Academic Center, Cohn Research Building, Senn/Rawson Building, Rush Medical College, Rush Research Building, Rush University Medical Center, Rush University Medical Plaza, Rush University Medical Center, Rush University Medical Center).

GET YOUR DISCOUNT TICKETS FOR THE CHICAGO WHITE SOX!

Rush University Medical Center is proud to be the preferred hospital of the Chicago White Sox and home to their team physicians. As part of our partnership, Rush University Medical Center employees can purchase discounted tickets for two games each season. This season’s games are as follows:

• FRIDAY, JULY 6
  Sox vs. Minnesota
  at 1:05 p.m.

• THURSDAY, AUGUST 9
  Sox vs. Cleveland
  at 7:11 p.m.

Coupons are good for upper box: $10; and upper reserved: $8. Please note: lower levels for all of this season’s games are sold out.

To get your coupons, stop by the second floor of human resources. Call ext. 2-5916 with any questions.
Every quarter, Rush employees are recognized for going above and beyond the call of duty for patients, families, and co-workers. These employees are shining examples of the Rush "I CARE" values (innovation, collaboration, accountability, respect and excellence). Here are the winners of Rush's awards for the fourth quarter of fiscal year 2007.

Employee of the Quarter
Angel Scruggs, patient care technician, has sought out better methods to deliver the highest standard of care, exemplifying Rush's value of innovation. Among other accomplishments, Scruggs has created a turning schedule with position changes predetermined by the hour on the clock, allowing any nursing personnel to reposition the patient using the clock as a guide. Also, through her assistance, chaplains were notified about patients' spiritual needs in a timelier manner, resulting in their department's patient satisfaction scores increasing by 21 percent.

Manager of the Quarter
Julie Lopez, unit director of 7S Atrium, has made herself accountable for helping the staff develop core values that are fundamental to the unit culture. By initiating a suggestion box, called "thinking outside the box," she has improved employee satisfaction and has elicited ideas from staff. She values staff opinions and feelings without losing sight of the big picture of providing the best patient and family care experience possible.

Team of the Quarter
The clinical documentation team demonstrates the Rush value of collaboration. The team worked together to improve documentation in patient charts, which produced additional weekly revenue of $61,000 on average to Rush in the past year and avoided possible coding delays. They also realized their goal while concurrently undergoing extensive training.

Patient Satisfaction "Star"
Sharon Brooks, patient access coordinator, earned the award for the second time while working at Rush. "Give her a raise and put her in charge of the department," some of her patients have said. Brooks has brightened the admitting-outpatient registration department, where patients are nervous and anxious, putting patients at ease with her cheerful spirit.

Carol Stege Awards
In 1979, Charles Stege established an award in honor of his wife, Carol, who had been a Rush patient for many years, to thank employees who had done so much to make her comfortable during her hospital stay. He stipulated that this award be given to two specific groups of employees — environmental services and engineering — who are not direct caregivers but are responsible for making our environment clean, safe, comfortable and well maintained.

Carolee Stege Award Winner for Environmental Services
Renee Lockhart, environmental services, is the payroll clerk for the entire department and is responsible for ensuring that the more than 280 union employees in the department are paid accurately and on time. She is always two steps ahead of everyone in tracking time, attendance and calls.

Carolee Stege Award Winner for Engineering
Kenneth Wilhan, engineering, has worked the third shift for more than 25 years. He stays late when no one else is able to and has worked overtime to keep Rush buildings warm through the cold weather months. He is very patient-care focused and a dedicated employee of Rush.* To nominate someone for a quarterly award, please call Pat Love at ext. 2-5918.
COLEMAN FOUNDATION AWARDS RUSH $5 MILLION GRANT

Historic Contribution Will Support Renovation of Outpatient Cancer Center

The Coleman Foundation has awarded Rush a $5 million challenge grant in support of the Medical Center's outpatient cancer programs. It is the largest grant the private, Chicago-based foundation has made in its 56-year history.

The foundation will contribute one dollar for every dollar raised specifically for the outpatient cancer facility during its current fundraising campaign, up to the grant maximum of $5 million. The Medical Center will use the funds for the planned renovation and expansion of this area, currently located in the Professional Building.

The center will include our comprehensive programs for breast cancer, head and neck cancer, and patients with chest tumors, pigmented lesions and prostate cancer. This center also will be home to future comprehensive clinics, all of which will be named for The Coleman Foundation in recognition of its transformational gift.

"Developing and renovating the cancer center and positioning the Medical Center for the future are extremely important and necessary tasks," says Michael W. Hennessy, president and CEO of The Coleman Foundation. "With this grant, the largest single commitment in The Coleman Foundation's history, we continue to assert our belief in Rush University Medical Center, not only for the important role it plays in cancer treatment, but also for the contribution it makes to Chicago's overall health care."

"This gift is doubly generous, because it both provides essential funding for cancer care at Rush and will be a powerful motivator for other donors to contribute," says Larry J. Goodman, MD, Rush president and CEO. "The Coleman Foundation has been a valued partner for more than 20 years in helping Rush provide cancer care for Chicagoans. This tremendous gift will help us to provide comprehensive cancer care to a greater number of the patients who can benefit from this approach. We are very grateful to the foundation for it."

**Comprehensive Care Enhances Treatment, Eases Patients' Difficulties**

Most cancer patients see multiple care providers (such as medical oncologists, radiation oncologists, surgeons and psychologists) and receive more than one type of treatment (for example, surgery, chemotherapy and radiation treatment). As a result, patients often must go from one facility to another to see their care team members and receive tests or treatment, which can be difficult for them both physically and psychologically.

To reduce this strain on patients and enhance the care they receive, the outpatient cancer center will place the majority of these treatment services and care providers side by side. "The overall goal of our program is to make life easier for patients while also enabling more collaboration among their medical team so we can provide them with optimal care," says Philip Bonomi, MD, director of Rush's Section of Medical Oncology.

The center will enhance Rush's existing comprehensive cancer clinics and allow for the creation of new comprehensive care programs. Comprehensive care is a team-based approach, in which the patient's diagnosing physician and other members of the care team meet to discuss a patient's condition, review diagnostic tests and plan treatment as a group.

A research nurse also reviews the patient's records and recommends relevant clinical trials for which the patient qualifies. Numerous Rush supportive services for patients complement this approach, including a cancer resource program in partnership with the American Cancer Society, a psychosocial oncology program and an integrative medicine program.

"By exchanging ideas, insights and information, we can develop an overall plan of care based on our collective understanding of the most promising course of treatment for the patient," Bonomi says. "This approach also ensures there's a clear understanding among all the care team members about the unique aspects of each patient's condition and treatment as we go forward."

Rush already has a long history of providing this kind of collaborative care, including the Midwest's first comprehensive breast cancer center, which was established at Rush in 1985. To help the Medical Center build on its existing programs, the new outpatient cancer center will include the following features:

- Additional space to accommodate all of the comprehensive cancer clinics and a greater number of cancer specialists
- State-of-the-art treatment rooms equipped with technology that will allow physicians and patients to review electronic records and diagnostic tests together
- Small and large conference rooms for consultation with other physicians and with patients and families
- A chemotherapy infusion center with private and semi-private treatment areas
- Supportive services, such as psychosocial counseling, to promote patients' sense of well-being and control and their quality of life

**Comprehensive Gift Extends Long Partnership with Rush**

For decades, The Coleman Foundation has worked alongside Rush in efforts to revitalize Chicago's West Side community and to make Rush a leading resource for cancer care in Chicago and the Midwest. The foundation has previously supported the creation of The Coleman Foundation Blood and Bone Marrow Transplant Center and the establishment of an endowed chair in blood and bone marrow transplantation, as well as research and equipment dedicated to improving patient care and outcomes. Over time, the foundation has made nearly $5.5 million in grants to the Medical Center prior to the $5 million grant for the outpatient cancer center.

Hennessy says The Coleman Foundation's decision to make its most recent gift to Rush reflected a belief in the Medical Center's ability to make our vision for patient care a reality. He and the other members of the foundation's board felt that for Rush the moment of impact is now.

"At this time," he says, "there is a unified vision, new thought and new energy at Rush — all of which create new possibilities and real progress."

**Comprehensive Care: One Patient's Story**

John Kmetz's story shows the difference that Rush's comprehensive cancer care can make for our patients' health and peace of mind. In August 2004, Kmetz was diagnosed with Stage II lung cancer, meaning the cancer had spread from his lung to the lymph nodes in his chest.

"I was scared to death," admits Kmetz, a 70-year-old retired banker who lives in northwest Indiana.

Kmetz sought treatment at Rush, and during his first appointment at Rush, he met with the leaders of his comprehensive care team — Philip Bonomi, MD, director of Rush's Section of Medical Oncology; L. Penfield Faber, MD, vice chairman of cardiovascular and thoracic surgery; and Thomas Zusag, MD, radiation oncologist. "They sat me down, talked to me, explained what I was going to go through," Kmetz says. "To find out the relationship you have with them makes you feel at home. It sets you at ease even though you don't know what's going to happen."

Because his cancer had spread to his lymph nodes, the team decided to treat Kmetz with both chemotherapy and radiation therapy following surgery. After Faber removed the lung tumor in October 2004, Kmetz underwent chemotherapy under Bonomi's supervision, then radiation therapy overseen by Zusag.

"I knew I only had to come to one place, and everything I needed would be right here. I knew if I needed to talk to any of them, I could," Kmetz says.

Kmetz has continued to receive regular follow-up evaluations from Bonomi, and he shows no evidence of disease more than two-and-a-half years after his surgery. "I'm feeling great," he says, adding that he now regularly recommends Rush to people needing cancer care. "I tell them they better come here."
Esko Peterson has seen firsthand the difference the South Side YMCA’s Youth Basketball Association (YBA) has made for the children who participate in the program.

“When they just start off, they’re pretty raw. Their growth by the end of the season is a big accomplishment,” says Peterson, a senior human resources consultant in recruitment and career services at Rush. He began volunteering with the YMCA nine years ago when his son, Esko Jr., joined the organization’s T-ball league. “It teaches values as well as sport.”

Peterson currently coaches two YBA teams, and he recently obtained a $1,000 grant from Rush’s You Care program to provide scholarships for children in low-income families who can’t afford the YBA’s fees.

“When I told them about it in the coaches meeting, people literally were applauding,” Peterson reports. “It shows Rush’s commitment to helping out the community.”

The You Care program supports the volunteer work of Rush staff members by awarding grants of up to $1,000 to nonprofit human service organizations where Medical Center employees volunteer (grants are not awarded for political or religious causes). Any employee in good standing who has worked at Rush for more than a year can apply for a grant on behalf of the organization where the employee has volunteered for at least six months. Grant applications may be submitted at any time during the year and are reviewed by a committee of Medical Center employees.

“Our employees are motivated by a desire to help people, and that desire extends from their jobs to their volunteer efforts,” says Gabe Ceperich, senior human resources consultant, employee relations, and facilitator of the You Care committee. “The You Care program is a way for Rush to show appreciation and support for the good work our employees are doing in their off hours. We encourage all our employees to submit grant applications on behalf of the organizations where they’re helping out.”

The You Care program also recently awarded a $700 grant to the Leadership Development Institute (LDI), which operates community programs in Chicago’s south side and south suburbs, including a co-ed youth track team. Rolandi Flynn, a program director and research coordinator in the Department of Preventive Medicine, has been volunteering with the team as a fundraiser and chaperone ever since her daughter Bianca joined it 10 years ago.

“They improved her performance both as an athlete and as a student,” Flynn says. Her participation in the team helped Bianca earn a track scholarship to the University of St. Francis in Joliet, where she is a senior and recently was inducted into the Phi Alpha Honor Society for social work students.

Flynn says there are many more talented athletes on the team who could be eligible for scholarships if they improve their test scores. The You Care grant is being used to purchase tutoring software and test preparation books to help team members prepare for standardized college entrance exams.

“You can see Rush provide this service says that they care about their employees and they care about their community, and I’m proud to be a part of that,” says Flynn, who’s worked at the Medical Center for 25 years.

Representatives of both the South Side YMCA the LDI expressed gratitude for the You Care grants. “It was big, because it provides an opportunity for kids who can’t afford to play,” says Joel Bullock, YBA program director.

“It’s a gift that can be used over and over again and can benefit a large number of students,” adds Bambade Shakoor-Abullah, PhD, the LDI’s executive director. “We greatly appreciate the program, because it encourages people to volunteer. It gives volunteers more return on the time and energy they give.”

The grants to the South Side YMCA and the LDI are the first two awards the You Care committee has made. The committee also recently awarded $1,000 each to a youth baseball team coached by Joseph Tansky, a teacher at the Laurnce Amour Day School, and a violin school for children where Carmela Gonzalez, manager, ultrasound and vascular laboratory, volunteers. With up to $10,000 in You Care grants available a year, there’s plenty of opportunities for other employees to assist their favorite volunteer organizations.

“We’re eager for applications — I can’t stress that enough,” Ceperich says. “We know there are a lot of employees at Rush who are doing volunteer work, and we want them to understand that the You Care program is available to them, and to take advantage of this wonderful opportunity.”

For more information about the You Care program or to request an application, please contact human resources at ext. 2-2205.

Children in the South Side YMCA Youth Basketball Association program at a practice.
New TomoTherapy Treatment Delivers Higher Radiation Dosages Safely

The Department of Radiation Oncology recently began offering TomoTherapy, an advanced technique for locating tumors and safely and effectively treating them with pinpoint precision. "Think of radiation as surgery in slow motion and without the shedding of blood," Abrams explains. "The more precisely you destroy what needs to be destroyed while leaving alone what needs to be left alone, the more successful you’re going to be at treating the tumor and not causing complications from that treatment for the patient."

While the patient lies on the treatment table, the TomoTherapy system uses CT scans to pinpoint the exact position of the tumor. Using these images, radiation therapists can make immediate adjustments as needed to ensure the radiation is directed precisely at the tumor.

Immediately after determining the tumor's exact position, the TomoTherapy system delivers a sophisticated form of intensity modulated radiation therapy to the cancer. As the patient passes through the TomoTherapy machine, a radiation beam revolves around the patient. Each time it circles the patient, the radiation beam is directed at the tumor at a different angle to the body.

"It is an advantage to have the radiation treatment projected into the tumor continuously as it rotates," Abrams says. "TomoTherapy gives us more control in how we plan treatments, because we can adjust the size, shape and intensity of the radiation beam to target the size, shape and location of the patient's tumor."

While the TomoTherapy radiation dosages from any one treatment are lower than in conventional radiation therapy, the cumulative amount of radiation delivered to the tumor is much greater, increasing the likelihood of destroying the cancer. At the same time, by delivering the lower dosage from multiple angles and rotating the beam around the patient, TomoTherapy keeps the amount of radiation that passes through the other parts of the body at safe, low levels.

The department also acquired a new CT simulator, which uses CT scans to image a patient's body and then simulates the path and intensity of the radiation beams being delivered to the patient's tumors. While conventional simulators use X-ray images, the CT scans allow doctors to image the body in far greater detail and more thoroughly assess the angle and level of the radiation treatment being simulated.

"Now, as I do the planning, I can see exactly where each organ is," Abrams says as he views 3-D images of a patient on a computer screen in the department's treatment planning room. "We can actually calculate the results inside the patient. We can see exactly what's being treated; what's not being treated, whether we're going to cause problems somewhere inside the body, and what adjustments we can make to avoid those problems."

Other Improvements in Radiation Oncology

The department also has upgraded its brachytherapy system (for treating tumors by implanting radioactive materials inside or near to cancerous areas) and its nursing practice. Within the next year, it will acquire a new linear accelerator to enhance its capabilities for providing stereotactic radiosurgery (the delivery of a single high-dose beam of radiation to a specific area of the brain).

In addition to improving its clinical care, the department also is remodeling all of its patient areas to provide a more pleasant and reassuring environment.

The 12,000-square-foot renovation includes the reception area, hallways, patient examination and treatment rooms and patient changing areas. It will accommodate the steady growth in the number of patients the department serves — which averages 3 percent a year — by increasing the number of exam rooms from four to seven and adding a counseling room.

The revamped reception area features carpeting and plush furniture, and new wood floor paneling has been installed in the hallways. Images of blue skies even have been added to the ceiling above where patients lie during treatment.

"Getting cancer care is a big deal, and it's an unwelcome big deal," Abrams says with a kind smile. "We understand how unwelcome and stressful it is, and we want to make our patients more comfortable by making our facilities warm, embracing, modern and attractive."  

Radiation therapist Amy Mortola reads a patient for TomoTherapy.
RUSH BALL RAISES RECORD AMOUNT FOR MEDICAL STUDENTS

Members of the Rush medical staff and faculty and other friends of Rush Medical College gathered to support financial assistance for Rush medical students during the 16th annual Rush Ball, held at the Chicago Hilton in February.

A record crowd of 520 donors attended the $250 per-person gala, which raised $1,055,228 for the Medical Staff Student Scholarship and Loan Fund. It was the most money ever raised from a benefit for the fund.

Previously known as the Medical Staff-Faculty Dinner Dance, the Rush Ball has raised more than $900,000 for student financial assistance since it was inaugurated in 1991. Rush students receive an average of $8,600 each in financial aid a year from the college.

Tuition and fees for four years of medical school at Rush currently cost $163,740, not counting books and living expenses. This amount is consistent with the four-year costs of other private medical schools in the Chicago area, including the Northwestern University Feinberg School of Medicine ($164,860) and the University of Chicago Pritzker School of Medicine ($163,256).

"We are very grateful to the Rush Ball committee for organizing this event, and to the medical staff and faculty, our other Rush colleagues and the other supporters who attended it," said Thomas Deutsch, MD, dean of Rush Medical College. "Medical school is a major financial commitment, and everyone who took part in this event helped provide much-needed assistance for our students."

Top right: Guests hit the dance floor at the Rush Ball. Bottom right: Rush medical students are all smiles at the event. The students, who are members of the Council on Student Affairs, sold raffle tickets and assisted with the silent auction during the Rush Ball. Left to right: (Front row) Lisa Stonehoecker, M1; Jennifer Rui, M1; Neha Patel, M2; Elizabeth Marsh, M2; Margo Rollins, M2; Jessica Huang, M2; Yasir Kazmi, M2; Michelle Tortorello, M2; Gina Rogers, M4; (Second row) Nate Cichon (friend of student); Samad Soudagar, M2; Dat To, M1; Faaiza Vaine, M3; Shari Brandt, M2; Mark Hinton, M2.

MEDICAL STUDENTS RECEIVE, CELEBRATE RESIDENCY ASSIGNMENTS ON MATCH DAY

Match Day once again combined the anticipation of New Year's Eve with the emotion of a wedding as Rush medical students learned where they will perform their residency training. The students gathered at the Robert W. Sessions House on March 15 to receive their notification from the National Residency Matching Program, which pairs medical students with residency programs across the country. Thomas Deutsch, MD, dean of Rush Medical College, led the students in counting down the last 10 seconds until 11 a.m., when they opened the letters informing them of their residency assignments.

This year's graduating class will conduct residencies in 19 specialties at 58 institutions across the country, including 29 students who will continue their training in residency programs at Rush University Medical Center. In all, 111 Rush students will enter residency programs. Depending on the specialty, a residency lasts from three to six years.

The students will begin their residencies this summer after receiving their medical degrees from Rush during the college's June 9 commencement ceremony. Congratulations to the class of 2007, and best wishes for the future.

(Left to right): Patricia Valassio, Dana Rauskana-Hendry, Jaslynn Li, and Matthew Sisk (with his daughter Maya) proudly display their residency assignment letters.
RUSH GENERATIONS HELPS OLDER ADULTS AGE WELL
NEW CLASS EXTENDS PROGRAM THROUGHOUT CITY, SUBURBS

"Like never been 72 before," Dorothy McKinney says. "I'm learning how to take care of a 72-year-old book."

A retired schoolteacher and mother of two, McKinney lives alone in Chicago's Printers' Row neighborhood on the near south side. She gets advice on taking care of herself from Rush Generations, the Medical Center's free membership program for older adults and the people who look after them.

For the past three years, she's received health screenings at one of the program's annual health fairs. She also regularly attends Rush Generations' free classes on topics such as pain management.

She credits what she's learned from the program for helping her to eat healthfully, exercise regularly and keep her home clear of obstacles that could cause her to trip and fall. "It reinforces a lot of everyday things that I can do to stay healthy," she says.

McKinney is just one of the 3,000 people Rush Generations assists each year, demonstrating the great need for services for older adults that prompted Rush to establish the program two years ago.

Rush Generations provides a range of services and support to help keep older adults healthy and vital for years to come, including a health resources library, counseling services, health fairs, support groups and education (see sidebar for details). "People have a lot of anxiety about getting older and what it's going to be like, and the more we can demystify it the better," says Robyn Golden, LCSW, the director of Rush Generations.

In addition to Golden, the Rush Generations team includes Dana Bright, LSW, coordinator of community health; Vanessa Fabbrine, MSW, coordinator of older adult programs; and Madeline Rooney, MSW, Medical Center liaison.

This spring, Rush Generations expanded its preventive health efforts by collaborating with the Utilization Management Department to help our older hospital patients avoid additional health problems and other difficulties after they are discharged. Utilization management — which coordinates all hospital patient discharges — identifies seniors being discharged who are at high risk for additional illnesses or injuries. After these patients have left the hospital, Rooney contacts them to check up on their condition, make sure they are receiving the services they need, and make additional referrals and solve problems when needed.

"Older adults are often at risk for some other crisis or premature return to the hospital because of a lack of coordinated services in the community, or because they lack information and resources," Rooney says. "We decided that another way Rush Generations could help was by helping to fill in those gaps."

Coping With Chronic Disease

The program's collaborative efforts also extend to communities outside the Medical Center. Since March, Rush Generations has been offering a class in chronic disease management — called Take Charge of Your Health — at sites throughout the Chicago area as part of a three-year, 16-state project funded by the U.S. Department of Health and Human Services Administration on Aging.

The class teaches people age 60 and older with chronic illnesses techniques for reducing pain, boosting energy levels, lessening personal isolation and communicating better with health care providers.

"It emphasizes how you can adjust in your daily life and make the changes necessary to cope," says 75-year-old Betty Campbell, who took the class to help her manage the difficulties caused by her arthritis, a heart condition and gastrointestinal disease. "It helps you break down what the problems are and what you can do about them, step by step.

"These techniques have been proven to reduce the amount of time people spend in the hospital and the number of times they're admitted into the hospital," says Bright, who is leading the Medical Center team teaching the classes.

In addition to a class that met at the Medical Center in April and May, Rush Generations has been holding classes in community centers throughout Chicago and suburban Cook County. Each of the classes meets once a week for six weeks. By the end of June, Rush Generations will have offered 33 classes enrolling about 500 people, with many more to come over the project's three-year span.

Campbell, a retired librarian who lives in the West Chesterfield community on Chicago's south side, attended her Take Charge of Your Health class at a senior center near her home. She also received counseling from the Rush Generations program prior to having lung surgery two years ago and attends the classes the program offers on topics such as healthy eating and managing medical information.

"I'm taking them because I want to keep going. If I didn't, I would just come home and sit down and be sick," Campbell says. Instead, she keeps busy participating in a memoir writing group and leading a group from her neighborhood historical society that's interviewing longtime residents about the community's origins.

Campbell lives alone, and she credits Rush Generations' services for helping her to remain in Chicago, where she's lived all her life, rather than moving to California to live with her daughter and son-in-law. "It's very valuable," she says. "How else would we get this kind of information?"

McKinney agrees. "Rush is a great place for me," she declares. "I don't know what I'd do if I didn't have Rush."

To help older adults live healthy, active lives, the Rush Generations program provides them and their families and caregivers with the following free services:

- The Anne Byron Waud Resource Center, located on the fourth floor of the Johnston R. Bowman Health Center, provides access to a comprehensive health resources library, including computer resources. The center also maintains a toll-free information phone line at (800) 757-0202.

- Counseling services offered at the Waud Center help older adults and their families and caregivers with the health-related challenges that can accompany aging, including making long-term living and caregiving arrangements, filing health insurance claims and appeals, understanding prescription drug coverage and managing financial issues.

- Two annual health fairs provide a wide array of screenings and assessments for a combined total of approximately 600 participants, many of whom do not have health insurance and rely on these events to manage their health.

- Support groups offer guidance and comfort for older adults and their families, as well as for adults facing challenges such as diabetes, grief, memory loss and the effects of stroke.

- Monthly workshops and classes provide education in preventive health and wellness, and a health newsletter published twice a year provides health education and recommendations.

For more information about classes and workshops, please visit www.rush.edu or contact rush_generations@rush.edu or (800) 757-0202.
RUSH UNIVERSITY MEDICAL CENTER IS A COMPANY THAT CARES

The national nonprofit organization, Center for Companies That Care, named Rush to the 2007 Companies That Care Honor Roll because of our strong commitment to our employees and to our community.

The center said Rush:
- Sustains a work environment founded on dignity and respect for all employees
- Makes employees feel their jobs are important
- Cultivates the full potential of all employees
- Encourages individual pursuit of work/life balance
- Enables the well-being of individuals and their families through compensation, benefits, policies and practices
- Develops great leaders, at all levels, who excel at managing people as well as results
- Appreciates and recognizes the contributions of people who work here
- Establishes and communicates standards for ethical behavior and integrity
- Gets involved in community endeavors and/or public policy
- Considers the human toll when making business decisions

Those named to the 2007 list feature large and small, public and private, local and national companies in diverse industries. The Honor Roll is selected by an independent panel of veteran professionals in a variety of industries.

Centers for Companies That Care is a national, nonprofit organization dedicated to enhancing the well-being of employees and communities by encouraging employers to integrate the 10 Characteristics of Companies That Care into their daily business practices.

“Being named to the Honor Roll requires a steadfast commitment to employees and communities and detailed proof that a company adheres to all 10 characteristics of caring companies,” says Marc Koblenz, co-founder and president of the Center for Companies That Care. “We applaud this year’s recipients, and are extremely pleased that a growing number of companies are focusing on their social responsibility in the workplace and the community.”

“Rush is proud to be recognized for its commitment to helping employees thrive and develop as professionals,” says Sheri Market, vice president of human resources. “The medical center is dedicated to fostering an environment of inquiry, knowledge and teamwork. Our employees are passionate about their work, and their reach extends beyond the hospital to community initiatives and volunteer activities.”

For more information about the Center for Companies That Care, visit www.companies-that-care.org.

RUSH VOLUNTEERS BUILD PLAYGROUND FOR WEST SIDE CHILDREN

Children in a nearby West Side neighborhood now have a new place to play, thanks in part to Rush volunteer. Members of RU Caring — a community service program run by Rush University students — and many Rush faculty and staff members recently devoted their time and effort to building a playground at William H. King Elementary School, located about a mile west of the Medical Center. RU Caring collaborated on the project with the Chicago Public Schools' Playground Pilots program, which builds playgrounds throughout the city and funded the $89,000 project.

Rush students in the RU Caring program have been tutoring at King for more than a year, contributing to a 17 percent improvement from 2005 to 2006 in the students’ performance on the annual Illinois Standards Achievement Test (ISAT). The test measures student learning and student performance.

RU Caring members decided to reward the King students with the playground and sought out the Playground Pilots program to help them provide it. More than 200 Rush volunteers spent the day helping to build the elaborate playground and leading activities for King students, including science-related projects. Students also recruited a painting company to donate time and labor to repaint several classrooms.

“To have so many people from Rush give up their time to construct the playground was truly an amazing outpouring of helpfulness for the children at King school and for the community,” says Shelton Flowers, King’s assistant principal. “We feel very blessed to have them helping us.”

Rush volunteers helping build the King school playground in May.
COLLEGE OF NURSING CHANGES DOCTORATE DEGREE TO PHD
Change Reflects Growing Emphasis on Research

In addition to providing the very best care for our patients at Rush University Medical Center, we’re also training tomorrow’s health care leaders. To equip doctoral nursing students fully for their futures as nursing teachers and researchers, Rush University recently changed its College of Nursing Doctorate of Nursing Science (DNSc) degree to the Doctor of Philosophy degree (PhD).

“We’re using the terminology that’s more commonly understood and accepted in the field of nursing,” says Carol J. Farran, DNSc, RN, FAAN, director of the PhD program. “This change also reflects our program’s growing emphasis on developing student’s research and grantmanship skills in order to prepare them for careers as academic researchers.”

The Rush University College of Nursing DNSc program began in 1977 and graduated its first students in 1980. Since then, nearly 200 students have graduated from the program. Graduates work in a variety of settings, holding a broad range of academic, research and clinical positions.

The Rush University Medical Center Graduate College and Board of Overseers recently approved the change in credentialing, as did the Illinois Board of Higher Education. The decision follows a year-long study of the issue by a College of Nursing task force, which consulted with other nursing programs that have made the same change.

“The task force recognized there was longstanding equivalency in coursework and research completed by DNSc graduates to that done by graduates in existing PhD programs,” notes Melanie C. Dreher, PhD, RN, dean of the College of Nursing. “Moving to this degree will strengthen the identity of the College of Nursing’s research doctoral program and assure that the Rush degree meets standard academic protocol across the profession.”

Prior graduates of the DNSc program now may choose to use either credential to identify their degree (which can be confirmed by submitting a request to the college’s registrar). Students currently enrolled in the program have the option of receiving either a DNSc or a PhD upon graduation.

“I’m very excited that they switched,” says Lt. Cmdr. Dennis Spence, Nurse Corps, U.S. Navy, who is assigned to the Navy ROTC unit in Chicago and has been enrolled in the program full-time for the last year-and-a-half. “My experience has been that outside of nursing, people weren’t familiar with what the DNSc was. The PhD is more recognized. For my professional career, that’s a benefit.”

Currently, 28 students are enrolled in the program, which primarily is taught online. The program’s course of study will not be affected by the change, but more attention will be given within the existing curriculum to developing skills in writing grant requests and scholarly papers.

As part of the program’s required research grantmanship course, students now will complete an entire National Institutes of Health (NIH) grant application — a request for research funding that requires extensive explanation and documentation of the project for which funding is being sought. The NIH is a federal government agency that is the main source of medical research funding in the United States.

Professors also will advise students about opportunities to turn class papers into scholarly articles. “They’ll say to the student, ‘let’s take this one step further and submit it as a manuscript,’” Farran explains. “By the end of the program, a student might have two or three manuscripts they’ve already written that could become part of their dissertation.”

The program now will require each student’s dissertation review committee to have five members, including one from outside the College of Nursing. Previously, only three members from nursing were required. “It gives more rigor and is more consistent with what other PhD programs require,” Spence observes.

The college hopes that the switch to the PhD degree and the academic changes accompanying it will encourage a greater number of its bachelor’s of science in nursing and master’s of science in nursing students to remain in school after completing their degrees and earn their doctorate.

“Nursing is drawing people from other fields seeking second careers. We’re getting very qualified people and we want to help them move through our program more quickly,” Farran says. “There’s a growing shortage of nursing educators nationwide, and our goal is to increase the number of students who plan to become faculty members, not only at Rush but at nursing schools throughout the country.”

NURSING AND HEALTH SCIENCES PROGRAM RATED HIGHLY IN NATIONAL RANKINGS

Eight programs in the Rush College of Nursing and three programs in the College of Health Sciences are ranked among the top 25 nationwide in the 2008 edition of the “America’s Best Graduate Schools” survey published annually by U.S. News & World Report.

The College of Nursing is ranked third in the nation for its master’s in nursing anesthesia program and 19th for its master’s in nursing program. The College also received top 10 rankings for the following nursing specialties:

- Community/public health nursing – 5th
- Psychiatric/mental health nursing – 6th
- Pediatric nursing – 7th
- Adult nurse practitioner – 9th
- Gerontological/geriatric nursing – 9th
- Family nurse practitioner – 10th

The College of Health Sciences was nationally recognized in three disciplines: The doctor of audiology degree program is ranked 20th; the master’s in speech-language pathology program is ranked 22nd; and the master’s in health systems management program is ranked 25th.

“These distinguished programs are representative of the high quality educational programs at Rush University,” says Thomas A. Deutsch, MD, provost, Rush University. “The high rankings demonstrate the commitment to excellence of the faculty and staff of the Rush colleges of nursing and health sciences.”
GERIATRICS RENOVATION SHOWS EXTRA ATTENTION AND CARE FOR OLDER PATIENTS’ NEEDS

At Rush, providing the very best care for our patients includes making sure our facilities are comfortable and appropriate for their special needs. You can see that commitment in the Section of Geriatric Medicine, which recently remodeled its outpatient care center in the Professional Building.

"A young adult might not notice the difference, but these little touches show our patients that we understand and really care about them," says Martin Gorbien, MD, director of geriatric medicine.

The renovation includes a double wide door that makes it easy for patients in wheelchairs and stretchers to pass through it. To further accommodate these patients, both the registration desk and examination tables are placed lower than the typical waiting room, and the hallways and exam room doorways are wider than in other offices.

The numerous loveseats in the waiting room allow for shared seating for both patients and the caregivers who typically accompany them. "Patients never come alone. At least one person is always bringing family members," Gorbien says. "That's why we have more seating than a standard office."

The waiting area and hallways are decorated with artistic black and white photographs of older adults and Chicago theatres, providing both an attractive environment and a sense of belonging. A bathroom accessible for persons with disabilities also is located within the office, where the geriatrics staff can quickly provide assistance if it's needed.

"All these little touches were very well thought out and integrated," Gorbien says. "One patient told me, 'It shows you care about us older adults.' It made my day." *

The renovation to the geriatrics suite includes easy thoroughways, seating for two or more, and desks and tables at wheelchair level.

COLLABORATIVE MUSIC THERAPY PROGRAM BRIGHTENS PATIENTS’ DAYS

On a recent Monday afternoon, a patient was passing through the fourth floor lobby of the Atrium Building where a group of musicians were playing. Even though he was on his way to the emergency department to get the dressing changed on his hand wound, the music stopped the patient in his tracks. He sat, listened, sang along to "Amazing Grace," and then thanked the musicians before continuing on his way.

This interaction demonstrates the comforting effects music can have on people who are sick and injured. Other patients and staff members had similar reactions when student musicians from the University of Illinois at Chicago (UIC) performed at Rush in March and April. The students played in the Atrium lobby on Monday afternoons and the oncology unit on the 11th floor of the Kellogg Building on Saturdays, delighting listeners with the beloved melodies of such compositions as "Somewhere Over the Rainbow" and Pachelbel’s "Canon in D."

The students are health care majors enrolled in an honors seminar titled Music Therapy and Music Medicine, which examines music’s effect on patients, their families and medical staff. Students from the seminar also played music at Rush last fall.

Research has shown that music can help alleviate pain and anxiety and improve heart rate, blood pressure and respiration. "It addresses the emotional difficulties that accompany illness, such as depression, anxiety, fear and grief, while providing spiritual support," says Laura Pawuk, MM, MT-BC, a music therapist and adjunct lecturer at UIC Honors College.

In addition to providing comfort to our patients and their families, the program shows how we can enhance patient care by collaborating with partners outside Rush. "The UIC class is a good fit with our department's efforts to provide spiritual and emotional comfort to our patients and their families," says JoAnn O'Reilly, MA, MARS, clinical pastoral education supervisor in the Department of Religion, Health and Human Values, who helped arrange the collaboration with UIC. "The music program shows concern and care for our environment and for all the patients, families and staff who pass through that environment."
RUSH RESEARCHERS RECEIVE TOP RANKINGS IN NIH GRANT REVIEWS

Studies May Lead to Treatments for Alzheimer’s Disease, HIV/AIDS, Degenerative Muscular Diseases

At Rush, our mission to provide the very best care for our patients includes seeking new treatments for diseases that are incurable today. Though their work, our medical researchers are trying to improve treatments and outcomes for future patients — at Rush, and around the world.

The excellence of the Medical Center’s research endeavors is evident in three ongoing clinical investigations that recently received top scores from the National Institutes of Health (NIH), an agency of the U.S. Department of Health and Human Services. The scores came from the institutes within the NIH that reviewed and approved the Rush researchers’ requests for funding. Only proposals that scored in the top 10 to 15 percent, depending on the area of study, were awarded funding.

The grant recipients include the Rush Alzheimer’s Disease Center and two different studies in the Department of Molecular Biophysics and Physiology. All three investigations have been receiving NIH grant support for more than 15 years, showing that they’ve repeatedly demonstrated their value over time.

“Federal funding for biomedical research has never been more competitive, yet in this incredibly competitive environment Rush researchers are being very successful,” says James Mulshine, MD, vice president and associate provost for research. “It’s a remarkable accomplishment.”

Supporting Research Nationwide

The Rush Alzheimer’s Disease Center received a grant of $10.6 million for a five-year period from the National Institutes of Aging (NIA). The grant funds the center’s work collecting extensive clinical data from organ donors; storing brain samples taken from the donors after their death; and sharing these data and samples with researchers at Rush and across the country. The center received its initial grant for this work in 1991.

The center’s proposal earned a score of 134 from the NIA, the best score received in this grant cycle by any of the approximately 20 national Alzheimer’s disease centers nationwide. Centers receive scores ranging from a low of 500 to a best possible 100.

The volunteer tissue donors include the participants in the Religious Orders Study, a longitudinal study of more than 1,100 Catholic clergy from across the country that began in 1993. The study focuses on the clergy because they often live together and have similar lifestyles and backgrounds, making them good subjects for comparison. All participants agree to be tested every year and donate their brain at the time of death. Other donors come from the Center’s Clinical Core, which includes people with forms of dementia that are not typical of Alzheimer’s disease patients. In all, the center is working with 1,750 volunteers, and its bank currently includes specimens from about 800 individuals.

Researchers have used the center’s samples for dozens of studies at sites such as Harvard, Johns Hopkins and Northwestern universities. The Rush Alzheimer’s Disease Center also uses the organ donor samples for its own research, which has yielded many important findings. The center has identified numerous risk factors for Alzheimer’s disease, including diabetes, psychological distress and unexplained weight loss. It also demonstrated that people with Alzheimer’s disease pathology do not always experience memory loss, indicating that other factors may be able to prevent memory loss from occurring in people with the illness.

“This repository is truly a unique resource,” says David A. Bennett, MD, the center’s director. “It is essential to understanding what’s happening in the human brain on a molecular level and to see what underlies memory loss, which is the most common and most feared problem of older adults.”

Following Infection’s Entry

The National Institute of General Medical Sciences (NIGMS) awarded a $2.4 million grant over four years to a Rush study of how the genetic material of HIV and other viruses enter and infect cells. The study is the latest phase of an ongoing series of investigations that have been receiving NIGMS support for 26 years. The grant was scored in the top one-half of 1 percent among the approximately 5,000 NIH applicants nationwide in the last year.

To understand the infection process, Rush scientists tag parts of sample viruses with fluorescent dye and then observe the viruses’ interaction with healthy cells under a microscope.

“We mark different elements of the virus different colors and then follow where the colors go,” says study leader Fred Cohen, PhD, molecular biophysics and physiology.

Cohen’s laboratory pioneered this technique 15 years ago. It’s now used in studies worldwide by academic researchers and pharmaceutical companies. Cohen’s laboratory also has pioneered techniques for testing the effectiveness of drug therapies, which pharmaceutical companies have used in the development of a new class of HIV treatments that currently are being implemented.

Cohen’s team also electrically measures the precise moment the virus infects the healthy cell and how the cells change afterwards. They do this in order to determine how quickly the merger of the cells produces the merger of genetic material that causes infection.

“The entry process isn’t one step, it’s not like you flip on a light switch,” Cohen explains. “Through our research, we want to break down the process of the virus’ genetic entry and find at what point we can intervene to prevent the spread of infection.”

Tracking Muscle Triggers

The Rush Section of Cellular Signaling in the Department of Molecular Biophysics and Physiology conducts multiple studies of the factors that control muscle function. These studies are being supported by six grants from the National Institute of Arthritis and Musculoskeletal Diseases and the National Heart and Lung Institute.

Recently, the section received a $2 million, five-year renewal of a grant first awarded in 1993. This grant is funding an examination of the mechanisms that affect how calcium moves from a storage area in muscle cells to the main body of the cell in order to signal movement.

Research has found that the mineral calcium acts as a trigger for muscle movement. “It’s a crucial function that goes bad due to aging, exercise and disease,” explains Eduardo Rios, PhD, section director. “By understanding how it works when it functions properly, we can better understand what happens when it goes wrong and develop ways of correcting it.”

The section has developed its own unique fluorescent microscopy method, which enables the scientists to dye certain proteins and observe them moving into the cell. This innovation contributed to the high marks for the grant, which was ranked in the top 1 percent of approximately 5,000 proposals submitted to the NIH last year.

During the course of this grant, Rios’ laboratory has identified several key signals for muscle function, including the molecule that allows muscles to respond to commands from the brain. The lab also discovered a method for artificially producing a molecule that’s critical to movement. “In essence, we introduce the DNA code for the molecule and let the cell do the hard work,” Rios explains. “This method has potential for replacing bad molecules that cause diseases in muscles and elsewhere, such as muscular dystrophy and Amyotrophic Lateral Sclerosis [Lou Gehrig’s Disease].”

Mulshine observes that all three of these investigations are continuing a long tradition of excellence for the Medical Center’s research program. “Rush is a place where translational research has lived and thrived for decades,” he says. “We have some very accomplished, incredibly serious investigators who have stepped up and done a great job.” •
KUDOS

The Chicago Hospital Risk Pooling Program (CHRPP) board of trustees has elected Bruce Elegant, president and CEO, Rush Oak Park Hospital, as its chairman-elect. Elegant has served on the board since 1995 and will begin his two-year term as chairman in March 2009. The CHRPP pools hospitals' resources to protect their assets and reduce liability and premium costs while implementing effective patient safety and risk management programs.

Robert S.D. Higgins, MD, chairman of cardiovascular-thoracic surgery, was elected vice president/president-elect of the United Network for Organ Sharing (UNOS). UNOS coordinates the nation's organ transplant system on behalf of the federal government. As president-elect, Higgins will serve as chairman of the Membership and Professional Standards committee, which ensures that UNOS member clinical transplant centers, independent organ procurement agencies and independent tissue typing laboratories meet and remain in compliance with UNOS criteria for institutional membership.

The AIDS Legal Council of Chicago honored Beverly Sha, MD, an associate professor of medicine, as its Outstanding Health Care Advocate of the Year. This nonprofit organization, which held its 13th annual award ceremony in March, helps make legal counsel available to people affected by HIV.

Andrew Lerrick, MD, presented two posters at the Scientific Program of the Annual Meeting of the American Academy of Otolaryngology-Head & Neck Surgery in September 2006. His posters were "Pedigree Vascular Boost to Enhance Flap Survival in a Radiated Field" and "Prevention of Frey's Syndrome Using Soft Tissue Barriers," Lerrick received educational grants from MedPointe Pharmaceuticals and LifeCell Corporation to conduct the research.

Rush University's 2006-2007 Chicago Area Schweitzer Fellows were honored in April for their year-long community service work. Medical students Rupel Dedhia, Elizabeth Salisbury and Maria Thottungal, and nursing students Rachel Rechlin and Tracy Yun were chosen last year to be Schweitzer Fellows. Named in honor of Nobel Peace Laureate Dr. Albert Schweitzer, this annual fellowship selects health care professional students to design and direct innovative projects to improve health and access to health care for people who are recognized as medically underserved.

The Near West Cook Chapter of Women in Management Inc. honored Mary Katherine Krause, MS, associate vice president, Rush University Medical Affairs, with its 2007 Woman of Achievement Award in the academia category. She also received the 2007 Charlotte Danstrom Woman of Achievement Award in the academia category at the national level. The Woman of Achievement Award recognizes members who have excelled in their profession, actively volunteer in their communities and mentor other women.

APPOINTMENTS

Rush University Medical Center has appointed David C. Shelledy, PhD, dean of the College of Health Sciences. Prior to joining Rush, Shelledy was the associate dean for academic and student affairs in the College of Health Related Professions at the University of Arkansas for Medical Sciences. During his career at the University of Arkansas, he was also a tenured professor in the Department of Respiratory and Surgical Technologies and interim chairman of the Department of Laboratory Sciences. From 1994 to 2004, he was chairman of the Department of Respiratory Care at the University of Texas Health Science Center at San Antonio.

A registered respiratory therapist (RRT) by professional training, Shelledy has served in leadership positions in numerous professional societies in his field. He has served as president of the Florida Society for Respiratory Care, president-elect of the Georgia Society for Respiratory Care and president of the American Association for Respiratory Care. He has lectured and published extensively in his field and has served as chief editor of the Respiratory Care Annual and on the editorial board of the Journal of Allied Health.
MEASURE UP: LEARN TO LOVE A HEALTHIER LIFESTYLE

The Rush Nutrition and Wellness Center has introduced "Measure Up – Learn and Love a Healthier Lifestyle," a program to help you achieve your weight loss goals. Experts teach participants to approach weight loss and control with individualized nutrition counseling and provide weekly weigh-ins and a flexible choice system. The program includes a MedGem Measurement, which scientifically measures how many calories you need each day, an individual consultation with a dietitian; weekly diet information sheets, a program guide, and e-mail support, among other features.

To register, contact the Rush Nutrition and Wellness Center at (312) 942 DIET (3438). The cost for the 10-session (20-week) program is $250. The program is held at the Rush Nutrition and Wellness Center, Suite 425 of the Triangle Office Building. MedGem® measurement and individualized nutritional counseling is by appointment. Weekly weigh-ins are offered Monday through Friday with appointments set to accommodate your schedule.

Rush University Medical Center offers an ongoing series of free community events led by Rush experts. Registration is requested for most events. To register, please call the Rush physician referral service at ext. 2-5555 or (888) 352-RUSH.

STROKE: KNOW THE WARNING SIGNS*

Wednesday, July 11, noon to 2 p.m.
Professional Building, Searle Conference Center, fifth floor

Stroke is the No. 1 cause of serious, long-term adult disability in the United States. Our experts will present vital information about how to reduce your risk of having a stroke and how to best respond to the warning signs.

WOMEN’S HEALTH TALKS: PART TWO
PELVIC PAIN, STOMACH ACHES AND BLEEDING DISORDERS

Wednesday, July 11, 6 to 8:30 p.m.
Armour Academic Center, room 994

Women’s health experts at Rush will cover several sensitive topics that affect many women — but often go undiagnosed for years — including pelvic pain, stomach problems, colon health and bleeding disorders. Learn what steps you can take to reduce your risk for diseases related to these health issues, as well as surgical and nonsurgical treatments available to improve your health and quality of life.

HEART SMARTS: RAISE YOUR HEART IQ*

Wednesday, July 25, 1:30 to 3 p.m.
Professional Building, Searle Conference Center, fifth floor

Elevate your heart IQ by learning all about heart disease: what it is, how to prevent it and how to treat it.

STAYING IN MOTION: HIP AND KNEE REPLACEMENTS*

Wednesday, Aug. 15, 1:30 to 3 p.m.
Professional Building, Searle Conference Center, fifth floor

Experts will provide the latest information on hip and knee replacement surgeries and the rehabilitation therapies that help ensure their success.

KIDNEY HEALTH*

Wednesday, Sept. 5, noon to 1:30 p.m.
Professional Building, Searle Conference Center, fifth floor

Come learn about how to prevent kidney disease, as well as how to manage the disease and live a healthy, active life.

DON’T WAIT FOR A CRISIS: PLANNING AHEAD FOR THE CARE OF AGING RELATIVES*

Saturday, Sept. 29, 10 a.m. to 2 p.m.
Professional Building, Searle Conference Center, fifth floor

Many people are unprepared for the demands of caring for an aging parent, relative or friend. Don’t let that be you. Join us for a panel discussion on care planning and a health fair for caregivers sponsored by the Chicago Department on Aging. Lunch will be provided.

*All Rush Generations programs are held at Rush University Medical Center, Searle Conference Center, fifth floor (elevator II, Professional Building), 1725 W. Harrison St. Rush Generations is a comprehensive program designed to help older adults and family caregivers achieve better health and well-being.

VOLUNTEERS HONORED FOR MANY CONTRIBUTIONS TO RUSH

Last year, Rush volunteers contributed an estimated 170,000 hours of service to the Medical Center, assisting patients and working in the offices and laboratories of more than 50 departments. Their assistance has included transporting 10,000 patients and visitors in wheelchairs; performing 2,000 errands; and serving 30,000 families waiting for loved ones having surgery.

Rush recently honored these critical contributions to our patients during the Medical Center’s annual volunteer awards dinner, "Volunteers Plant Seeds of Kindness." More than 200 volunteers and guests attended the gathering, which recognized volunteers for service ranging from five to 30 years and up to 24,000 total individual hours of volunteer work. Special awards also were given for exceptional volunteer program and staff support, outstanding teen and college student volunteers, and other categories.

"Rush volunteers are motivated by a sincere desire to do good work without expecting anything in return," said Larry I. Goodman, MD, Rush president and CEO, who helped hand out awards during the dinner. "The patient and family experience is better because of our volunteers."

Carole Polacek (left), who has been volunteering at Rush for 17 years, received the “Caught in the Act of Caring” award, Rush’s volunteer-of-the-year recognition. Rose Polacek (right), last year’s recipient of the honor and a volunteer for 23 years, presented Polacek with the award during the dinner.
FOUNDERS DAY CELEBRATION

RUSH EMPLOYEES HONORED AT ANNUAL EVENT

Founders Day is a special time for Rush University Medical Center. It’s when Rush commemorates its founding and honors the employees who make the Medical Center a top health care facility in the city and across the country. The annual Founders Day celebration, which was held on May 7 and 8, is an opportunity for employees with long-term service to gather and celebrate their history with Rush. Founders Day is also a time to recognize those employees who especially exemplify the Medical Center’s I CARE core values.

The Rush tradition of Founders Day allows us to honor the past while recognizing many of the individuals who will help lead the Medical Center into the future. On the following pages, we pay tribute to this year’s Founders Day award winners and the many employees who celebrated milestone anniversaries of their years at Rush. Congratulations to all of you, and thank you for your commitment to Rush.

MANAGER OF THE YEAR
RESPECT FORMS THE CORE OF VETERAN NURSE’S LEADERSHIP

For Barb Martin, PhD, RN, MS, good management starts with mutual respect. “I find that if you respect others, promote their talents and treat everyone fairly, you set the stage for collaboration and innovation,” says Martin, the director of nursing for gerontology and psychiatry.

The respect Martin shows to everyone she works with and her ability to bring out the best in others has twice earned her manager of the quarter awards. It’s easy to see why she was chosen Manager of the Year.

In addition to exemplifying the value of respect, Martin has shown a commitment to excellence by improving her skills and assuming greater levels of responsibility throughout her 34-year career at Rush. She earned her Master of Science from the Rush College of Nursing in 1984 and went on to earn her doctorate in nursing administration from the University of Illinois College of Nursing in 1995. She also has advanced through the nursing hierarchy here at the Medical Center, holding positions including staff nurse, assistant head nurse and unit director, all in postoperative cardiovascular/thoracic surgery.

In her current position (she became the director of gerontology in 1997 and added psychiatry to her role in 2006), Martin shows her managerial acumen by deftly handling multiple roles. She spends her time planning department strategy and setting goals; directing human resource management; administering budgets; driving quality improvement and monitoring regulatory compliance; resolving conflicts; promoting staff development; and participating in research projects. Through it all, she’s guided by the Rush I CARE core values. “I strive for excellence and accountability in my departments,” she says.

Martin also is known for finding innovative ways to help improve the patient experience. For example, she helped organize a work group to reduce the total number of patient falls in the Medical Center. “The managers in the work group found that our practice met the standard of care, but that the patients in their units, which consisted of geriatric and rehab patients, were at a particularly high risk for falls,” says Joan Roberts, MSN, RN, education/quality coordinator for Nursing Systems.

“Barb took the lead and wrote a proposal for a risk assessment tool to help these units gauge their patients’ risks. While other committee members had input into this process, this proposal wouldn’t have been possible without Barb’s expertise and persistence.”

Martin also has served on numerous committees and worked on various projects, all with the goal of supporting the Rush mission, vision and core values on a daily basis. These endeavors include serving as chair of the Minimal Lift Task Force, which is examining the options available to minimize the need for lifting patients. The committee determines which options, such as equipment use and safe practices, are best suited for the Medical Center in order to create a safer environment for patients and staff.

Betsy Durso, BSN, RN, senior clinical nurse, medical-surgical nursing, works on this task force with Martin and finds her management style to be professional and personal at the same time. “She takes in all feedback before coming to a conclusion,” Durso says. “It’s refreshing to work closely with a management leader who respects employees and advocates on their behalf. Barb is a role model for aspiring nursing leaders.”
EMPLOYEE OF THE YEAR

McNeal’s Innovative Thinking Gets the Job Done

In order to provide medical and nursing students with the best possible environment for learning, health care training needs to incorporate the latest advances in educational training — the kind of advances available at the Rush University Simulation Laboratory (RUSL). Doctors and nurses also use the RUSL to continue to work on their skills.

The RUSL is a state-of-the-art simulation training center equipped with life-sized, computer-controlled, robotic “virtual patients” capable of simulating nearly any possible human medical emergency. Located on the fifth floor of the Armour Academic Center, Rush students rely on the RUSL to help prepare them for the situations they will face as health care providers. And Christopher McNeal is the person responsible for making sure the RUSL operates at peak performance for these students.

As Rush University simulator coordinator, McNeal maintains the daily operation and overall care of the RUSL. His responsibilities range from developing curriculum and implementing training scenarios to maintaining the training equipment and supplies. He works with faculty to conduct training exercises using the human patient simulators and provides students with instructions and feedback on following simulation exercises.

The RUSL is an innovative teaching tool for students, not only because of the lifelike training it provides but also because of the careful thought that McNeal puts into running the lab. He likens it to a small, private business that caters to both internal (departments) and external (outside workshops and participants) customers. “I have to think outside the box sometimes and welcome new innovations,” says McNeal. “I rely on people with expertise in the various fields who come together in the lab to obtain accurate, thorough and current information.”

To make sure the RUSL had all the resources it needed, McNeal recently secured $100,000 in grants for the fiscal year 2007, which helped the lab pay for capital equipment, supplies, faculty time and training programs. The funding also enabled the RUSL to offer two more courses (simulating the treatment of an expectant mother and of mass casualties) to multidisciplinary care teams across Chicago through a collaboration with the Chicago Department of Public Health.

He identified the grant source through conversations with clinical faculty coupled with his own independent research. “He works to exceed expectations,” says Mary Katherine Krause, MS, associate vice president, Rush University Medical Affairs.

McNeal exceeded expectations once again during the RUSL renovations, which took place in 2006. It was an impressive project that expanded the lab’s capabilities so that more specialists can train on the simulators.

McNeal was instrumental in determining which new capabilities the simulators should have.

Serving as the key point person for this massive project, he organized meetings among clinical and construction personnel to make sure that everyone was on the same page. “Chris immediately notified leadership when problems arose or plans changed,” says Krause. “He updated us on the steps he took to correct the issue or to overcome the obstacle. Chris saw to it that we were all speaking the same language and that perception and reality matched.”

McNeal kept the renovations on target even when the computer programming requirements for the simulators’ electronics extended beyond the project’s scope and the vendor’s technical expertise. “This was going to create a delay with the renovations and cost more money,” says Krause. “Chris arranged to outsource the technical support for a lower price and guarantee that the project remained on target.”

McNeal’s enthusiasm for his job and the RUSL never wanes. His goal is to make the products and services the lab offers the very best. “The lab and simulation programs contribute to the respective departments’ curricula” he says. “I want to accentuate Rush’s commitment to providing excellent academic programs.”

Widely known and respected throughout the Medical Center for his management of the lab, McNeal promotes the RUSL by incorporating it into various Rush activities. He’s helped with Rush University’s minority recruitment efforts by volunteering to travel to and participate in recruitment fairs, where he demonstrates how the simulators and other training equipment work. McNeal has also lent his time and expertise to the annual health fair sponsored by RUSCaring, Rush University students’ community service program, using the simulator to show patients what their condition might be and how they can be treated.

In his almost two years with Rush, McNeal has impressed those around him. People who have had the pleasure of working with him say he’s fun, energetic and positive. “Chris never complains — he solves and resolves,” says Krause. “He’s hard working and proactive. He knows how to balance innovation with respect in order to bring positive results to Rush.”

McNeal sums up his approach to his job and to keeping Rush at the leading edge of medical education technology with the RUSL by saying, simply: “I’m always trying to do better than I did yesterday.”
TEAM OF THE YEAR

EPIC TEAM RELIES ON COLLABORATION TO CARRY OUT IMPLEMENTATION PROJECT

A team composed of 11 people from six different departments who previously had little or no contact with each other might be expected to encounter difficulty, especially when given the task of assessing Rush's new Epic software and producing a useful application with it for pharmacy and clinical staff. But during the Medical Center's historic transformation, the Information Service Epic Build Team has shown it's up to the challenge of improving the way Rush shares patient information, both clinical and financial.

"This team's role is crucial to the success of the Medical Center," says Sue Huerta, RN, MS director, Nursing Systems. "It's helping to determine how Epic will assist medical staff and employees in documenting and delivering patient care."

Huerta should know, because she's worked with the Epic team closely since the project's beginning more than a year ago. She co-chaired one of the Epic Advisory Groups, reviewing the team's work and challenging it to try new options.

"The team has been very good at listening to the people who will use this new system and very conscious about giving a voice to everyone involved with patient care here at Rush," she says.

During Phase I of Epic implementation, there were six teams, each in charge of introducing a specific applications: registration (Prelude), pharmacy (EpicRx), patient accounting (Resolute), surgery (OpTime), core clinical documentation and medication administration (EpicCare), and computerized provider order entry (CPOE).

The team of the year is actually a combination of three different teams, with representatives from pharmacy, clinical documentation and CPOE. Team members include Wayne Berquist, senior analyst, clinical information systems; Bette Burton, RN, BSN, nursing analyst, clinical information services; Laurie Forillo, RN, project manager, clinical information systems; Paula Joseph, RN, MSN, senior analyst, clinical information services; Robert Narowski, RN, nursing analyst, clinical information services; Jennifer Okichich, analyst, clinical information services; Anne Petrich, senior analyst, clinical information systems; Terry Piazza, senior analyst, clinical information services; Peggy Reed, PharmD, inpatient pharmacy; Falguni Shah, pharmacist, inpatient pharmacy; and Lisa Swiontek, RN, MBA, director, clinical information services.

In simple terms, the team has to find ways to move records regarding patients and their care from a variety of printed and computerized sources into the new, integrated Epic system. Once this transition is completed, which is scheduled to take place in 2009, all medical staff will have access to patient information from computers throughout Rush and affiliated physicians' offices, creating a safer, more efficient workplace and making it easier to provide comprehensive, multidisciplinary care for our patients.

Collaboration is an essential part of the team's work. "In meeting with various departments throughout the Medical Center, we would identify the particular functionality they needed within the new system," says Swiontek. "We would use this information to design and build it. Afterward, we would go back to each department to validate what we built."

"Through this collaboration, the team has challenged the manner in which we currently communicate about and document patient care," Huerta explains. "The result is often a better process for documentation with more direct lines of communication."

The team's countless hours of work have begun to pay off with tangible results. In April, pharmacy converted to the Epic system, while the clinical staff began using Epic in May to document medication administration, physician orders and patient care data.

By emphasizing innovative solutions, collaboration inside and outside of the Medical Center, accountability for the project's success, and respect for each other and the needs of the Rush staff, the Epic Build Team is changing how we communicate and document patient care. "The team members are truly passionate about the safety and care of Rush patients," says Huerta. "They're a wonderful example of the Rush values."

Team of the Year: Jane Llewellyn, RN, DNP, vice president, clinical nursing affairs (center, holding plaque) presents the award to the Epic Team, including (left to right), Wayne Berquist; Falguni Shah; Robert Narowski, RN; Peggy Reed, PharmD; Lisa Swiontek, RN, MBA; Laurie Forillo, RN; Jennifer Okichich; Bette Burton, RN, BSN; Paula Joseph, RN, MSN; and Anne Petrich. Not pictured: Terry Piazza.
HENRY P. RUSSE, MD, HUMANITARIAN AWARD

ROTHSCHILD BRINGS CARE TO THE MOST VULNERABLE

“It’s wonderful when a person who has access to every resource chooses Rush for their medical care,” says Steven Rothschild, MD. “But ultimately a society has to be measured by how we address the needs of the most vulnerable. That’s where we can best assess the quality of care.”

For more than two decades, Rothschild has dedicated himself to improving health care for underserved groups, particularly Latinos and the elderly. In recognition of this commitment, Rothschild — the associate chair for clinical programs in the Department of Family Medicine and director of the Section of Community and Social Medicine in the Department of Preventive Medicine — was chosen to receive this year’s Henry P. Russe, MD, Humanitarian Award.

Named in honor of a former dean of Rush Medical College and his humanitarian efforts, the award is given to members of the Rush staff who demonstrate an ongoing commitment to philanthropy in their work. Rothschild says he feels particularly honored to receive the award, because Russe was dean when he joined the Rush faculty in 1984 and approved his initiative to establish a family practice four years later in the predominantly Mexican-American Pilsen neighborhood.

“I wanted to establish a clinic in a community near the Medical Center that was medically underserved, and Henry was extremely supportive,” he remembers.

“To get an award in his name is enormous to me.”

That clinic eventually became Rush University Family Physicians, which now is located in the Triangle Office Building on the Rush campus and provides care for approximately 4,000 patients a year, about two-thirds of whom are Latino. To accommodate its patients, the practice’s entire staff is bilingual, from the receptionists to the nurses and physicians. “Anyone can receive care from start to finish from people who speak Spanish,” observes Rothschild, who took Spanish language classes for a year before he opened the clinic.

In 1992, Rothschild expanded his efforts to provide care in the community when he established Pilsen Homeless Services, a free clinic for the homeless. Today, more than 1,100 patients a year receive primary care and treatment for chronic illnesses at the clinic from Maria Brown, DO, family medicine, a past Russe award winner, and Rush Medical College student volunteers. Although Rothschild does not see patients at the clinic, he serves on its board of directors.

Rothschild also has maintained a commitment to improving medical care for the elderly that dates back to his days as a medical student at the University of Michigan, when he took an elective in geriatric medicine. “The course was taught by an architect,” he remembers. “There wasn’t even one person in the school of medicine who was interested in the specialty.”

He is a co-director of the Rush Geriatric Interdisciplinary Team Training Program, which educates Rush students from multiple disciplines on how to work together as a team to meet the unique needs of elderly patients. “When you look at improving the care of the vulnerable elderly, having team care for them is really a big deal, because they have multiple health issues,” Rothschild says.

He also works to improve care through his research. In the 1990s, Rothschild directed a six-year project that recruited volunteers from the Pilsen community to identify elderly Latinos who were at risk of incapacitating health problems and help them gain access to the services they needed. That project formed the basis for a current, National Institutes of Health-funded study Rothschild is conducting in which community health workers help Latinos improve their diabetes management. He also was the principal investigator on a collaboration with other Rush faculty to improve care for elderly patients. The study developed a virtual collaboration that enabled separate health care providers to work together.

“We created a model for these teams to interact using faxes and e-mail,” he explains. “This way, the pharmacist, who spends more time on average with the patient than the doctor does, can be part of the health care team. If you’re a physician who doesn’t have resources for nutrition services or a social worker in his or her practice, you can identify partners who could provide those services.”

Rothschild sees these kinds of research endeavors as a crucial part of addressing the worsening disparities in health care between different population groups. “If those of us in the universities are as smart as we tell people we are, we should be able to figure out a way to address these issues,” he says. “We must apply what we know as researchers, as university-based scientists, and figure out how we can make health care work under all circumstances, not only the ideal circumstances.”

In addition to his community service and research initiatives, Rothschild remains active as a clinician, seeing patients 20 hours a week. As a family physician, he treats patients of all ages for a broad range of common medical conditions, from musculoskeletal problems to hypertension to depression. “I’m not going to remove somebody’s tumor,” he says, “but I can help somebody quit smoking, or get somebody to take better care of their diabetes.”

He’s similarly modest about his humanitarian work, describing it as just doing his part. “I’m not trying to save the world, but I feel a drive not to walk away from a problem that’s in front of me,” he explains. “When you pick up the paper, when you pass a homeless person on the street, when you see someone in your office, it’s hard just to say ‘that’s a tough break.’”

“It’s important to recognize there are problems. If each of us helped a little bit with them, the world would be a much better place.”
Alice Sachs Memorial Award: Left to right, Jane Llewellyn, RN, DNSc, vice president, clinical nursing affairs, with award recipients Anna Duszyński, patient care technician, adult clinical care; Maria Reyes, CNP, clinical coordinator, fetal-neonatal medicine; and Omar Lateef, DO, medical director of the Medical Intensive Care Unit. Not pictured: Sachs award recipient Maureen O’Connor, RN, clinical nurse II, medical-surgical nursing.
JAMES A. CAMPBELL, MD, DISTINGUISHED SERVICE AWARD

PATIENT FOCUS AT THE HEART OF JOHNSON’S JOB

At 5:00 a.m. on weekday mornings, Mary Johnson, a supervisor in patient access-admitting, is greeting surgery patients with a smile. Despite the early hour, she maintains a cheerful demeanor that helps ease patients’ anxiety as she helps guide them through the admitting process and on to their surgeries.

The combination of her positive attitude and patient focus made Johnson an obvious choice to receive this year’s James A. Campbell, MD, Distinguished Service Award. “She’s the face of the hospital to the public,” says Kris Rossof, unit director, inpatient oncology, one of the previous Campbell winners on the committee that chose Johnson for this year’s honor. “She does a nice job getting people through the admitting process quickly and with the least possible amount of difficulty.”

Named for the first president and CEO of Rush, the Campbell award recognizes Rush employees for excellence in leadership and dedicated service to the Medical Center and our patients. The award reflects the character of its namesake, who both visited with patients during their hospital stays and took time to talk with staff from all areas as he made his way through the Medical Center.

“The presence he had as he walked the halls and related to all employees was something special,” recalls Peter Butler, chief operating officer. “The Campbell Award honors his memory by recognizing somebody who touches a lot of people and makes everyone around him or her feel better at what they do.”

That description certainly fits Johnson. In addition to supervising her staff of 10, she pitches in with the registration process for many of the approximately 120 patients who pass through her department every morning. “I stay out in the admitting area where I’m visible and make sure there aren’t any problems. I’ll work the receptionist desk until we have all the morning’s first patient cases completed,” she says.

Johnson spends the rest of her day on administrative duties such as scheduling and monitoring her staff’s performance. Recently, she led her team in preparing for the implementation of the Epic medical records system. In addition, Johnson regularly is called on to help resolve problems in other areas of the hospital, such as tracking down patients who have gone to the wrong office. Inevitably, some of them come back to admitting, and she’s happy to give them directions to where they need to be.

“I like working with the public. I started at Rush as a unit clerk, and I’ve always had that patient contact,” says Johnson, who has been working at the Medical Center for 39 years. She remembers every patient she’s met, and greets them warmly if she encounters them again.

“If you saw their conversations, you would think they were friends. She literally sits down with the patients and has conversations about their families,” says Laveria Leftridge, manager, patient access-admitting.

“She wants to make certain that the patient is the focus. Even though it’s her job to make sure that the registration is expedited and all the information is correct, she ensures that patients feel that they come first and aren’t being pushed through.”

“I try to put myself in their place, and that’s what I try to focus on with the staff,” Johnson says of her philosophy. “Whenever I can help somebody, I will do that. It doesn’t take much to give directions or say good morning or ask family members about the patient. I don’t think I’m doing anything out of the ordinary.”

PATIENT SATISFACTION STAR AWARD

A SUPERSTAR AMONG PATIENTS, SIMS DELIVERS QUALITY CARE

Rush patients have spoken — and James Sims is their choice. An orthopedic orderly in the orthopedic unit, Sims received this year’s Patient Satisfaction Star Award, which is given to the Rush staff member who received the greatest number of favorable comments on patient evaluations in the past year. Patients commonly use words such as professional, informative, caring, helpful, sweet and wonderful to describe who Sims is and what he does. This praise won’t come as a surprise to anyone who knows and works with Sims: He’s won the quarterly Patient Satisfaction Star Award four times in the seven years he has worked at Rush.

For a Golden Glove boxer who would have competed in the 1980 summer Olympic Games if the United States hadn’t boycotted them, Sims has a quiet, almost shy demeanor. Once he opens up, though, he has colorful stories to tell about his life. By sharing these stories with patients, Sims is able to put them at ease.

“I introduce myself and explain that I’m there to help them,” says Sims. “If the patient is an athlete, I tell them about my life.” The experiences he relates also include playing high school football and running the 100 meters in track for Illinois State University. “I even tried out for the Chicago Blitz (a professional football team in the short-lived United States Football League from the mid-1980s).”
The sports stories Sims shares are only a small part of this soft-spoken, unassuming man. He's often the first person patients see after their surgeries. He helps patients get in and out of the bed, which is no easy task after they've had knee or hip surgery. "I get them fresh out of the gate," he says. "My job is to help show them the proper way to walk and to get the proper range of motion."

Sajac keeps a permanent smile on his face as he assists his patients, according to his supervisor, Maria Zajac, unit director, orthopedic unit. "He's always happy to be here and to be with patients," Zajac says. "He goes above and beyond to ensure their needs are met."

Communicating with patients doesn't come from storytelling alone. Sims also is a firm believer in Rush's I CARE core values. "I'm committed to compassion and respect," he says. "I look patients in the eye and let them know I'm there for them. I treat them as I would want to be treated in the same situation."

Zajac agrees: "James just has a certain way about him," she says. "He's definitely a people person."

Zajac also relies on Sims' personable way to help orient new orderlies. "He's a cheerleader for the hospital, for orderlies, for the work," she says. "He has a can-do attitude."

That attitude comes from Sims' focus on his patients. "I love people," he says. "My job is about helping. When I get them on their feet and they leave the hospital, it's like a miracle just occurred. It's a truly great feeling to have helped make it happen."

Even after a patient leaves the Medical Center, it doesn't mean Sims has heard the last of them. Many patients call or send him letters, often months after their hospital stay. "There was a guy from Florida," Sims recalls. "He had hip replacement surgery and thought he'd never be able to golf again. Well, he called me here at work one day and said he was on the ninth hole. Golf was his passion, and I helped him get back to it."

Given the impact his compassionate care has on his patients, it's not surprising that patients often request Sims as their orderly. He laughs and tells them they should give someone else a chance. But Sajac appreciates the connection Sims creates with his patients. "Patients will have a good day if they're with James," she says. "He's a remarkable guy."
5 YEARS
continued from page 7

Kraus
Kraus
Louis J. Kraus
Mark K. Krause
Sandia A. Krein
Anni Kumar
David P. Kumpfel
Agnieszka Kupryjanczuk
Becman M. Kurtz
Karen Lynn Kwarta
Kryszan M. Kyrkak
Amalia C. LaCamera
Jettee C. LaRochelle
Chris Y. Lai
William T. Lanier
Omar Lateef
Erica A. Latham
Lisa A. Ledonne
Gregory Lee
Pegey A. Lee
Roland J. Lee
Danuta M. Lewis
Jun Li
Corey H. Liberty
Julie N. Likle
Roberto A. Lim
Benjamin Ling
Maria A. Lopez
Regina Lopez
Phillip S. Losavio
Krissy Luke
Renata Lukenda
Lydia M. Lukoff
Edward W. Lynch
Matthew L. Lynch
Ana C. Macias
Kathleen A. Madeja
Andrea Magana
Alícia M. Mainland
Danuta Monkiewicz
Katrina L. Marshall
Robert L. Martinez
Julie A. Mathew
Aubrey D. Matthews
Sarah M. McCaffrey
Mary K. McCaulin
Sandia D. McCain
Tenisha S. McCaskill
Jessica L. McCool
Daniel M. McDonnell
Emily K. McGaghie
Darlene McGee-Roberts
Patricia A. McGovern
Colleen M. McIntyre
Joshua E. Nelson
Sharon Merrinweather
Annemarie L. Mesich
Antonela S. Mihali
Tondra Miles
Carrie A. Miller
Jacob T. Miller
Linda Mitchell
Michelle Z. Moll
Margaret mond
Maria L. Morales
Mario Moric
Sarah C. Morris
Kim L. Morton

Mikael Lynne Moss
Dwercy S. Moyen
Anne Marie E. Mullins
Martha R. Muncy
Michael J. Musciochio
Susan A. Musial
Nestor S. Nacionales
Renarda M. Nance
Sandeep Nathan
Marisa Navarro
Nivina C. Neal
Shaina A. Neves-Washington
Diep T. Nguyen
Patrick T. O'Brien
Tara N. O'Brien
Karen Renee O'Connor
Bemallette O'Shea
Kathleen M. O'Sullivan
Theodore R. O'gama Jr.
Diane L. Olson
Carlos A. Olvera
Deborah Ordone
Hans O. Orle
Bethaaska Ortega
Marc M. Osario
Karrie Orten
Manuel A. Otzoy
Nancy M. Pabon
Tracey R. Parker
Andrea T. Parrott
Gourang P. Patel
Jennifer M. Paulis
Olimpia Paun
Patricia A. Pavia
Gabriel Perez
Sylvia E. Perez
Kyle Perry
Paullette Perty
Michael J. Pew
Erika M. Pimentel
Johnny Pittman Jr.
Christine A. Poe-Vasquez
Carolina Policarpo
Bozena Prus
Ma Essel Juna G. Pusiel
Yanna A. Purn-Sheen-Toy
Carline R. Quander
Larry M. Radell
Joan A. Radtke
Maria G. Ramirez
Ruta Rao
Phillip E. Raskosky
Dewayne L. Reed
Karrina S. Reese
Cynthia S. Raial
Erin E. Rickson
Perry Ridley
Jill Riechers
Frances M. Rinaldo
Gertrudes Robles
Jose Rodriguez
Jose E. Rodriguez
Maria Virginia Rodriguez
Camille Rogell
Kendra T. Rogers
Bruce A. Rosenzweig
Tricia L. Rubio
Travaun L. Rudolph
Colleen A. Russell
LeAndrea Saenz
Karen Sanzalac
Hee-Jeong Im Sannum
Audrey J. Sandifer
Cheryl M. Santiago
Leticia Santiago
Leopoldo桑托
Dawn M. Schenber
Jennifer J. Schmid
Janet F. Schroeder
Jennifer M. Schults
Terry J. Schuster
Courtney A. Schuten
Thorsten Schwenke
Nicole M. Schivek
Neil Seif
Tracy L. Sella
Amola F. Shah
Fulgomi M. Shah
Palmi Shah
Hilary B. Shanin
Thomas R. Shannon
Katherine M. Sharkey
Serene Shoah
Daniel R. Sheedy
Elizabeth A. Skora
Andreas A. Skobius
Kristine J. Smith
Sheila D. Smith
Tanisha M. Smith
Christine V. Sorce
Adriane A. Starch
Michael Stein
Laura S. Sternal
Alícia R. Stewart
Reginald L. Sullivan
Carene A. Summers
Tracy Surles
Michelle L. Sweet
Mark L. Tabbutt
Donald J. Tanis
Dwayne E. Tart
Michelle Tarela
Valarie B. Taylor
Bethany Thomas
Lewis A. Thomas
Loretta Y. Thomas
Debra Thomasen
Charmaine Thompson
J. Richard Toleikis
Andy Tracy
Lac Van Tran
Goran Tubic
Karen Turner
Michael Turner
Rhonda Turner
Crystal P. Vasquez
Jennifer C. Ventrelle
Rogelio Villagomez
Gina M. Vinson
Elizabeth Vlaming
Denise Volkull-Marre
Kristie L. Vrba
Karen Maxine Wackrow
Angela D. Wade
Myra D. Walker
Terry A. Walker
Zhenxin Wang
Mark A. Warchol

Jennifer Ward
Irvin L. Washington
Kevin B. Washington
Myron K. Washington
Pamela Washington
Teleco Watson
Ceclia H. Wege
Sandra Weiland
Kalani Wells
Rachel White
Jonni Wiederholski
Alex D. Wiggins
Steven P. Wightkin
Calisa D. Williams
Denise S. Williams
Lisa R. Williams
Nancy Williams
Natuki Williams
Ray Williams
Crystal P. Wilson
Glorious Wilson
Kashawna L. Wilson
April Winter
Megan Wingate
Craig Wilscharek
Daniel B. Wool
Nicole Woznicki
Charlotte V. Wright
Stefanie Wu
Carolyn Yos
Jennifer Young
Kathleen A. Young
Kelly E. Young
Lakia Young
Lorenzo Young
Stephanie M. Young
Sofia Zars
Liujuan Zhong

10 YEARS

Geoffrey M. Adkins
Kristin J. Al-Ghoul
Carrie Alekzien
Rebecca Allison
Jeanette Asher
Isaia Avila
Julie E. Benesh
Vesna Berbertjan
Julia Bienias
Manuel B. Borce
Nicole Bottoms
Delia D. Bozin
Susan Brinkett
Jean Britton
Sedija Brika
Jacqueline Burgess
Jennifer Barton Rousseau
Alejandrina Cabrera
Miguel Canchola
Audrey L. Carter
Alma Casas
Brenda Castor
Noma G. Cave
Thomas Cervantes
Jyothiramma Cheerla
Kara Lynn Clemente
Jack A. Cohen
Larry D. Coldiron
Karen Coleman
Belinda L. Collier
Cedell V. Cook
Cynthia A. Cooper
Christina Cration
Lourdes M. Crespo
Joyce L. Crockett
Ola M. Crump
Darnell P. Dabie
Steve L. Daniel
Joseph Devoss
Nancy DiCiero
Anna Dobrycka-Spitzen
Erette M. Donahue
Carrie L. Drazba
Dwight R. Dukes
Marie Duval
Timothy W. Dwonowski
Bruce M. Elegant
Brent J. Estes
Sarah L. Everakes
Preston Fairchild Jr.
Eileen M. Fay
Steven B. Feinstein
Cristina L. Fried
Alicia M. Fielder
Marjorie E. Filver
Susan Frick
Kristin A. Friker
Janice M. Fritsche
Malinda Lee Garrett
Todd Brian Green
Unice Hart
Jane M. Hasty
Terri Henderson
Mary E. Hernandez
Veronica Hicks
Cynthia Hoess
Mark D. Hofmann
Octavia M. Houser
Elizabeth Hudson
Donica Hughes
Asif Hussain
Tatiana Iastrebova
Ben Remor Inventor
Brooke M. Jacobs
Chad E. Jacobs
Lisa Janevich
Shitonda Jenkins
Keith Johnson
Malah S. Johnson
Janice L. Jones
Darnell Korim
Matthew Kemper
Sachita Kishore
Cynthia Marie Kolboisky
Shraddha Komanduri
Derek K. Krecek
Lisa Kuczura
Reifik Kulusic
Nancy Gyamfua Kyei
Vicki C. Lacy
Sharonda J. Lecouere
Sheila M. Levins
Nanette S. Liberty Aubert
Terry Lichtor
Beverly D. Logan
Alberico Lopez
Anne E. Lorenz
Deborah G. Macey
Cheryl Mandell
Karim A. Marino
Scrier L. Mark-Bednarz
Ruben M. Markowian
Shirley M. Maysee
Arlinda McDearmon
Maureen E. McLeod
Mary M. McEnerney
Maria G. McGee
Danielle Mele Arens
Jacqueline L. Metcalfe
Celeste Michals
Ralph J. Monack III
Ari M. Morimoto
Ronald O'Neill
Hung T. Nguyen
Angelica O'Brien
Teresa M. O'Brien
Maureen O'Connor
Christopher Olevich
Arika Owens
Vita M. Palazzo
Carmela Pamatagan Reyes
Monika Ashish Parikh
Elaine Petrikis
John M. Pontarelli
Jill M. Porter
Diana L. Powers
Laurie A. Proia
Catherine Provenzano-Marquez
TERRIL REYNOLDS
Lynette D. Richter
Martha A. Rivera
Margaret J. Rogers
Martha W. Roseen
Daniel A. Rosenthal
David M. Rothenberg
Richard W. Rozoff
Wanda Ruiz
Josette M. Sacco
Julia Saucedo
Bettie J. Scales
David N. Schwartz
Salvatore R. Sciliana
Karen H. Scott
Olgia Diane Serakos
Vanida A. Serna
Najja Shakoor
Boja Simic
Dragan Simic
Martha Slomos
Wendy L. Siwiec
Debra S. Sloman
Rosemarie Slowikowski
Sandra Smith
Shaun Smith
Margaret Smock
Christine C. Spalletro
Benjamin Spirtovic
Fay A. Stanley
Kendall Sullivan
Barbara A. Swanson
Karen B. Tamolinos
Rita A. Thasey
Thomasine Thurman
Elizabeth Ann Tovar
William N. Townsend
Nancy Trevino
Julie Tynski
Griselda Villanueva
Jamie Voyles
Paxton Walker
David Walter
Anna Walters
Stephanie C. Wang
Matthew Waters
Keith D. Williams
Joann Williams
Lynette Wilson
Tina V. Wright
Darnetta Young
Eric S. Zack
Mary K. Zack
Hsiao Zheng

15 YEARS
Lolita M. Allison-Reynolds
Guadalupe Alonso
Emmanuel A. Anderson
Valencia Auberry
Steve D. Barnes
Lianie F. Basco
Kathleen M. Beaudoin
Iguster Berry
Elizabeth Berry-Kravis
Thomas M. Betlej
Christine M. Braun
James W. Bremer
Elizabeth A. Breunig
Gwendolyn Brown
Lela E. Buckingham
Judith Bustos
Alison M. Canto
Yong Chen
Vladimir V. Cherny
Nathaniel Davis
Balvina C. Del Carmen
Joseph S. Di Santo
William J. Elliott
Elsion M. Equina
Mohammed Farooq
Luis A. Feliciano
Karen Fisher Doyle
Katherine Flens
Francis Fong
Jeffery L. Fox
Enrique Galva
Ben E. George
Roberto R. Gomez
Daniel J. Goodman
Michelle E. Gray
Liesl E. Hebert
John A. Henricks
Patricia Holden
Calvin Holton
Michelle Houston
Ercan Howard
Joy C. Jacob
Joshua J. Jacobs
Phillip A. Jacobson
Vickie D. Jones
Michele Marie Kannin
Peter G. Kasabha
Andrew J. Kiwiet
Glenda S. Kravitz
Santosh Ladaria
Sue E. Leurgans
Janie B. Lewis
Antonia Lopez
Jaime C. Lopez
Marily A. Maiers
Jill H. Malan
Timothy Mayrhofer
Bonnie J. Mayes
James B. McAuley
Patricia A. McCarthy
Linda S. McClintock
Amanda McGee
Margaret Michalski
Lavita Mitchell
Barbara J. Morgan
Martha Clare Morris
Precious T. Morris
Charlene M. Mudd
Jeanne K. Murphy
Diana C. Mutia
Thomas R. Nagel
Mohammed M. Naveed
Linda L. Newman
Kenneth L. Nunn Sr.
Loren E. Pappas
Helen R. Park
Richard K. Peach
Bethia G. Perez
Esko T. Peterson
Veronica L. Pokrajac
Arthur C. Proctor
Markitha M. Reacco
Cynthia D. Redmond Shade
Karyn Reif
Carmen Rios
Shirlyne A. Roan
Savithi Roberts
Lisa D. Robinson
Patricia Robinson
Elizabeth Ruiz
Sarda Santiago
Veronica Saucedo
Joann K. Sears
Jodie Sentfner
Kathleen M. Shannon
Marylee Siepelinski
Yovonka Sisson
Marianne C. Smith
Deborah M. Spears
Ruthie L. Stevenson
Tonnia F. Sutton
Gabriella Szabo-Csicsai
Tasha M. Taylor
Jay A. Terry
Michelle Thomas
Ulla-Britt Titstrom
Luis Tirado
Bonnie Toy
Danica Uzelac
Donna M. Vainisi
James D. Veselisky
Jean C. Walker
Gurin R. Wallace
Barbara J. Watson
Michael R. Wheater
Valerie Wiggins
Ehine Wilkerson Griggs
Jin Ye
Brian E. Zumsa
Victor J. Zurczak
Radana Zurina
Continued on page 10
Every quarter, Rush employees are recognized for going above and beyond the call of duty for patients, families, visitors and co-workers. These employees are shining examples of the Rush I CARE core values (innovation, collaboration, accountability, respect and excellence). Here are the winners of Rush's awards for the first quarter of fiscal year 2007.

**Employee of the Quarter**
Lara Tushla, MSW, LCSW, clinical social worker, University Transplant Program, helps hundreds of patients and families in the program's kidney transplant and vascular access practices. Her team has described her as an "exceptionally caring and resourceful person." Whether it's using personal funds to develop an educational display, covering for her co-workers when they're on vacation; or establishing a patient-assistance program in collaboration with participating pharmaceutical companies for patients who can't afford to pay for their medications, Tushla does whatever it takes to improve the quality of life for our patients.

**Team of the Quarter**
The Rush Into Better Health Team put forth a great effort to provide Rush employees and visitors with food options that not only taste good but also are good for you. After many taste tests and nutrition analyses, the team successfully launched the "Rush Into Better Health" station in the cafeteria, which features foods that are low in calories, fat and sodium. The team includes Elcee Burke, supervisor, retail foodservice; Terry Davis, manager, retail foodservice; Peter Diplomares, assistant manager, Room 500 dining; Ellis Pool, MEd, RD, LD, manager, procurement; Diane Sowa, MBA, RD, LD, assistant director, clinical nutrition; Marcy Stone, MEd, RD, LD, assistant director, foodservice operations; and Stanley Walker, executive chef, food and nutrition services.

Patient Satisfaction "Star"  Deborah Green, RN, food service assistant II, clinical nutrition services, puts in extra effort to care for her patients. Her patients' comments included the following rave reviews: "Debbie was outstanding to me and my family. She is a very caring and comforting personality" and "I received excellent nursing care; I couldn't have asked for better."

**Carol Stege Award Winners**
In 1979, Charles Stege established an award in honor of his wife, Carol, who had been a Rush patient for many years, to thank employees who had done so much to make her comfortable. He stipulated that this award be given to two specific groups of employees who are not direct caregivers but are responsible for making our environment clean, safe, comfortable and well maintained.

The employees from the Environmental Services Department and Medical Center Engineering work behind the scenes for our patients and their families to make sure everything is working properly and is well maintained to exemplify Rush's quality of care.

**Carol Stege Award Winner for Environmental Services**
Barbara Milner, environmental specialist, carried out an innovative idea while fostering excellence within her department. She created and produced a workbag for every staff member with pouches that organized the materials they use on the job, including cleaning products, sanitation strips and patient information packets.

**Carol Stege Award Winner for Engineering**
Frank Stelter, a general electrician in Medical Center Engineering, has worked for Rush since 1980. He demonstrates the Rush I CARE core values daily to patients, visitors and his fellow workers — and did so long before the I CARE core values were launched, according to Walter Gruszecko, general foreman, Medical Center Engineering.

To nominate someone for a quarterly award, please call Pat Love at ext. 2-5918

Food and Nutrition Services — Rush Into Better Health Team: standing, left to right) Elcee Burke, Terry Davis, Stanley Walker and Diane Sowa, MBA, RD, LD. (Seated, left to right) Peter Diplomares, Ellis Pool, MEd, RD, LD and Marcy Stone, MEd, RD, LD.
More than 300 Rush University students received their degrees during the commencement ceremony held on June 9 at the UIC Pavilion.

High pageantry marked the event, as an honor guard composed of police officers from the southern suburbs of Hazel Crest, Homewood and Thornton led the procession into the UIC Pavilion at the start of the ceremony. They were followed by Anthony Ivankovich, MD, the William Gottschalk, MD, Chair of Anesthesiology, whom the faculty chose for the honor of being this year's University Marshal.

Reginald “Hats” Adams, Rush’s director of community affairs, received the trustee medal, the Medical Center’s highest honor. Carol Brow Segal, vice chair of the Rush Board of Overseers, presented Adams with the award during the ceremony.

Commencement speaker Julie Louise Gerberding, MD, director of the federal Centers for Disease Control and Prevention, addressed the students about the challenges and opportunities presented by globalism in the 21st century. Gerberding also was awarded an honorary doctor of humane letters degree by Larry Goodman, MD, Rush president and CEO.

In all, the class of 2007 includes more than 480 students in the medical and graduate colleges and the colleges of nursing and health sciences, some of whom received their degrees earlier in the academic year.

Top left: Graduates at commencement.
Bottom left: This year’s University Marshal, Anthony Ivankovich, MD, leads the commencement procession.
Bottom right: Julie Louise Gerberding, MD, director of the federal Centers for Disease Control and Prevention, delivers the commencement address.